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ABSTRACT

The present study was based on open ended interviews with six birthmothers who placed a child for adoption no less than ten years ago. The aim of the research was to gain the birthmother's perspective of this event. The findings revealed six major themes. These were the role of the birthmother's mother in decisions surrounding adoption; secrecy and shame; societal attitudes; grief and loss; reunion; the role of the birthfather. Consistent with previous research this study found that feelings of grief and loss were significant regardless of the time since the adoption. Reunion was found to have varying effects on feelings of grief and loss. Differences were found between participants who gave birth in the 1960s and participants who gave birth in the mid 1970s and early 1980s in relation to the experience of secrecy and shame. In the present study the birthmother's mother was found to have a dominant influence over the decision to adopt. This study also suggests that the birthmother's experience of relinquishment has changed over time, largely as a result of shifts in societal attitudes. Despite the absence of the birthfather in the literature referring to adoption, in the present study, the birthfather's involvement was found to be important. Future research on the birthfather's role in adoption, including his legal rights is suggested. Several sub-themes were also found to be important in the present research. These were religion; the Domestic Purposes Benefit; socio-economic factors; legal aspects surrounding adoption; and anniversaries.
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CHAPTER ONE

"It's okay to talk about it and to be given permission to talk about it, and then I think 35 years, fancy having to wait all this time."
(Sarah, 1997. Participant)

INTRODUCTION

This study looked at six birthmother's experiences of placing a child for adoption. Few research studies have focused on the place of the birthmother in the adoption triad. Existing studies have tended to represent the birthmother in a negative manner. Some powerful myths are evident in discourses that see the birthmother as sexually deviant or emotionally maladjusted. Even fewer studies have examined relinquishment from the birthmother's perspective. In the present study negotiated discussions were carried out between the participants and the researcher in order to gain the birthmother's perspective on relinquishment.

The focus throughout the study was to represent the birthmother by providing a largely unedited account of her experience. The use of Feminist-Qualitative-Participatory research allowed the participants control over the areas which were discussed in the interviews. The participants commented on their own transcripts before these were used in the analysis for the study. This method minimised interference and bias on the part of the researcher.

Adoption research has been dominated by studies on the adoptee and the adoptive parents. The present research provided the participants with the opportunity to talk about adoption from a perspective other than these dominated areas.

The present study has been organised into seven chapters. The contents of each chapter is outlined below.
Chapter two provides a literature review of studies which have been carried out on the birthmother, both in New Zealand and overseas. An account of the legal aspects associated with adoption, in the New Zealand context, over the 20th century is given. Important changes in legal and governmental policy which have occurred over this period are discussed. From the 1940s through to the 1970s attempts were made to discover factors which contributed toward pre-nuptial pregnancy. Several theories are examined which served to place the birthmother into various frameworks. Recent studies on the birthmother which have focused on her emotional well-being are also reviewed.

Chapter three presents a discussion of poststructuralist theory. Foucault's theories on Normalisation, Sexuality, Medicalization, and Power and Knowledge, are presented. Concepts from contemporary poststructuralists, including language and discourse are also discussed.

In chapter four Feminist-Qualitative-Participatory research is outlined and discussed. Concepts within these research methods were identified as important for the present research study. These are outlined and discussed in this chapter. The means by which the interview sessions were carried out, and the way in which the data were analysed is described.

Chapter five presents the findings from the data which was collected in the interview sessions. Six prevalent themes emerged from the interview sessions. These were used as frameworks within which the participant's experiences were discussed. Sub-themes which were important to some participants also emerged from the interviews. These were used as a further means of analysis. Comparisons were carried out between participants on the basis of the era in which they gave birth, and their age at giving birth.

Chapter six provides a discussion of the data presented in chapter five and integrates this with the literature which was presented in chapter two. Theories which were presented in chapter three are also integrated into this discussion chapter. These theories are discussed as a means of explaining the manner in which the birthmother may have been subjugated at many levels.
Chapter seven draws conclusions about the researcher's findings in the present study. Suggestions for future research are discussed.
CHAPTER TWO

A REVIEW OF THE LITERATURE ON BIRTHMOTHERS AND ADOPTION

Adoption research has primarily focused on the adoptee or the adoptive parents. The birthmother has usually been left out of the adoption triad. Nevertheless, the birthmother's experience of relinquishing her child may be at least an equally important and poignant story. Society's perceptions of birthmothers who place their children for adoption may contribute to the lack of attention researchers have paid these women. Historical accounts of birthmothers provide an insight into the manner in which the birthmother has been socially constructed. Significant points in history, over the past one hundred years or so, such as the postwar period, highlight the degree to which governmental and legal policy has been instrumental in shaping society's attitudes toward, and perceptions of, birthmothers. Historically, birthmothers have been deemed to be unfit mothers for their children and have been treated as peripheral to a moral and virtuous society. The history of birthmothers within New Zealand also illustrates the degree to which the dominant discourse, in this discussion, adopters and adoptees, has subjugated the other, the birthmother.

In reviewing the literature on birthmothers, and the adoption process, the primary aim has been to focus on the changes which have occurred within this arena over the past fifty years. The changes in adoption law and practice over this period represent an important shift in governmental and legal policy. In addition, society's perceptions of birthmothers, as a reflection of these changes, have been significant for the birthmother and her emotional wellbeing, particularly with regard to the acknowledgment of the grief she may feel for the loss of her child.
HISTORICAL CONTEXT

In order to gain an insight into the adoption process over the past fifty years, it is helpful to identify the historical precursor to emerging attitudes and law changes. Adoption law and practice has seen significant, albeit not always progressive, changes since the introduction of the first adoption act in 1881. According to Rockel and Ryburn (1988)

"When George Waterhouse introduced the private members bill that resulted in New Zealand's first adoption act in 1881, he had no interest in concealing the relationship between adopted children and their birthparents. His principal aim was to encourage those who might take neglected or deprived children into their homes, by giving the new relationship a legal status." (p.7).

A secondary aim was to protect the adoptive parents investment in their child. Thus when J.A Tole moved the second reading of the bill he suggested the new legal status would relieve parents

"from the fear of molestation, or that the child, when it arrived at the age of usefulness, or may it be, beauty and intelligence, would be reclaimed by the original parent" (Rockel and Ryburn, 1988, p.7).

According to Rockel and Ryburn "This act put adoptive relationships on a firm legal footing so as to promote the chances of neglected or deserted children finding an adoptive family" (p.7).

The next significant step occurred in 1915 with the implementation of a series of measures

"designed to conceal birth origins, and so protect the adopted person from the stigma of being illegitimate. With this development adoption took on a new purpose: to give adopted people a new public identity and disguise their 'shameful' origins" (Rockel and Ryburn, p.8).
Prior to 1915 adopted children's birth certificates showed only their original names and birth parents' names, hence no attempt was made to conceal the birth parent's identity. However, the 1915 law changes "allowed adopted people to have a new birth entry and a birth certificate which showed their new adoptive names and those of the adopting parents" (Rockel and Ryburn, p.10). In 1925, the Child Welfare Act brought in the present requirement that adopted children take their adoptive parent's surname when the final order is made. First names can also be changed then if the adoptive parents wish.

The years between 1925 and 1955 saw increased restrictions in access to information and rights to discover the identity of the other parties, culminating in the second Adoption Act in 1955. This act coincided with (or came about because of) the newfound emphasis on the nuclear family, and the post-war ideology of the woman in the home. Rockel and Ryburn state that during this period there was a "growing interest in adoption as a means of creating families" (p.8). Mary Kathleen Benet asserts that

"the post-war increase in the popularity of adoption came about because it solved a particular social problem: the rise in white middle-class illegitimacy during the 'permissive society' of the 1950s and 1960s" (p.8).

The post-war emphasis on the family thus led to a strong focus on women i.e; birthmothers, who deviated from societal norms.

Derek Gill (1977) suggests that

"the family is one of the basic institutions of any social system and, in certain circumstances, illegitimate reproduction may represent a threat to this institution and therefore a threat to the continued existence of the society" (p.7).

Rickie Solinger (1992) suggests that in the 1940s and the 1950s the white unwed mother was diagnosed as psychologically discorded because she was pregnant without a husband. Solinger further asserted that
"nonmarital childbearing was treated as the most profound violation of postwar population goals. These goals constituted a midcentury variant of traditional eugenics: vitalise the white, middle-class family and, at the same time, curb childbearing among minorities" (p.26).

According to Anne Else (1991)

"Following the upheavals of war and John Bowlby's work on 'maternal deprivation', institutions, long suspect, fell completely out of favour as places to put young children, and even day nurseries were thought to do lasting damage...by the end of the 1940s the 'best environment' meant a permanent home with breadwinner father and stay-at-home mother; and the best way an illegitimate child could acquire this kind of home was through adoption. In 1953 Lewis Anderson, the Deputy Superintendent of Child Welfare... stated that it was society's duty to assure all children 'their birthright of happiness in a family'" (p.25).

By 1955, the same year that the second adoption act was introduced in New Zealand,

"the Attorney-General was noting with pleasure that 'the days of orphanages seemed to be passing as more childless couples made 'real homes' available for children requiring adoption. From the state's point of view, adoption offered the ideal solution to the old problem of single women's children. If people could be persuaded to rear unrelated children from birth at no charge, this would not only save money in the short term but would also help to protect future trouble and expense for the state. Placing the child in a normal, male headed family with a full-time mother would break the vicious cycle of deviance and produce a normal, well-behaved citizen" (p.25).

Following the Child Welfare Division's 1957 report, the press concluded that
"Without condoning or facilitating illegitimacy, the legislation under which the division conducts this section of its work helps the unmarried mother to find rehabilitation and the illegitimate infant to be eased toward the path of a more normal childhood" (p.25).

According to Rockel and Ryburn "In 1955 the second adoption act made secrecy the foundation of adoption, and laid down firm guidelines for access to information about identities" (p. 10).

Ann Howarth (1988) asserts that "the theory that total secrecy was in the best interests of all parties involved became popular in the early 1950s, and added to the perceived need for the secrecy to be maintained" (p.11). Howarth further suggests that "secretive adoption practices have all been too commonly assumed to be the traditional approach, and in the best interests of all parties concerned" (p.11).

Rockel and Ryburn (1988) further assert that the 1955 Act was so restrictive

"that in the next thirty years, no more than thirty people were successful in seeking this [birth origin] information through the courts. However, this same period saw an increasing demand for access to information from both the birth parents and the adoptee, resulting in the passing of the Adult Adoption Information Act in 1985, ending restrictions on the right of adopted people to know their birth name" (p.10).

THE PLACE (OR NOT) OF THE BIRTHMOTHER IN THE LITERATURE

Rockel and Ryburn (1988) state that "100,000 adoptions took place in New Zealand before 1985" (p.1). According to Field (1992) between 1955 and 1975, about 50,000 women relinquished children for adoption in New Zealand. Presumably the collection of documentation (statistical data) on adoption began sometime surrounding the time
that New Zealand was colonised by the European settlers. However, these statistics fail to take into account those children who were assimilated into the birthmothers family. Oral history tells us that often children born out of wedlock were raised by the birthmother's mother as a sister or brother to the birthmother. Anne Else (1991) suggests that

"statistics for ex-nuptial births alone give a false picture. Adding ex-nuptial conceptions or children whose parents marry before the birth increases the percentage of women involved dramatically...[statistics] show that by the time they were twenty-seven, never fewer than a quarter of the women born between 1926 and 1947 had conceived a child outside marriage. Women who aborted or miscarried are not included" (p.1).

Women who died during childbirth are also not included in the above statistics. The number or adoptions which took place in New Zealand up until 1985 is probably, in reality, significantly higher than these numbers suggest. Yet there remains scant literature on the place of the birthmother within the adoption triangle.

As researchers have recently begun to focus on birthmothers, several views have been put forward to explain their absence in the past. Joss Shawyer (1979) explains that

"birthmothers weren't real. There were occasional vague references to them, but only where the child had been adopted at a later age than 'normally'. Almost without exception the woman who had given birth to the child seemed not to exist, but where she did get a mention, she was dealt with only briefly" (p.7).

Mary Kathleen Benet (1976) asserts that

"It is difficult to draw a psycho-social portrait of the unmarried mother who relinquishes her child for adoption because she fades from view so quickly after the event. The child is studied, and the adopters are studied, but the aim of
the women who bore the child seems to be to escape study, and in this she has by and large been successful" (p.172).

It is unclear, however, whether the aim of the birthmother is in fact to escape study. It appears more likely that researchers have failed, for the most part, to focus their attention upon the birthmother.

Sobol and Daly (1992) state that

"traditionally the act of severing all legal rights to a child has been the event that ends the birthmother's involvement. She is encouraged to proceed with her life as if pregnancy, birth and legal separation had never occurred. This public image of adoption, which does not include a time beyond the placement of the child, has a parallel in the sparse literature concerning the subsequent social and psychological development of birthmothers" (p.150).

It is evident from the dearth of literature on the emotional wellbeing of the birthmother that she has traditionally been unrepresented, particularly from the perspective of her experience of placing a child for adoption. However, equally problematic is the literature which focuses on the birthmother from a psychoanalytic and psychological perspective. In the past the dominant discourse on the birthmother has placed her within a framework of psychological and emotional maladjustment, and more recently deviancy and intellectual inferiority, resulting in the perpetuation of myths which continue to surround her, and to a lesser extent, her illegitimate child.

**POPULAR PERCEPTIONS OF THE BIRTHMOTHER**

An extensive amount of literature was published in the 1940s and 1950s which placed the birthmother within a psychological and often psychoanalytic framework. Ricki Solinger (1992) in her discussion of psychoanalytic theory as explanations for unwed pregnancy in the postwar period, asserts that
"white pregnancy (both single and marital) was discussed mainly in psychoanalytic terms. Psychiatrists argued that a real woman lived to fulfil her destiny as wife and childbearer. When they considered white women who were unhappily pregnant, including white unwed mothers, they asked what disorder or disease accounted for behaviour that denied this destiny?...both the psychological theories and social policies they supported treated individuals in ways that shored up the post-war agenda" (p.86).

Solinger (1992) further suggests that

"these 'diagnoses' were applied discriminately and coercively to all white unwed mothers, defining them both as a group and individually, mentally ill...the psychiatric perspective did not remain an abstract, theoretical construct. It was attractive, meaningful, and useful to hundreds of professional who wrote or adopted public policies and to thousands of service providers in the 1940s, 1950s and 1960s. It inspired psychological studies and structured social work theory and practice...psychiatric explanations of single pregnancy inspired the work of most leading social work administrators" (p.87).

Young 1945 (cited in O'Neill, 1976) claimed that "out-of-wedlock pregnancy is symptomatic of a purposeful attempt by the personality to ease an unresolved conflict" (p.107). The premise of Young's hypothesis was that

"all the girls in her sample had fundamental problems in their relationships with other people" [and that] "all these girls, unhappy and driven by unconscious needs, had blindly sought a way out of their emotional dilemma by having an out-of-wedlock child" (p.302).

Ferard and Hunnybun, 1962 (cited in Rowe 1966) asserted that

"It is now known that behaviour often cannot be fully explained solely in terms of common sense, because psycho-
analysis has shown that the individual is all the time, and in varying degrees being prompted in what he says and does by deeply buried parts of the mind, which do not function in common sense ways. In other words he is being influenced by the unconscious" (p.15).

Even as late as 1966, Jane Rowe, a Social Welfare Officer in England, supported this view in her book, 'Parents Children and Adoption', stating that

"perhaps all we can say is that out-of wedlock pregnancy occurs as the result of a particular combination of psychological and social factors, brought about by the interaction of the individual's family, upbringing, personality and social situation...often they [unmarried mothers] have led quite sheltered lives and they are almost never the 'bold, sexy type'. It is more likely they have found their sexual experience distasteful...this is one of the most obvious differences between the disturbed mother and her more normal counterpart" (pp.14-16).

Rowe adds that

"unmarried motherhood is not an entity in itself. It exists everywhere, has no single cause and no simple cure...people do not take this kind of risk without strong cause and, since common sense reasons would almost always favour avoiding an out-of wedlock pregnancy, these causes must be psychological. Careful studies of these neurotic young women make it clear that many of them had emotional difficulties long before pregnancy. Many of them had an unconscious need to have a baby without a husband. Their pregnancies do not 'just happen'. They are not just 'bad luck'" (p.15).

Pope's (1967) American study on unwed mothers and their sex partners appears to be one of the earliest studies to challenge the various theories on causation of unwed pregnancy, which were popular around that time. Pope asserts that
"During the 1930s the emphasis was on "ecological" or environmental causes of illegitimacy and in the late 1930s and early 40s, psychological and psychiatric theories took over, and so forth. All these approaches have assumed that there must be salient differences in terms of their theoretical perspectives - maybe even a single important difference between those women who have illegitimate children and those who do not. These perspectives encouraged the view that it takes a very deprived, a very exploited girl to make such a disastrous mistake as to have an illegitimate child" (p.555).

Pope (1967) asserts that the various research perspectives, identified above, may have been making erroneous assumptions. He suggests that out of wedlock pregnancy is related to many interconnected factors, such as

"the composition of her field of eligibles, the nature of her heterosexual relationships, frequency of premarital intercourse, her fecundity, her knowledge and use of contraception...there is no reason to believe that a "normal" person in a "normal" relationship might not become premaritally pregnant" (p.555).

Pauker 1969 (cited in Pannor, Baran and Sorosky, 1978) agrees, stating that

"with the occurrence of premarital sexual intercourse among teenagers and with sexual intimacies often promoted by earlier dating and going steady, there are bound to be slip-ups in planning, oversights, impulsive acts and mistakes based on lack of judgement" (p.3).

While theories regarding the causation of unwed pregnancy were challenged by some researchers (Pope 1967, Pauker 1969), the stereotyping of the unwed mother continued.

Anne Else points out that in 1971, in the first New Zealand book for adoptive parents, Eileen Saunders argued that "becoming pregnant
was a psychological problem that usually had its roots in things quite other than an interest in or even a liking for sexual intercourse" (p.27).

Anne Else suggests that

"the fact that as late as 1971 Saunders thought it necessary to make this point so strongly shows how long the view of single pregnant women as promiscuous, unfit mothers, carelessly abandoning their babies, persisted" (p.27).

The apparent need of certain individuals or groups to stereotype unmarried mothers continued to be a strong theme in New Zealand society in the 1970s and 1980s, albeit it from a less overtly psychoanalytic or psychological perspective. Hence even as late as 1976, the New Zealand Department of Social Welfare Monograph stated that "there is an obvious need for studies in depth of such causal aspects as...the personality and temperamental traits of unmarried mothers" (O'Neill, 1976, p.423).

Alison Gray (cited in Anne Else 1991) carried out research on New Zealand teenagers in the 1980s. This period saw a subtle move away from earlier psychoanalytic and psychological approaches, to explain behaviour that was not perceived to be the 'norm'. However, the newly constructed perception of unmarried mothers was that these women fitted into a framework of deviancy, immorality, lower social status and intelligence, and maladjustment. Hence professionals continued to search for explanations. Gray suggests that

"because becoming an unmarried mother was seen as the deviant behaviour of a small group of women, those who dealt professionally with such women sought to explain it. But these explanations all set out to answer the same misleading question: why had these women failed to prevent men from having intercourse with them? Was it because of their inherent sinfulness, congenital promiscuity and low intelligence, or psychological problems?...some professionals took a kind of moral eugenics approach, believing that
most unmarried mothers were lower-class girls who were inherently over-sexed, immoral or both" (p.9)

Hence the plethora of research which emerged around this period which focused on family structure, societal class and intelligence.

THEORIES OF THE PERSONALITY AND INTELLIGENCE OF BIRTHMOTHERS

A significant proportion of the research carried out prior to the 1980s focused on the characteristics and intelligence of the birthmother. Researchers attempted to prove that birthmother's exhibited a certain set of characteristics, ie; immorality, which deemed them distinct from women who did not give birth pre-nuptially. Synonymous with this idea was the view that the unmarried mother, on average, possessed a lower Intelligence Quotient than that of the general female population. Eysenck, 1961 (cited in O'Neill, 1976, p.115) used the Mill Hill Vocabulary Scale (synonyms score) in order to compare 100 married and 100 unmarried mothers. However, the two groups differed significantly with respect to age, resulting in bias against the unmarried birthmothers. Pauker 1969 (cited in Pannor, Baron and Sorosky (1978) asserted that scores for the American Council on Education Psychological Examination showed that a group of girls who became pregnant while at High School were not as intelligent as the control group. However, comparisons of scores for girls who became pregnant after high school and the control group showed no statistically significant differences in intelligence. From the literature which focuses on the perceived intelligence of birthmothers it appears that reliance cannot be placed on results due to measurement problems and evident bias in the majority of these studies. O'Neill, (1976) concluded that

"although a number of studies have indicated that unmarried mothers have, on the average, lower intelligence quotients than the general female population, the validity of these studies is in some doubt. In general, better designed studies have suggested that there is little difference between the
intelligence test scores of unmarried mothers and those of the general population" (p.114).

Fortunately researchers in the mid 1980s began to acknowledge the inappropriateness of these earlier views and challenged conclusions drawn from the research that constructed unwed mothers as a socially deviant or emotionally maladapted group, marking a turning point in both research and societal perceptions toward these women. Latterly researchers have sought to place adolescent's sexual activity within the framework of normal adolescent behaviour. In 1984 Michael D. Resnick in his article concerning adolescent mothers decision making about adoption and parenting, asserted that

"first and fundamental, a central point of emphasis in the recent literature on adolescents' sexuality must be given due consideration: it is not appropriate to view unmarried adolescent mothers facing adoption and parenting decisions as members of a subculture whose norms for sexual behaviour are widely discordant with those of the culture at large...a perspective that views unwed adolescent mothers as socially deviant does not suit the reality of adolescents' lives and behaviours at this time" (p.8).

In their discussion about the stereotyping of the unmarried mother in relation to the emphasis on psychological causes of out of wedlock births, Pannor, Baron and Sorosky (1992) suggest that

"It does appear...that a large share of the causation may be ascribed to chance, particularly among adolescent girls pregnant for the first time. The most parsimonious explanation would seem to be that "out of wedlock babies are the result of neither the stork nor of a desire for an out-of-wedlock child but rather the result of sexual intercourse" (p.330)
PLACERS VERSES PARENTERS - SOCIOLOGICAL FACTORS

A strong theme within the literature on adoption has been to compare the characteristics of unwed mothers who place a child for adoption, with unwed mothers who parent a child. In conjunction with previous research which focused on the psychological and emotional maladaptation of birthmothers, in an attempt to prove that women who became pregnant prior to marriage constituted a group of women who deviated from societal norms, research pertaining to placers as opposed to parenters has likewise been driven by the same psychological theories. Characteristic of these studies was the view that there is more reason to be concerned about the adolescent mother who keeps her baby than the adolescent mother who opts for adoption. Macintyre (1977) points out that during the 1940s and early 1950s, poor psychological functioning was associated with adopting, rather than keeping, the baby. However, from the mid 1950s, poor psychological functioning was associated with keeping, as opposed to adopting out, the baby. (p.24). Latterly the general conclusion has been that the unmarried mother who keeps her baby is no less 'stable' emotionally than her counterpart. Grow (1979), (cited in Resnick, 1984) reported "no difference in emotional health between the two groups of mothers and refuted the interpretation of individual pathology or social deviance as an explanation of who raises or places a child" (p.6). Macintyre (1977) suggests that studies concerned with identifying those variables which differentiate single mothers relinquishing their children from those who keep them "may reflect more the caseworker's opinions of the outcomes" than the true nature of the difference between those who keep their children and those who relinquish them. (p.25).

A strong component of these studies has been familial and educational background. Several researchers, such as Rosen (1980), Leynes (1980) and Smith and Grow (1979) concluded that adolescents who consulted with, and had satisfactory relationships with their parents were more likely to make adoption plans. (cited in Resnick, p.6). This view is supported by Herr (1989) who suggests that pregnant adolescents with mothers who favoured adoption were more likely to choose
adoption. de Andra and Becerra (1984) reported that the primary asset in the interpersonal environment was the birthmother's mother.

Grow 1979 (cited in Resnick, 1984) concluded that adolescents who parented their children

"tended to come from nonintact homes, were not students and had less education...adolescents who parented their children were younger rather than older and were more likely to have resided with relatives or parents during their pregnancies...placers were more likely to have been reared in smaller towns and to have had more traditional views about abortion and family life" (p.6).

In support of Grow, Weinman, 1979 (cited in Resnick 1984) suggests that "compared to those pregnant adolescents who choose to rear their child, those who place for adoption tend to be older" (p.6). Festinger (cited in Resnick 1984) reported that "parenting teens tend to have had less education, to not be in school, and frequently come from non-intact homes." (p.6).

These claims have been refuted by other researchers such as Leynes, (1980) who asserts that there is limited evidence to suggest that parenters are more likely to have been reared in small towns, to hold more traditional attitudes about abortion and family life, Hayes, (1987), Leynes, (1980) and to live at home with both parents Lightman and Schlesinger (1982), (cited in Sobol and Daly 1992, p.145).

In her study relating to birthmothers within New Zealand, Clare Dominick (1988) reported that 60% of the birthmothers she interviewed had left school and were working before the pregnancy, 28% were either still at school or were attending a tertiary institution prior to the pregnancy, and 5% were beneficiaries (receiving either the Domestic Purposes Benefit or the Unemployment Benefit).
SOCIAL POLICY

A focus on policy implications is apparent within the more recent literature. In an American study carried out by Sobol and Daly (1992) the need for structural changes in the delivery of counselling and supportive services are addressed. Sobol and Daly (1992) discuss several issues which surround the placing of a child for adoption and suggest that

"as a result of placing an infant, birth mothers may experience an enduring sense of loss. This is exacerbated by the social blocking of open grieving and restricted opportunities to participate...even indirectly, in the life of the child. If adoption is to become a more frequently used pregnancy resolution option, then structural changes in the delivery of counselling and supportive services must be considered" (p.143).

Cushman, Kalmuss and Namerow (1993) also discuss policy implications in their study of birthmothers who placed their infants for adoption. This study focuses on the prebirth services the birthmothers received, their immediate postbirth experiences, and several characteristics of their adoption arrangements. The aim of the study was to assess the degree to which service-procedural variables are related to social-psychological outcomes for the birthmothers six months following the birth. The nature of these two recent studies reflects the degree to which the birthmother is beginning to receive more attention within the literature on adoption. Historically, adoption research has focused on adoptive parents and adoptees, particularly on the psychological adjustment of adoptees and on the structure and functioning of adoptive families. Kirk, 1964; McWhinnie, 1967; Richmond, 1957; Schechter, Carlson, Simmons and Work, 1964 (cited in Cushman, Kalmuss and Namerow 1993, p.264). However, in recent years, more attention has been given to birthparents, particularly birthmothers, including the services they receive before giving birth and the policies that govern their relationship with the children after adoption.
This shift in focus away from the birthmother as part of a maladjusted or socially deviant group, toward the experiences of birthmothers, reflects the changes which have occurred within legal and governmental frameworks, and in turn changes in dominant beliefs about birthmothers and their place within society. Hence as policy shifts have occurred within the adoption arena, society's attitudes toward the birthmother appear to have shifted. Unwed pregnancy is no longer perceived to be the result of deviant and maladjusted behaviour, but a part of normal adolescent behaviour. Behind this move toward the acknowledgment of birthmothers within the adoption triad is the move toward more 'open' adoption practice. It is difficult to accurately ascertain the point in time when approaches toward open adoption began to be accepted and thus provide a model for open adoption practice. In their discussion of adoption policy within New Zealand, Rockel and Ryburn (1988) state that

"at some point in the 1970s social workers began to listen more attentively to what members of the adoption triangle were saying in their letters, in the support groups then beginning to form, and in their public statements about the need for change...agencies such as Catholic Social Services in Christchurch and Bethany in Auckland, and offices of the Department of Social Welfare such as those in Auckland and Lower Hutt, began during the 1970s to develop an open approach to adoption shaped by the experiences of their clients. Social workers in these agencies involved birth parents in choosing the kind of parents they wanted for their child. Birth and adoptive parents were encouraged to meet at the time of the placement to exchange information and to plan for contact in the future" (p.20-21).

Rockel and Ryburn also suggest that the declining numbers of children being placed gave birth parents more power to insist on being heard, and freed adoption workers to consider new approaches to their work.

In turn the early 1970s also coincided with the introduction of the Domestic Purposes Benefit in New Zealand which may have been a
major contributing factor toward the decline in the number of children being placed for adoption. The introduction of the Domestic Purposes Benefit therefore not only gave women who became pregnant before marriage a greater choice as to the outcome of their pregnancy but may also have contributed toward more open adoption practice. Cushman, Kalmuss and Namerow (1993) suggest that dissatisfaction with past adoption practices, combined with the move toward more open adoption arrangements has led to changes in the delivery of adoption services to young pregnant women. Furthermore, they suggest that these changes have generated increased interest in the attitudes and experiences of birthmothers, as well as in their adjustment and functioning after they place their babies for adoption. (p.265).

THE EFFECTS OF RELINQUISHMENT ON THE BIRTHMOTHER

According to Winkler and Van Keppel (1984)

"The relinquishing mother has received only minimal attention and little is known about her experience of relinquishing a child for adoption. Relinquishing mothers have only recently begun to feel able to speak out about their experiences both at the time of relinquishment and subsequently. The major characteristics of the mother's reaction to relinquishment would seem to be loss and grief. For many relinquishing mothers the experience of grief appears to be unresolvable, especially while the fate of their child remains unknown to them" (p.3).

Furthermore in this study Winkler and Van Keppel reported from their results that several important factors are related to the birthmother's subsequent adjustment to relinquishment. These were found to be the relinquishing mother's perceived degree of social support available to her from her family and friends, the availability of opportunities in which the relinquishing mother could talk freely and express her feelings about the loss of her child, the birthmother's experience of a sense of loss, and the effect of information the mother
may eventually obtain about the outcome of the placement and wellbeing of her child (p.61-69).

Smith 1963 (cited in Pannor, Baran and Sorosky 1992) asserted that

"the mother who relinquishes her baby is trying to give her child what she knows it needs and what she wants it to have - love, care and security from two parents in a normal home situation such as she cannot provide. It is usually assumed that after the mother has given up her child for adoption she wants to completely sever her ties with the child and begin life anew. Hubbard (8) believes that in actuality the mother often feels it would be better if her child did not know about her in the future, not only because she thinks the child will resent her abandonment of him [or her]. The fact that increasing numbers of birth parents are returning to social agencies seeking information about the children they relinquished and wanting to update the information about themselves is evidence that they have not suppressed the pregnancy or the relinquishment" (p.330).

Rynearson 1982 (cited in Sobol and Daly 1992) interviewed twenty women attending an outpatient psychiatric facility in the United States, whose primary complaint was not initially presented as being related to adoption. The participants were white middle-class women between the ages of thirty and forty-six who had placed a child for adoption in late adolescence. Rynearson1982 (cited in Sobol and Daly) concluded that

"they [the women] generally recalled the placing of a child as being a decision externally imposed by parental demands, social standards of conduct, and altruistic concerns for the best interests of the child. One third reported that the signing of the adoption papers was so traumatic that they no longer had a memory of the event" (p.150).

Rynearson1982 (cited in Sobol and Daly 1992) found that
"during the immediate postnatal period many had a strong fantasy of restitution to the child and inhibited expression of mourning. In the two years following placement, the participants experienced recurring dreams of loss, separation and joyful reunion. All were fearful of being infertile in the future, yet delayed subsequent dating. Long term effects included over attachment to the protectiveness of subsequent children, especially around the issue of sexual activity and unplanned pregnancy. Mourning was experienced at the anniversary of the placement" (p.150).

Rockel and Ryburn (1988) asked birthparents to describe their experiences of closed adoptions. They concluded that "the time after the birth of their babies is remembered by most birthmothers as a time of confusion, powerlessness and despair" (p.30). Pannor, Baron and Sorosky utilised articles in the press and programs on local and national television (within the United States) in order to bring their research to the attention of a large population who were then requested to contact the Adoption Research Project and describe their personal experiences. According to Pannor, Baron and Sorosky "some expressions of these feelings were 'I never got over the feeling of loss', 'I still have feelings of guilt and pain when I think about it', 'whenever I see a child I wonder if it's my daughter, 'giving up the child was the saddest day in my life'. An analysis of the letters received points to the fact that many birth mothers have not resolved their feelings about relinquishing a child for adoption. Pannor, Baron and Sorosky found that 50% of the birthparents they interviewed said that they continued to have feelings of loss, pain, and mourning over the child they relinquished.

Perhaps one of the most comprehensive studies to be carried out on the birthmother's feelings of grief and loss is Clare Dominick's research which was conducted through the research section of the Department of Social Welfare in Wellington, 1988. A significant portion of this study was directed at identifying the grief process for the birthmother. At the time Dominick's study was carried out, a number of assumptions had been made in previous research studies, regarding the birthmother's feelings toward the adoption process. The predominant view was that the birthmother should act as though the
pregnancy and subsequent adoption had never happened. However, as society appeared to be showing a greater acceptance toward birthmothers, researchers in turn began to focus attention on the emotional effects of adoption on the birthmother.

Dominick based her study on the assumption that feelings of grief and mourning experienced by the birthmother, following the placement of her child for adoption, are essentially the same as feelings of grief that follow any significant loss. However, Dominick suggested that the birthmother's sense of grief and loss had several distinctive features which may affect the experience considerably. Dominick further suggested that the birthmother's grief may be most similar to the loss experienced by parents after the death of a new born child. From extensive interviews with 65 birthmothers within New Zealand Dominick found that over 92% of the birthmothers experienced thoughts, feelings or behaviours characteristic of grief during the first four weeks after signing the consent papers, and 85% experienced sad, upsetting, anxious or regretful feelings. (p.150). Dominick concluded that

"from these results it appears that negative social attitudes toward birthmothers have to a certain extent changed. Previously, single pregnant women were encouraged to have the child adopted and discouraged from keeping the child. Birthmothers nowadays are more likely to be encouraged to keep their child and to be looked at disparagingly if they decide to have the child adopted. Attitudes have remained the same to the extent that if they have the child adopted, birthmothers generally find they are expected by many people to get on with life and forget" (p.141).

Dominick's study indicates that, although, in 1977, society's attitudes toward the birthmothers possible feelings of loss and grief had not changed, society's perceptions of the birthmother were shifting. Furthermore this study is of particular interest within a New Zealand context because it was carried out as part of a series for the Department of Social Welfare. Hence those involved at the grass-roots level of policy, that is those who hold power and knowledge within the institutions, are those who are most instrumental in influencing
society's attitudes toward certain groups within society. Particularly minority groups who have historically been subjugated and oppressed.

Sobol and Daly (1992) concluded that

"Several recurring themes warrant focused attention in future research. Almost all studies noted the sense of loss and accompanying inhibition in the expression of emotions by women who have placed their child for adoption. Yet few studies explored in detail the nature of the grief process or the psychological ramifications of being unable to express strong feelings about the adoption" (p.155).

Sobol and Daly point out that several research questions remain unanswered, for example; does long-term contact with the child, either direct or not, influence the grieving process? Sobol and Daly report that "some have argued that open adoptions block successful completion of grieving (National Committee for Adoption). Others such as Winkler and Van Keppel (1984) have suggested that

"open adoptions help to assure the birthmother of the well-being of the child and hence allow for the diminution of a sense of loss. Without systematic study this remains a moot point" (pp.157-158).

Sobol and Daly assert that

"obviously, research with mothers who place children will be limited by the secrecy surrounding adoption and the logistic problem of contacting the few mothers who follow this course...perhaps the most important needed change is in the public perception of adoption" (p. 157).

The anticipated growth of research directed at providing answers to these questions, means that wider attention within this area will be conducive to identifying and perhaps solving of problems surrounding issues of secrecy and difficulties in contacting birthmothers. Ultimately the desired outcome would be to bridge the gap between
society's assumptions of birthmothers and the voice of the birthmother herself.

THE USE OF LANGUAGE IN THE LITERATURE

Recently researchers have begun to draw attention to the use of language within the literature on adoption. It is evident from a review of the existing literature on birthmothers and the relinquishment of a child that common perceptions of adoption as a means of resolving a premarital pregnancy are clearly not representative of the birthmother's experience. Christine A. Bachrach (1996) in her article "Adoption Plans, Adoptive Children, and Adoptive Mothers" refers to the placing of a child for adoption as "having resolved a premarital pregnancy through adoption" (p.251) indicating the solution to a problem. However, adoption is rarely a 'solution'. This example of the word 'resolution' highlights the manner in which the use of language can alter perceptions of particular people or situations. Sobol and Daly (1992) suggest that "language describing the adoptive process should reflect a more positive image" (p.158). Spencer 1982 (cited in Sobol and Daly, 1992) asserts that "'making an adoption plan' and 'finding a family to rear a child' should replace 'giving away a child' and 'relinquishing a baby'" (p.158). Thus by focusing more attention on the terminology used within future studies it is hoped that the sense of loss the birthmother experiences in placing a child for adoption will be reflected to a greater degree.

From this review of the literature on birthmothers and adoption it is evident that significant changes have occurred over the past 100 years or so. More importantly it is evident from patterns that have emerged over this time frame that the stigma of being an unmarried mother is slowly becoming less potent. Coupled with society's shift in perceptions of birthmothers is an increasing interest in research in this area. However, research strategies which allow the birthmother the opportunity to speak about her possible experience of grief and loss are lacking. Furthermore, researchers in this field must resist their propensity to generalise findings and hence categorise birthmothers as fitting into particular groups on the basis of particular characteristics or traits. While all birthmothers will share
the experience of loss, albeit in varying degrees, it is imperative when carrying out research on such a sensitive topic, to acknowledge each birthmother as an individual who has experienced something unique to herself. As such it is vital that prior to, during, or following the interview process, the participant does not detect any bias, or preconceived ideas on the part of the researcher. The degree of structure present in the studies under review in this discussion, by way of the direct questions put to the participants, failed to allow for openness and reciprocity during the interview process, thereby inhibiting certain aspects of the birthmother's story to be told. Therefore I am advocating further research which allows the birthmother to relate her experience from her perspective, free from persuasive interview questions.
CHAPTER THREE

THEORETICAL FRAMEWORK

The present study employed strands of poststructuralist theory as a means of discussing, contextualizing and interpreting, the experience of birthmothers who have placed a child for adoption. This framework allows questions to be raised about how particular forms of power structures, and social and institutional practices, work to place certain people within society in subjugated positions and provides conceptual tools to examine how this may affect their lives.

Much of the theory utilised in this study has been drawn from the works of Michel Foucault, in particular "The Birth of the Clinic" (1991) where Foucault locates people's experiences of medicine in discourses of power and knowledge. This and related works provided important ideas that have helped the analysis of structures contributing to the medicalization and control of women and childbirth since the 19th Century. In this chapter several key concepts in Foucault's work inform my research. These are Normalisation, Power and Knowledge, Medicalization and Sexuality.

I have also drawn on the works of several contemporary feminist poststructuralist theorists in order to discuss other important concepts. These are Experience, Language, and Language as Discourse. Feminist poststructuralist theory has been constructed in significant part by combining elements of the theories provided by the early poststructuralists. In particular Saussure, Lacan, Derrida and Foucault. (Gavey, 1989). Of special interest to feminists is Foucault's work because it provides

"an important way of thinking differently (and perhaps more creatively about the politics of the contextual construction of social meanings, about such organising principles for political action as "equality" and "difference" (Scott, 1990, p.135).
Foucault's work has further served to "produce in feminist hands an analysis of patriarchal power relations which enables the development of active strategies for change" (Weedon, 1987, p.13). There are many forms of 'poststructuralism', however, and many points at which divergence occurs. This is problematic for authors who choose to draw on this theory, in particular because of the somewhat loose definitions of concepts and terms associated with it. Also problematic is the re-hashing of certain ideas and concepts such as those conceived by the early poststructuralists. For these reasons some distinct theoretical categories have been developed within the poststructuralist framework in order to minimise the potential for the blurring of concepts and theoretical positions. Although many of these concepts are not mutually exclusive, for example, language discourse, and power/ knowledge, it is important to differentiate the theories I will draw on from the works of Foucault from those contemporary feminist poststructuralists I will refer to. The principles I have extracted from contemporary feminist poststructuralist theory, which apply to this thesis, are outlined below.

Feminist poststructuralism provides important ideas that can form the basis for inquiry into the nature of women's lives. Other forms of feminism have identified patriarchy as a site of women's oppression. Feminist poststructuralism however, locates patriarchy, and other forms of oppression more specifically within certain social and institutional practices. This theory can be used in order to analyse the "workings of patriarchy in all its manifestations - ideological, institutional, organisational, subjective - accounting not only for continuities but also for change over time" (Scott, 1990 p.134).

Weedon (1987) suggests that

"A theory is useful if it is able to address the questions of how social power is exercised and how social relations of gender, class and race might be transformed" (p.20).

These features are important for the present study because I am attempting to ascertain whether or not, and if so to what degree, the
negative aspects associated with placing a child for adoption, which some women may experience, are the result of certain forms of social and institutional oppression. This concept of social and institutional oppression, within feminist poststructuralist theory, is drawn specifically from Foucault's works on power and knowledge, and his "analyses of the body as the place where the most minute and local social practices are linked with the large scale organisation of power" Dreyfus and Rabinow 1983 (p.111). This theory will be discussed below.

FOUCAULT/POWER AND KNOWLEDGE

Foucault's theory on power and knowledge is a central theme in his works. Fundamentally Foucault claims that power is the product of both knowledge and practice. In 'The Will to Truth' Sheridan (1980) suggests that

"By 'power', Foucault does not mean 'power' in the sense of a unified state apparatus whose task it is to ensure the subjection of the citizens of a particular society. Nor does he mean a general system of domination exerted by one group over another, the effect of which spreads to the whole of society. Instead power should be understood as 'the multiplicity of power relations' at work in a particular place" (p.183).

Foucault's ideas on power do not imply a direct relational power between, for example, the oppressor and the oppressed, or government and subjects. Foucault suggests that the exercise of power is a means by which certain actions modify others. By this Foucault means that power does not exist universally, or in a concentrated or diffused form as is often assumed. Rather power is exercised at various levels of society, and in a multitude of places. Interpreting Foucault, Dreyfus and Rabinow (1983) suggest that power denotes more a question of government than a confrontation between two opponents or the binding of one to the other. It is important to note here that the use of the term 'government' in this context is very broadly defined. As in earlier periods, such as the 16th Century,
government refers to more than political structures or the management of states, rather it designates

"the way in which the conduct of individuals or of groups might be directed: the government of children, of souls, of communities, of families, of the sick" Foucault (cited in Dreyfus and Rabinow 1983, p. 222).

Foucault discusses how one is able to analyse power relationships, suggesting that a legitimate means of doing so is to focus carefully on defined institutions. Foucault suggests that institutions are empowered and privileged points of observation in which organisation is carried through to optimum levels to produce ultimate power relations.

Foucault makes clear however, that institutions must be analysed from the standpoint of power relations rather than vice versa. Thus even if power relations are embodied in institutions, the fundamental 'point of anchorage of the relationships' are found outside the institution. Foucault thus advocates the political importance of analysing power relations from the perspective of their historical formation, the source of their strength or fragility, and the conditions which are necessary to transform some or abolish others. (Foucault cited in Dreyfus and Rabinow 1983, p.223). Furthermore, Foucault asserts that while many forms of power relations are necessary for the functioning of society, not all established power relations are necessary. Foucault's emphasis on power/knowledge is thus an attempt to relate

"patterns of thought to social situations and thereby reveal how knowledge is a product of social structures and social interaction" (Olssen, 1998, p.2).

Foucault thus attempts to show that power and knowledge, replicated in discursive social structures, are expressed through the complex discourses used. In this way it is shown that power/knowledge is inextricably linked to language discourse and therefore power/knowledge works through language. Lydia Alix Fillingham (1994) explains that all the human sciences, for example, psychology,
sociology, economics, linguistics, and even medicine define human beings at the same time as they describe them, and work together with such institutions as mental hospitals, prisons, factories, schools, and law courts to have specific and serious effects on people. Therefore language plays an essential part within poststructuralist theory. (p.37).

**LANGUAGE**

Within a poststructuralist framework language does not simply mean the use of words in a certain order. It means more than what we know as semantics and syntax. In this context language means a system through which meaning is constituted as a result of particular modes of practice within certain institutions and power structures.

The structural linguistics of Ferdinand De Saussure provide the basis for poststructuralism's theory of language. (Weedon, 1987). Poststructuralism takes from Saussure the

"principle that meaning is produced within language rather than reflected by language...[and that] these principles are important because they make language truly social and a site of political struggle" (Scott, 1988, p.245).

Poststructuralist theory implies that language has no fixed inherent meaning. As such language does not reflect what we perceive as social reality. Rather what we perceive as social reality is constituted by language. Advocates of poststructuralist theory suggest that meanings are not fixed, but are socially produced within language, and hence are not confined to one definition but are plural and subject to change. Weedon, 1987 (cited in Scott, p.245).

**LANGUAGE AS DISCOURSE**

Foucault, along with Derrida and many other twentieth century thinkers, is centrally concerned with language, and positions language as an integral part of the social world. (Gavey, 1990). Traditional
western thought focused on forms of consciousness or forms of action to explain notions of power. In contrast, by focusing on language Foucault demonstrates the linkage of knowledge and power within society at many different levels. This view of linguistic experience at every point in daily life, Foucault calls discourse.

Following Foucault, the contemporary feminist poststructuralist theorists likewise place significant importance on discourse as a viable means of explaining the ways in which meaning is constituted through language. Discourse is thus a fundamental concept within poststructuralist theory and as such many definitions have been conceived as follows.

Hollway 1983 (cited in Gavey 1989) defines discourse as a "system of statements which cohere around common meanings and values ... [that] are a product of social factors, of powers and practices, rather than an individuals set of ideas" (p.123). Gavey 1990 explains discourse as a broad concept referring to a way of constituting meaning which is specific to particular groups, cultures and historical periods and is always changing. (p.123). Burman and Parker (1993) suggest that "Language organised into discourses has an immense power to shape the way that people, including psychologists, experience and behave in the world" (p.1). Potter and Wetherell, 1987 (cited in Burman and Parker) assert that "Discourse does not simply express or reflect meanings, rather meanings are constituted through discourse" (p.114) Within this thesis discourse is interpreted as a subculture of words which fit particular social and cultural practices but which change over time as befit the social powers and practices of that time. In this context subculture is a term used to describe fluid and working groups of language which are used by specific members of society such as doctors, lawyers and students. Each subculture contains its own unique collection of discourses and contexts within which these discourses belong.

Within a poststructuralist framework language gives meaning through discourses which vary, not only between cultures, but between different discourses, for example medical or feminist discourse. Thus this view of language, that is as constituting meaning through discourse, provides a basis from which to interpret meanings within
certain discursive practices. Foucault’s (1991) discussion of medicine and practice in the 19th Century, for example, allows for an analysis of the ways in which language has worked, through the discourses inherent within medical practice, in order to place certain members of society in subjugated and in privileged positions. Therefore we are able to look for the meanings that have arisen, and that have worked to constitute meaning in different peoples lives, through the various discourses which have been used.

**THE DOMINANT DISCOURSES**

The dominant discourses gain authority, as a product of social powers and practices. According to Gavey (1990)

"Discourses vary in their authority. The dominant discourses appear 'natural', denying their own partiality and gaining their authority by appealing to common sense. These discourses, which support and perpetuate existing power relations, tend to constitute the subjectivity of most people most of the time (in a given place and time). (p.124 )."

If we, as individuals adhere to the dominant discourse of, for example, the respectability of motherhood within the institution of marriage, then those individuals who fall outside of this common societal perception will be viewed in various ways. The effect of the dominant discourse is the social construction of certain members within a society.

In relation to the present research the dominant discourse has constructed, and supported the concept of the respectable and 'good' married mother. This form of discourse has gained authority by appealing to the common sense notion that if a woman is not a respectable married woman, she is unfit to become a mother. Burman and Parker (1993) suggest that

"language produces and constrains meaning, and that these meanings are multiple and shifting and do not, or do not only, reside within individuals' heads. Attitudes are a
function of context and of repertoires, they are not fixed things inside the person. Furthermore social conditions give rise to the forms of talk available" (P.3).

The changing role of the birthmother within society over the past forty years is evidence that social conditions and forms of social talk play a major role in placing the birthmother within the particular framework which society values at that time.

An intention of the present research was to assess society's attitudes toward birthmothers and identify some possible effects, detrimental or otherwise, on the women involved in this research. An important part of this process is to look at Foucault's work on 'normality' in order to discuss what constitutes society's perception of the 'norm' and what types of behaviour are deemed as sufficiently deviant to qualify as 'abnormal'.

FOUCAULT AND NORMALISATION

The concept of normalisation was developed by Foucault as a means of illustrating the process by which society continually analyses whether its members deviate in any way from what is considered to be 'the norm'.

Foucault challenges assumptions about the difference between what is considered by society to be 'normal' and what is considered to be 'abnormal', suggesting that 'abnormal' denotes everything which differs considerably from normal. Further to this Foucault challenges the assumption that it is easy to differentiate between the two and that the difference tends to remain the same over time. Society's assumptions about what is normal and what is not normal are based on different measures. At least two measures exist which are commonly used to differentiate between 'normal' and 'abnormal'. First statistical measures serve to place individuals in categories, (usually a lower number denotes the 'abnormal' category.) Secondly, society's ideals dictate the perceived notion of 'normal behaviour' as opposed to 'abnormal' behaviour. This categorisation does not necessarily determine that the number of individuals who exhibit a
particular behaviour, which society perceives as deviant, will be a low statistical number. For example although not smoking in public areas may be the perceived ideal, it does not necessarily follow that the majority of individuals in a particular society will refrain from smoking.

In accordance with Foucault's views on language discourse and shifts in the meanings within language according to particular historical periods, notions of 'normality' and 'abnormality' likewise do not remain static over time. Lydia Alix Fillingham (1994) (interpreting Foucault), suggests that, since the 18th Century, societies, knowledge, power and the human sciences, have carefully defined the difference between normal and abnormal, and have continually used these definitions in order to regulate behaviour. It is apparent, however, by looking at several of Foucault's works, for example, on The History of Sexuality, (1986) Madness and Civilisation (1967) and The Birth of the Clinic (1989) that these definitions are subject to the way in which the dominant discourses have constituted the various meanings accorded to 'normality' and 'abnormality'. Hence the dominant discourses which support and perpetuate existing power relations, and vary in their authority, necessarily give rise to changes in the potency and meaning of language such as this.

Ball (1990) asserts

"that the concept of normalisation permits a consideration of structural themes and issues in relation to complex political and social realities. Normalisation, Foucault suggests, denotes processes concerned with the establishment of measurements, hierarchy and regulations around statistical norms" Ball, 1990:2, (cited in Papps and Olssen, 1997, p.40).

The Domestic Purposes Benefit, which was introduced into New Zealand in 1973, highlights the manner in which measurements, hierarchy and regulations around statistical norms, have had a significant effect on the manner in which the birthmother has been perceived within political and social realities alike. The Department of Social Welfare originally intended that the Domestic Purposes Benefit be granted to widows, divorcees and women in other circumstances
who found themselves bereft of financial support. However, with social changes such as those occurring in single parenting...since the 1960s (Field 1992) the unmarried mother was also entitled to the Domestic Purposes Benefit, largely by default. This example shows that through concern with measurements, hierarchy and regulations around statistical norms, that what is at times considered to be not 'normal' can change dramatically with a shift in the number of people who fit a certain criteria. In the case of increasing one parent families within society this phenomena is no longer considered to be not 'normal'. Therefore following this trend, society began to view the birthmother who kept her illegitimate child as less 'abnormal'. Firstly because one parent families were becoming increasingly common, and secondly because those ascribed with the status of power and knowledge within society, made provisions for financial support available to her. The effect was that she was considered sufficiently 'normal' to be allowed, by those in control of the processes surrounding that financial support, and thus by society as a whole, to keep her child.

Dreyfus and Rabinow (1983) state

"Essentially normalisation attempts to serve two purposes via control of the anomalies in the social body. In this sense 'anomaly' refers to the delinquent and the pervert. Proponents of 'normalisation' claim that certain technologies serve to isolate anomalies through corrective or therapeutic procedures" (p. 223).

In this sense technologies refer to hierarchical systems of power/knowledge such as hospitals, prisons, legal systems and government departments whereby 'normalisation' is able to be carried out. Individuals who are deemed to be deviant are not only defined as not normal but are also in the position of needing to be normalised. An example of how the notion of normality works within society can be seen in the postwar period of the 1950s. During this period a significant amount of emphasis was placed on the importance of the nuclear family. Childless couples were therefore judged as not fitting society's perception of the norm. However, in New Zealand, married women who were unable to conceive were rescued by the
unmarried pregnant women who provided the much needed child. This practice served the purpose of normalising the infertile couple and removing, to some degree, the stigma of deviancy, that is abnormality, from the unmarried woman because she had partly redeemed herself by her act of giving away her child to more worthy parents.

Foucault suggests that we live in a society whereby the judges of normality are present everywhere. According to Foucault (cited in Sheridan 1980)

"We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the societal-worker judge; it is on them that the universal reign of the normative is based, and each individual, wherever he [she] may find him[her]self, subjects it to his [her] body...gestures...behaviour...attitudes...achievement" (p.162).

Nowhere is this more prevalent than within the discourses relating to the unmarried pregnant woman. Through the centuries she has been constructed through discursive systems of power and knowledge and thus through language discourse in varying ways. Constructions of unmarried pregnant women have ranged from mad, deviant, intellectually inferior and sexually promiscuous, hence 'abnormal'. The compounding factor for birthmothers is that of hospitalisation during childbirth and thus the double bind of firstly being constructed in certain ways due to her deviation from 'normal' behaviour, and secondly being subjugated through the power and knowledge systems inherent with medical practice. Herein lies the contribution of medical discourse to social constructions of the unwed mother.

**FOUCAULT AND MEDICAL DISCOURSE**

Medicine and Medical knowledge is a prevalent theme in Foucault's discourse on power and knowledge within discursive social systems. In his discussion of medical discourse during the 19th Century Papps and Olssen 1997 (interpreting Foucault) suggest that within the hospital system doctors
"have been at the apex of the hierarchy, thus producing a structure that has reinforced the development of a medical discourse" (Papps and Olssen, 1997, p. 40)

In 'The Birth of the Clinic' (1991) Foucault discusses the history of medicine and investigates the processes by which medical practice in the 19th Century shifted from a focus on medicine, which was confined to the study of the body and of disease, to a field whereby the medical professional gained considerable status which was not wholly due to medical skill or knowledge, but to the common perception of doctors as wise, virtuous, and moral men. (Papps and Olssen 1997). Interpreting Foucault, Papps and Olssen suggest that the doctor

"engaged as a figure of authority between guards and patients, as a ‘bearer of reason’ rather than of physical punishment" (p. 31).

Thus the intervention of the doctor was often due to moral, as opposed to medical, reasons. In relation to this thesis, of particular relevance is the question of whether medical intervention remains in some part due to moral authority in the case of unmarried pregnant women in the twentieth century.

FOUCAULT AND SEXUALITY

Foucault provides a history of sexuality from the 17th Century to the 19th Century in which he discusses society's changing attitudes and moral codes toward sexual behaviour among the general public. Foucault (cited in Sheridan, 1980) suggests that during the 17th and 18th Centuries, at least compared with the 19th Century, sex held no secrecy and a certain frankness about sexual matters existed. Sexual matters, illicit or otherwise were tolerated, anatomies named and codes concerning what was considered indecent or obscene were lax. However, with the rise of the Victorian Bourgeoisie, discourse surrounding sexuality became covert, it was not spoken of, and it became purely a function to facilitate reproduction. According to
Foucault (cited in Sheridan, 1980) “One did not speak of sex. The legitimate procreating couple laid down the law, imposed itself as a model, enforced the norm ” (p.166).

However, the rise in a scientific interest in sex, produced a means by which sex was able to be discussed without disgust and ridicule. According to Sheridan, (1980)

"Sex entered the public domain with the population problem: population as wealth and manpower, population balanced between its own growth and the resources it could produce. Governments saw that they were dealing not with 'subjects' or even with 'the people', but also with a 'population' possessing its own phenomena: Birth and death rates, life expectancy, fertility, health, diet etc. At the centre of this economic and political problem of population was sex: It was necessary to analyse the birthrate, the age of marriage, legitimate and illegitimate births, the precocity and frequency of sexual relations, the nature and extent of contraceptive practices, etc. The increase in population was no longer an unquestioned good, what was now needed was a subtle calculation of needs" (p.172).

From this analysis it becomes clear that Foucault’s theory of power and knowledge plays an important part in the history of sexuality, at least from the 19th Century onwards. Thus the 19th Century saw developments and implementations involving the policing of the individual’s behaviour. This new focus on sexuality remained not only throughout 19th Century society however. Discourse relating to sexual behaviour continues to permeate society well into the 20th Century. Of particular relevance to this thesis is the focus on the birthrate, legitimate and illegitimate births, and the possible effects that the analytical nature of these phenomena may have had on the birthmother.

Foucault, cited in Sheridan (1980) asserts that before long other kinds of discourses were turning to sex. (p.172). Medical discourse was thus among the first alternative discourses to provide theories relating to the horrors and evils of sexual excesses. Since sexuality was a medical
and medicalizable object, it was deemed necessary to detect it, pathologize it and name it. According to Foucault (cited in Sheridan 1980)

"Medicine had taken over the management of sex...this new form of power required a closer relationship between agent and patient; it proceeded by examination, observation, interrogation. The medical report, the psychiatric investigation, the school report, and family controls all seem to share a negative attitude to 'abnormal' or unproductive sexualities." (p.175).

According to Sheridan (1980)

"The new clinical medicine that emerged at the turn of the century was dominated by the gaze, the act of seeing, it was particularly attuned to the individual, abnormal event" (p.39).

The medical examination, the psychiatric investigation and the pedagogical report were thus the result of this medical gaze. (Sheridan, p.175). The teachings of Sigmund Freud, which abounded around this period, are indicative of the medical gaze which subjected, in particular women, to unique and overtly patriarchal investigation. (Foucault, 1965). An example of this investigation is seen by looking at the practice of displaying naked women, who were institutionalised for exhibiting abnormal behaviour, before a gathering of medical students. These women were administered with amyl nitrate in order to sexually excite them, however, if they became too explicit in their performance they were removed. This practice was an attempt to study the reasons behind, what was deemed to be, abnormal sexual behaviour in women.

Foucault (cited in Sheridan, 1980) poses the question of why sensual pleasures and sexual activities are so often the object of such moral concern, far more than other, hardly less vital experiences, such as feeding oneself? His answer to this question is that sex, much more than almost anything else, is also the object of fundamental prohibitions, whose transgression is considered deadly serious. This
thesis in part aims to examine the nature and seriousness of such transgressions.

Thus far a discussion of Foucault’s theories of normalisation, medicalisation and sexuality has been presented, thereby highlighting some of the many consequences of sexual transgression. These theories highlight the perceived societal notion that sexual transgression equates, or is synonymous, with abnormal behaviour. In the case of the birthmother who becomes pregnant outside of marriage the imposed societal pressure for acts which may legitimate redemption for her perceived sexual transgression, and acts which may reconstitute her as 'normal' often manifest in extreme and desperate behaviour, for example a quick marriage or adoption. Hence these measures may deem her as having been normalised. This is a further example of the power/knowledge which exists within certain societal structures and results in the organisation of individual behaviour. A further possible consequence of sexual transgression, with regard to the birthmother, is the fact that the seriousness of her transgression is often overtly public. Hence she is vulnerable to the structures of power and knowledge, and the practices of domination, inherent within the systems she is forced to participate in. These include hospitalisation, legal systems, and government departments. Furthermore the discourses surrounding these structures are often bound up with medical, legal and bureaucratic jargon which serve to place her further within a subjugated position.

The present research analysed various ways in which birthmothers have been constructed over the past thirty-five years. This analysis was based on the existing literature (namely from a socio-medical model) and the text (interview data) provided by the birthmothers who have participated in this study. A second aim was to identify how these constructions of birthmothers have worked to place birthmothers within particular historical and social contexts. Using a poststructuralist framework this can be achieved by linking the different constructions of birthmothers to existing structures of power, and by showing how these constructions are bound by these structures, and how language has been produced which sustains the meanings associated with these constructions of birthmothers.
CHAPTER FOUR

QUALITATIVE- FEMINIST- PARTICIPATORY RESEARCH

The present study employed qualitative-feminist-participatory research as a means of gaining the birthmother's perspective of placing a child for adoption.

Researchers in the field of qualitative-feminist research are increasingly creating new strategies through and within which to interpret women's experiences. Olesen (1992). One is qualitative-feminist-participatory research. This has been used in the present study because it provides an appropriate means for gaining participant's perspectives while striving to minimise any interference by the researcher, and allows for negotiation between the participant and the researcher regarding issues and areas of importance within the interview. This method also helps to diminish power relationships between the interviewer and the interviewee. Tripp (1993) suggests that

"For the interviewer it is as important to learn what questions are important to the interviewee as it is to learn the answers to questions considered important by the interviewer. One way of achieving this end is to allow the interviewee (at the very least) joint responsibility for structuring the interview in terms of the progress of questions - their content, kind, sequence, and number. One is thus dealing with questions of power, the extent to which power is equally shared, and the symmetry of the communication jointly developed" (p.33).

These strategies provided both researcher and participant with the opportunity to work in a collaborative manner, to strive to diminish the potential and actual unequal power relations between the researcher and the participant, (Scheurich, 1995 ) and allowed the participant a significant degree of control over the written account of her experience.
This approach to research is intended to be for women as well as about women. I chose this research methodology because it allows women to speak of their 'experience' as women.

**DIFFERENT FEMINISMS**

Olesen (1992) points out that

"while within the second phase of the women's movement in the United States (1960s onwards) one could roughly categorise Qualitative-Feminist researchers in terms of their political views...their academic disciplines...or their preferred research styles, these distinctions have blurred: political orientations are no longer as clear and are characterised by internal divisions within feminist thought; scholars in the social sciences borrow freely from other fields...many researchers mix qualitative methods or attempt to create new styles" (p.22).

Much of the fragmentation which has occurred within feminist research arose from mounting discontent between coloured and white feminists. Women of colour, Third World feminists, disabled women, lesbian women, and others from diverse backgrounds have, over the past twenty years or so, fought against the tendency of white middle-class feminists to subsume all women into a general category, thus denoting all women as having similar experiences on the basis of being women.

In an attempt to acknowledge the existence and significance of many conflicting views, recent feminist thought has thus led to the idea that there are many different feminisms. However, as Eichler 1986 (cited in Olesen) suggests

"the qualitative research style, whether or not self-consciously defined as feminist, shares the outlook that it is important to centre, and make problematic, women's diverse situations. Feminists use a variety of qualitative styles, but
share the assumption held generally by qualitative or interpretive researchers that interpretive human actions, whether found in women's reports of experience or in the cultural products of reports or experience (film and so on) can be the focus of Qualitative-Feminist research" (p.158).

I remain ambivalent about the claims that some feminist research makes. For example, emancipatory research claims to provide women with the power to make the conditions in their lives better. According to Lather (1991) "An emancipatory social research calls for empowering approaches to research where both researcher and researched become..."the changer and the changed" (p.56). Lather suggests that "we consciously use our research to help participants understand and change their situations" (p.56). Lather further advocates research designed for the purpose of empowering "the oppressed to come to understand their own oppressive realities" (P.53). Likewise Michler's (1986) idea of empowerment is when power is given to the subject by the researcher (cited in Scheurich, 1995 p.97).

My difficulty with this claim is the idea that the researcher has the power to emancipate participants, and the assumption that women necessarily need to be emancipated, or need to change the conditions in their lives. This approach is problematic because it subsumes all women into one general category, that is, oppressed. Thus emancipatory research appears to be contradictory to two central goals of feminist research, that of providing women with an opportunity to voice their individual experiences and that of diminishing the power relationships between the researcher and the participant. Much qualitative research is thus perceived as a method whereby the interviewer holds power over the interviewee, or attempts to provide the interviewee with power. More recently however, researchers have begun to acknowledge the agency of the interviewee in the research process.

Limerick, Limerick and Grace (1996) suggest that

"Power is not a static concept in any relationship. The balance of power ebbs and flows through an interview and
across interviews as it does in any social interaction. Acknowledging the underlying ascribed power of the researcher and yet highlighting the agency of the interviewee is an essential ingredient of an informative model of power in interviewing" (p. 458).

These models of practice thus displace older models which fail to acknowledge the position of the interviewee. As Scheurich (1995) suggests

"Interviewees are not just the subjects of researcher dominance, they are also active resistors of such dominance ... interviewees do not simply go along with the researcher's program, even if it is structured rather than open. I find that interviewees carve out space of their own; that they often control some or part of the interview; that they may push against or resist my goals, my intentions, my questions, my meanings ... interviewees are not passive subjects; they are active participants in the interaction. In fact, they often use the interviewer as much as the interviewer is using them" (p.247).

My understanding of feminist methodology is consistent with Harding (1987) who asserts that "Feminists interview people, observe people, and examine documents and artefacts, yet certain practices are unique to feminist research: Defining women's experiences as suitable problems and sources of answers" (p.2).

In this thesis feminist methodology is interpreted as a process that provides interested participants with the opportunity to collaborate with the researcher to create a source of information that may be beneficial to those women who seek to gain a shared or further understanding of a particular aspect or aspects within their lives. I am not attempting, as a researcher to change women's lives, nor am I assuming that I am capable of doing so. Nevertheless, the issue of birthmothers and adoption is surrounded by secrecy and loaded with cultural and social structures of power. Examining, interpreting and making these issues more public involves a political and feminist, purpose.
In undertaking this research I am working on ways of disclosing ideas and action that may support women, suggesting the importance of self-disclosure in areas of suppressed experiences, and valuing participants as collaborators in the research process. (Allen and Baber, 1992).

PARTICIPATORY RESEARCH

Qualitative researchers in general have differed in the extent to which participants are involved as researchers in the inquiry and the nature of the involvement when they are. Hess 1990 (cited in Olesen 1992) suggests that

"Working out modes of participant research in consultation with participants, rather than as an after thought, challenges feminist researchers on many levels: assumptions about women's knowledge: representations of women: modes of data gathering: analysis: interpretation: and writing the account: relationships between researcher and participants" (p.167).

The negotiating sessions which were conducted prior to the interviews in the present study proved invaluable to the later data analysis. The input of the participants into the construction of the interview process not only ensured that the discussion was directed by the participants but, as Hess (1990) suggests, a relationship was established prior to the interview which, it is hoped, served to diminish potential directive and related power relationships between the researcher and the participants.

Olesen (1992) suggests that

"All Feminist-Qualitative research shares with interpretive work in general the assumption of intersubjectivity between researcher and participant and the mutual creation of data. In a certain sense, participants are always "doing" research, for they, along with the researchers, construct the meanings
that become "data" for later interpretations by the researcher" (p.166).

In the present research the negotiation between the researcher and the participants lead to the construction of meanings that were an important part of the participants' experiences.

**ETHICAL PROCEDURE**

My original application which was submitted to the University of Otago Ethics committee in May 1997 was declined. The committee expressed several concerns about my research topic and design. The committee

"felt that the issues involved in the proposal were potentially very sensitive indeed and could invoke in the participants responses and emotions of a level of intensity and depth well beyond the qualifications and experience of the student researcher involved" (Purdie to Rich, 26/5/97).

The issues of concern related in particular to the possible experience of grief and loss. The committee held further concerns that

"many of the proposed questions were heavily biased in that they would almost inevitably provoke rather intense and somewhat "negative" reactions in the participants" (Purdie to Rich, 26/5/97).

The issue of bias referred in particular to questions that I wanted to ask about experiences of grief and loss.

While I acknowledge that the issues surrounding the placing of a child for adoption are very sensitive, it seemed to me that the committee denied potential participants the right to decide on their involvement and to have their voice heard. The participants were intended to be birthmothers who had placed a child for adoption between five and thirty-five years ago. I regarded these women as capable of making an informed decision as to their individual emotional maturity and
subsequent involvement in the study. Nevertheless the committee, on balance, expressed clear doubts as to whether the potential gains from the research could outweigh the potential for negative effects on some of the participants.

During several discussions with my supervisors, departmental staff and colleagues I was offered useful advice which prompted me to appeal the committee's decision. Significant changes were made to the proposal to ensure that the well being of the participants was paramount. Hence further safeguards were put in place in order to ensure that the participants were not at risk of emotional harm or discomfort. Following the advice of Dr Elmarie Kotzé, practicing psychologist and counsellor in the Education Department, it was proposed to the Ethics Committee that she accompany me to the interviews to provide a safeguard against any potential distress or harm to the participants. It was proposed that Dr Kotzé offer the participants counselling, if needed, both at the time and following the interview. The original proposal had included this idea of referral for counselling but with a less than clear strategy. A further important change was my method of questioning. Initially I intended to ask participants some pre-set questions centred around the areas I perceived to be of importance to my project. However, as a result of the Ethic Committee's concerns, the resubmitted application assured the committee that pre-set questions would not be asked. The interview would invite the participants to identify issues and themes that they perceived to be of importance, and that they felt comfortable with, thus allowing for a greater degree of spontaneity and openness throughout the interview process. This method also allowed for the 'experience' of the participant to be voiced without being too structured by the researcher and met the ethics committee's concern that the researcher would introduce distressing ideas to participants.

Following several meetings with my supervisors my revised proposal was submitted to the ethics committee and accepted.

The Ethics Committee's decision to decline the original application, while possibly appropriate, could also, in part be thought of as indicative of the structures which serve to dominate those people who
hold less power in society. The decision to decline the application arose from the view of the committee that

"there were clear doubts as to whether the potential gains from the research could outweigh the potential for negative effects on some of the participants" (Purdie to Rich 26/5/97).

The decision was thus ultimately based on concerns for the well-being of the birthmother. However, as is typical of dominant power structures, and the discourses which they create, those who hold the power decide what is for the good of society. In the present research it is the birthmothers who were subjugated by this decision and who were not given the choice of whether they were willing to participate or not. The committee's concerns surrounding "negative" responses and reactions are an example of how the dominant discourses in society work to place certain people in particular situations. Negative connotations thus highlight the manner in which birthmothers appear to be perceived by some members of a society.

NEGOTIATING THE INTERVIEWS

The researcher and Dr Kotzé met with each participant individually prior to the taped interview session to negotiate the nature of the interview discussion with them. Negotiation enabled the participants to identify any areas that may have raised difficulties or dilemmas for them. The negotiation session began with the researcher asking the participants to identify areas that they wanted to discuss, areas they did not want to discuss, and any other issues important to them. The participants identified several areas that they wanted to discuss. One of the participants identified the birthfather as an area she did not want to discuss. Once these areas were identified the researcher and the participants discussed possible themes that could be explored in the interview. These were written up on a whiteboard. The duration of the interview was negotiated, along with the amount of time involved in the participants reading and re-reading the transcripts. Each participant was asked to provide a pseudonym for themselves for the duration of the project. The participants also chose pseudonyms for their family and friends. The names of places and
institutions were also changed along with any other identifying features.

Along with the themes discussed in the negotiating sessions, unexpected themes emerged during the interview process. The most prevalent of these unexpected themes was the birthfather. The researcher attempted not to intrude her biases or preconceived ideas into the interview, for instance I knew that I had some particular thoughts on birthfathers. The researcher was aware of positions that might influence what was heard and how the data was analysed and interpreted. Concerns surrounding sensitivity were held by the researcher because of her awareness that the research had to be that of the birthmothers who took part. The birthfather's place within the adoption arena proved to be of significant importance to several of the participants. The emergence of this theme was surprising to the researcher because of her particular view that birthfathers were not commonly involved in the birthmother's life following the conception and in some cases the birth of the child. This prompted the researcher to look for more information on birthfathers. Consequently two research articles were located, both of which suggested that the birthfather's place in the adoption arena is almost invisible and hence more research needs to be carried out in this area.

Opie 1992 (cited in Olesen 1992, p.167) discusses the risk of appropriating participant-generated data to or along the lines of the researcher's interests. Jayaratne and Stewart (1991) suggest that advocates of positivist thought have worried that qualitative methods often include few safeguards against the operation of researcher biases and that abandonment of all aspects of traditional methodology may carry political and scholarly costs. By researcher bias quantitative researchers are referring to the potential of qualitative researchers to enter the research process with certain agendas and to direct the interview in a certain way. With regard to the present research, the use of open ended questions in the interview, helped to reduce the potential for the researcher to impose her thoughts and preferences on what was said and what was seen as significant. The negotiating sessions which took place prior to the interviews further helped to ensure that the areas and themes under discussion in the interviews were directed by the participants.
In the present thesis the researcher engaged in the research to a significant degree, largely by becoming involved in issues important to the birthmother. My participation in this research project included, prior to the start of the data collection, attendance at the 1997 International Conference on Adoption and Healing. I learnt much at this meeting and developed an acute awareness of the sensitive nature of the birthmother's experience of placing a child for adoption. Through the stories which were told during the conference, not only in the workshops but in conversations with birthmothers over coffee, I learnt of the emotional bond which exists between these women. The speakers at all of the workshops, along with a vast majority of others attending the conference were birthmothers, this created an atmosphere of understanding and empathy which I think extended to everybody who attended. Some of the conference workshops were for birthmothers only. This was because the organisers considered that there needed to be a place where birthmothers were able to disclose freely and without judgement. As a researcher, but not a birthmother, this experience gave me insight into the place, and the importance, that self disclosure might have during the interview process.

PARTICIPANTS

The participants for this study were birthmothers who had placed a child for adoption. The number of participants was six. Due to the sensitive nature of the research project, exclusion criteria imposed by the Ethics Committee was strict. Participants were required to have had counselling in the past, to not currently be in counselling, to have not been in counselling for a period of at least two years, and to have placed a child for adoption over ten years ago. The participants ages ranged from 30 years to 55 years.
CONFIDENTIALITY

All of the participants chose, or were given a pseudonym to ensure confidentiality. The participants also chose, or were given pseudonyms for the members of their family who were mentioned in the study. Names of places, institutions and other identifying features were also changed. Four of the six participants requested that their identity remain known. This was because they perceived several problems that they had encountered following the adoption of their child to have stemmed from what they perceived as unnecessary secrecy. These participants felt strongly that there be no secrecy surrounding the telling of their story. However, due to ethical restrictions, this was not possible.

PROCEDURE

The participants were recruited by placing an advertisement in the major regional newspaper, the Otago Daily Times. The researcher's contact number was given. People who expressed interest in the study were asked to meet individually with the researcher and the clinical supervisor (Dr Elmarie Kotzé) so that we could explain the rationale for carrying out the research, the nature of the participant's involvement, and the anticipated outcome of the study in terms of a thesis and possible other publications. The prospective participants were given the 'Information for Participants' sheet to read privately, and the informed consent form was explained to each person. They then had the opportunity to make contact with the researcher at a later date if they elected to participate. Alternatively if they wished they could proceed with the interview following the introduction and explanation of the project. Before the interview, however, there was further discussion with each participant in which the context to be covered, and issues to be avoided, were negotiated. The participants were informed that their interview transcript would be given to them to read following the transcribing process. The interviewer explained to the participants that they would be able to make changes to the transcript if they wished to do so. All of the participants elected to proceed with the interview directly following the negotiating session. No payment or reward was offered to the participants.
THE INTERVIEW PROCESS

The interview sessions were carried out in a private room on the University campus, with the exception of one participant who chose to have the interview in her home. For each participant the interview was conducted in one session. The interview sessions were audio taped. The participants were given the opportunity to ask for the tape recorder to be turned off at any time. During the interviews one of the participants asked for the tape recorder to be turned off several times. This may have been because she felt distressed. The participants were also given the choice to continue with, or discontinue, the interview at any time.

The interviewer began the interview by asking the participant to expand on the themes that had been identified in the negotiating session and written on the whiteboard in the interview room. The participants and the interviewer used these themes as a guide during the interview. At the negotiating session some of the participants expressed concern that the interviewer did not intend to ask structured questions during the interview. However, it transpired that the themes did in fact provide a loose structure for the interviews and hence not having a list of predetermined questions was not problematic.

The role of Dr Kotzé in the interview sessions was to provide support if the interviewer, and Dr Kotzé, perceived it necessary and appropriate. Due to the sensitive nature of the research topic, some of the participants, at times, appeared to be feeling emotional. The interviewer found it difficult to provide the participant with the appropriate support. Dr Kotzé was able, as a practicing counsellor and psychologist, to facilitate the continuation of the interview, while acknowledging both the participant’s and the interviewer's difficulties in doing so. This was achieved by Dr Kotzé either asking the participant if she would like the tape recorder turned off, or by acknowledging the participant's feelings in a verbal manner. The involvement of Dr Kotzé in the interview process thus proved to be valuable.
The duration of interview sessions ranged from between 50 minutes and two and a half hours. Although the interview sessions were initially scheduled for one hour, the interviewer and Dr Kotzé did not perceive it appropriate to limit the interviews to this time if the participants were clearly not ready for the interviewer to bring the interview to an end. The interview sessions ended when the participants indicated, usually by winding up the discussion, that they were ready to bring the interview to a close.

DATA ANALYSIS AND WRITING THE ACCOUNT

Following each interview the audio tapes were transcribed by the researcher in a private room. The participants were given a copy of the transcribed material to read. The interviewer took responsibility for ensuring that the transcripts reached the participants safely. This was achieved by the interviewer delivering the transcripts to the participants personally. The participants were given the opportunity to change, delete or make additions to any part of the transcript that they wished. All of the participants made minor changes to their transcript of a grammatical nature. One of the participants added material. The transcripts were revised and returned to the participant involved with the changes made.

Each participant had access to their individual transcript only. The participant, the researcher's supervisors and the researcher were the only people who read the transcript.

The interview data were analysed by the researcher becoming familiar with the themes which were identified by the participants in the interviews. Each transcript contained several themes. These were noted in the margins. The researcher then further analysed the data in terms of identifying labels for prevalent themes. Passages which related to the themes were chosen for possible inclusion in the text of the thesis. Each theme was discussed with the thesis supervisors, and once confirmed, the material from all participants relating to the themes was assembled. Following the analysis of prevalent themes the researcher looked for sub themes and the above process was repeated. Themes which had been identified by only one or two of the
participants were included in the discussion. Comparisons were made between two participants who placed a child for adoption 22 years apart but were the same age at the time of the adoption, and two participants who placed a child for adoption within 14 months of each other but were 10 years apart in age.
CHAPTER FIVE

THEMES

Significant changes have occurred within the adoption arena over the past 35 years. These changes have been reflected in society's attitudes to a large degree and hence the birthmother's experience has varied significantly over this period. The participants involved in the present study have provided an account of their individual experiences, thus providing different perspectives, according to the period in the history of adoption that they placed a child. The era within which each participant placed a child for adoption, and the age of the participant at the time of the adoption, have therefore been an important point of focus from which to organise the data into themes. A further means of analysis is to become familiar with the data and allow themes to become evident. These themes can then be analysed in terms of how they may support, or argue against, previous literature. For example, are the reports provided by the participants compatible with theories which have been used as a means of contextualizing the birthmother. Also important are the legal and governmental changes in policy which have occurred over the past 35 years.

In order to place these themes into context the year each women placed a child for adoption, the age of each women at the time of the adoption, the Hospital where the birth took place, and the gender of the baby are outlined below.
Table 1. Birthmothers: Summary

<table>
<thead>
<tr>
<th>Year</th>
<th>Age</th>
<th>Hospital</th>
<th>Baby's Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah</td>
<td>1962</td>
<td>20</td>
<td>A</td>
</tr>
<tr>
<td>Linda</td>
<td>1967</td>
<td>18</td>
<td>B</td>
</tr>
<tr>
<td>Anna</td>
<td>1969</td>
<td>20</td>
<td>A</td>
</tr>
<tr>
<td>Jane</td>
<td>1977</td>
<td>25</td>
<td>C</td>
</tr>
<tr>
<td>Diane</td>
<td>1978</td>
<td>15</td>
<td>C</td>
</tr>
<tr>
<td>Juliet</td>
<td>1984</td>
<td>17</td>
<td>C</td>
</tr>
</tbody>
</table>

Several prevalent themes were evident in the interview data. These themes provide a useful framework within which to analyse the birthmothers experience of placing a child for adoption. The themes under discussion are not mutually exclusive and some themes intertwine with others. For example the mother/daughter relationship, and shame and secrecy, tended to merge together for most of the participants. Thus while the interview data has been organised as carefully as possible, there nonetheless occurs some repetition throughout the analysis. The themes are outlined below.
1. Family relationships - The relationship between the participant and her mother/father and other family members at the time of the pregnancy.

2. Secrecy and shame surrounding the pregnancy and the adoption.

3. Societal attitudes toward the birthmother during the pregnancy, birth and adoption processes. These include the attitudes of medical staff, and legal and governmental bureaucrats.

4. Grief and loss surrounding adoption.

5. Reunion.

6. The role of the birthfather.

FAMILY RELATIONSHIPS AT THE TIME OF THE PREGNANCY

A theme which emerged early in the interviews was the relationship between the participants and their immediate family. The relationship which the participants referred to most often was the mother/daughter relationship, followed by the father/daughter relationship, and the aunt/niece relationship. Of interest is the fact that both Juliet and Diane lived with their respective aunties during their pregnancy. Diane was working and already living with her auntie when she discovered she was pregnant. Juliet was still at school and living at home until she discovered she was pregnant at 5 months. At this point she went to live with her aunt. This relationship was particularly supportive for both of these women. Of the other four women Jane was living in Australia, with the birthfather, when she discovered she was pregnant, Sarah was living in the nurses home, Anna was at training College and living in a flat, and Linda was working and living at home. It is of particular interest that Sarah and Anna were relatively independent of their parents when they conceived, in that they were living away from home, yet the parental relationship was highly influential to the decision-making processes surrounding the pregnancy and the consequent adoption.
Past literature has suggested that the birthmother's mother is the most influential person regarding the decision making process surrounding adoption. (Hudis & Brazell; 1981, Rosen, 1990). It has been shown that the birthmother is more likely to base her decision regarding adoption on the advice of her mother as opposed to other relationships, including the birthfather. (Note that for the purpose of clarity the birthmother's mother will be referred to as the mother). The present study showed that the mother not only had a significant influence on the birthmother's decision-making processes at the time of the birth and adoption, she also had a large degree of influence on the birthmother's subsequent decisions. These decisions included future career choices and marriage partners. Sarah and Anna both married, largely through pressure from their mothers, despite the fact that this was not what they wanted to do. Further to this, it was also evident in the present study that the emotional and mental state of the birthmother, both prior to, and following the birth, is dependant, to a large degree, on the birthmother's relationship with her mother, and the degree of acceptance, on the part of the birthmother's mother, regarding the pregnancy and adoption. In particular Sarah and Anna experienced significant emotional turmoil during the pregnancy and the adoption process, largely due to the manner in which their respective mothers took control of the decisions related to the pregnancy, thus leaving their daughters powerless to make choices of their own.

Sarah: My mother was not maternal...I had always thought that I wanted to be a landgirl, because I really enjoyed the outdoor life and working with animals etc, but I was told that I was going to be a nurse...and then it was my turn to admit that I was pregnant and my mother was very involved in the Plunket Society and it was Street Day Appeal and I was walking up the street, the main street of City C and she was collecting pennies and she saw me and she said to me, you're pregnant, how dare you, what are you going to do about it...so I was taken to the airport by my mother, and put on an aeroplane, I don't remember her giving me a hug, she said good-bye, you'll be met by this person who I had the name of and that was it...when my mother discovered
that I was pregnant and she asked me who the father was and I told her she said you couldn't possibly marry him, he only works in a fish and chip shop and it was the attitude and the tone and the way I was being treated, and I wasn't feeling strong enough, this is all coming back very clearly as to how I was feeling, to say no because I had never said no to her before and I knew that I would be disinherited because I had been threatened with that expression on more than one occasion, it was something that if you didn't behave and obey you would be disinherited and I couldn't visualise the rest of my life without having any contact with my family...I was told that it was about time I thought about getting married. Stunned I was, I hadn't thought about getting married at all.

Anna: So nobody spoke to me, the only time that this incident came up from the first meeting with the doctor was when I spoke to my mother about possibly keeping the child, and it was never mentioned other than that or when we were talking about the arrangements for when I was to go to City A...and I decided that um they didn't want to talk about it, either of my parents, my father had been told that it was best that he didn't, that I didn't want to talk about it, I wasn't given the option, it was a decision my mother made, based on her prejudices I suppose...my mother compounded um the shame and secrecy thing by insisting that if I wrote to her while I was away I was to send the letters to my doctor in City D and he would readdress them um for them to be sent down to City C...It's interesting because I think Mum, after that Mum was desperate to get me married off because I started to get her friends coming up and saying, oh you should get married, they didn't know anything about this but, you know your mother would like grandchildren and that was always a little bit hurtful um and that you should you should get married and I suddenly found myself under pressure to get married...three months before I got married I knew I was doing the wrong thing and I talked to Mum, I tried to talk to Mum, and she said it was pre-wedding nerves and she was just glad to see me married and
that was all part of the shame, she wanted me to be safe, safe and married because she couldn't cope with anything else happening like that.

Jane, Diane, and Juliet were not ostracised by their mothers to the same degree as Sarah and Anna, however, they also experienced lack of support, and disapproval, from their mothers during, and following, the pregnancy. Diane, along with Sarah, suffered public humiliation when she also was confronted by her mother in the street.

Diane: My mother just happened to be at the doctors with me which didn't help very much, so we sort of went through that rigmarole and then we got outside and she asked me who the father was and I said I don't know, but I didn't mean it as in I don't know who the father is because I'd only ever been with one person, I meant I'm just stalling for time because I don't really want to tell you, sort of type thing, and I just remember she slapped my face in the middle of City C, she was just, yeah it was unreal...so that was that day, that was an horrendous day, yeah...she'll never acknowledge his birthday, she's never said anything to me and I sort of don't say much to her.

Jane and Juliet's mothers both lived in the same city where their daughters gave birth, however, neither of their mothers went to the Hospital to visit or to offer support.

Jane: My mother...didn't come to visit me in the Hospital but she did offer through my sister to bring the baby up and I just said no.

Juliet: My mother had made a layette which I later found that um she'd had a lot of difficulty doing because she didn't want, she didn't want anything to do with me, but I was rather oblivious to that at the time.

It appears, thus, from the present study, that to a significant degree, the strong influence of the mother was motivated by factors surrounding the secrecy and shame associated with unwed
pregnancy. The data suggest that the mother, as opposed to the birthmother herself, held concerns about how society would perceive the unmarried pregnant women, and in turn how these perceptions would reflect on her place in society. Note that the influence of the mother was strongest in the case of Sarah and Anna, both of whom gave birth in the 1960s. This period was renowned for associating the birthmother with bad morals, as opposed to more recent periods whereby unwed pregnancy seems to be more widely accepted.

**SECRECY SURROUNDING THE PREGNANCY**

Society's attitudes surrounding unwed pregnancy and adoption had a profound effect on the birthmothers in this study who gave birth in the 1960s. The pressure placed on these birthmothers, largely by their mothers, but also by society, was so strong that they were forced to keep the pregnancy a secret. Associated with secrecy was the telling of lies, which had the effect of compounding feelings of guilt and shame.

For Sarah, Linda, and Anna, the secrecy surrounding the pregnancy began at the time they each found out that they were pregnant. The perceived need for secrecy was so strong that Sarah, Linda, and Anna were threatened by their mothers that if their secret was disclosed, shame would be brought upon the family, their father's jobs would be lost and relatives would die of shock. As a result of overwhelming pressure these birthmothers were powerless to make their own decisions and subsequently arrangements were made on their behalf to remove them from the environment where they were known. Sarah, Linda, and Anna were all sent away from their home town for the duration of the pregnancy. Sarah and Anna were sent to work as housekeepers for affluent professional families, and Linda was sent to a home for unmarried mothers run by Catholic nuns.

Sarah: I left nursing and (her mother told her) don't tell anybody, don't tell your friends, so I went home and I didn't really know what was happening except that arrangements were being made and I felt terrible, I felt humiliated, I felt like a second class citizen...I was given my father's shirts to
wear and I was told to stay in my bedroom...she (the woman Sarah worked for when she was pregnant) took me to the Hospital and pushed the suitcase in the front door and pushed me in afterwards, and the receptionists asked me my name and I gave her a false name...I went home (following the birth and adoption)...to my mother and father and my sister and brother and they just looked at me and didn't ask any questions, as to where I'd been or what I'd been doing...but how was my holiday, and I just said, well it was all right and, and it was just all so secretive and then the lies that were told.

Linda: The secrets is probably one of the worst things, once I found out I was pregnant I had to start lying to people...the birthfather's mother, she was told and her first reaction was like, God don't tell any of the relatives, we don't want them to find out...she was a lady who had a bad heart so she would be in bed and say, you're going to kill me, I'll have a heart attack...it had to be kept a secret, so you were terrified that someone would find out...once I got there (the home where Linda was sent to have her baby) it was just such a relief that everybody knew why you were there and you could stop telling lies, but of course once I'd had the baby and come home the lies just started again.

Anna identified strongly with feeling shame, both at the time, and following, the pregnancy.

Anna: I spoke to my mother and she just didn't, closed look conversation, face was closed and it was, if you decide to do that (keep the baby) we'll never speak to you again um because you will bring shame into the family and you've got to remember your father's position, he won't be able to survive in his position with this shame so it was either be cut off from my family...or not be cut off from my family...I had gathered from my mother's reaction that my father felt the same, that my brothers and sisters would feel the same way if they knew, and of course they didn't know, um the other thing my mother said that um one of the reasons why
I would not be able to have any contact with the family was that it would kill my grandmother if she heard so there was this very strong shame thing again, that um I mean I was going to actually end up killing people...my father was going to lose his job because of me um those are very powerful reasons for not keeping a child...the woman I was staying with...felt that it was quite shameful...to be seen dropping me off at the clinic, I was really quite hidden...her husband took me out places with the boys and her sons, but she wouldn't come with us because it would be shameful to be seen with me in my condition.

The significance of issues surrounding secrecy and shame cannot be overstressed. This is illustrated by the degree to which the participants who identified strongly with these issues experienced relief and some manner of resolvement at finally bringing the fact that they had placed a child for adoption out into the open.

Sarah: I don't think I've mentioned Michael's birthfather by name because his family don't know, but apart from the other names, they are not fictional and that's okay, and that's the way I feel it should be, that it's okay to talk about it and to be given permission to talk about it, and then I think, 35 years, fancy having to wait all this time.

Linda: Once we met Stephen we could stop telling lies...30 years, it's just too long, you turn yourself into a liar...when I actually told the old aunties, when we met Stephen, they were just thrilled, they were absolutely thrilled and they were just horrified that it had been kept a secret all those years.

Anna: I spoke to Dad and confronted Dad and that was really very emotional because then he told me that he's been wanting to talk about it with me for quite awhile but thought that it was best for me not to...you can build your self-esteem up but if you're told that something you did was shameful and you've got no bench mark to change it, it stays with you as shameful. The only way it changed was when I
told people that I thought would judge me on it and it didn't matter so that was the benchmark.

In contrast to Sarah, Linda, and Anna, secrecy and shame were not issues which were identified as important, or even existent for Jane, Diane, and Juliet.

Diane: It's no secret to anybody, all my friends know, all my family, I'm not hiding it, I mean it's part of me and it's just the way life is.

SUPPORT SYSTEMS

Secrets also led to lack of support for the participants who identified with this issue. For Sarah, Linda, and Anna, support systems were cut-off when they were removed from their environment and placed in homes with strangers. In Sarah's case cut-offs occurred prior to her departure.

Sarah: In the first two weeks prior to going to City A, my nursing friends had come to the house and I can still hear them banging on the front door and yelling at my mother to let them in because they knew I was in the house, but no, they weren't told, no-one was.

Linda: He (Kerry, the birthfather) wasn't allowed to come and see me up there, that was one of the rules um so I didn't see him for probably five months, but it was the fact that we wanted to get married and we still intended to get married later on a bit.

Anna: My father did come up to visit me once while I was in City A um and other than that, that was the only contact...that was made with me, was the one visit and once again he was told, he came up against Mum's judgement, he said now he wished he's insisted that she come.
In contrast to the lack of support systems available to Sarah, Linda, and Anna, support systems were strongly in place for Jane, Diane, and Juliet. For these participants support was available to them throughout the pregnancy. In Jane and Diane’s case, support was also available to them throughout the birth process.

Jane: Getting back was really good, it was really good being back...my best friend was living in City C and she'd had a child adopted out a couple of years previously...and knew what it was like...I went to stay with Rachel, that's my best friend...during the last couple of months of the pregnancy, mainly because I was sick...I was upset about Gerry (the birthfather who stayed in Australia) and didn't want to stay on my own...and that was nice, that was quite pleasant...and she was able to come into, with me, into the labour ward which was great, I don't think they were doing that very much in those days...[we] were sharing a gas mask and giggling in between times.
Diane: All my family came in...all my family spent time with him too and my auntie was with me when I had him...she stayed with me...we did a lot of laughing that night actually I must admit, me and my auntie, because she was really good and like everybody came to see me the next day, my friends all came and seen me...I don't know how anybody could have, like I couldn't have been one of these ones that got sent away anywhere...that would have been horrific, at least I still had my familiar everything.

Juliet: She (Juliet's cousin Susan) was great, she was absolutely fantastic...she was very supportive.

Sarah, Linda and Anna's lonely experiences contrast strongly with the experiences of Jane, Diane and Juliet. While Sarah was alone in the birthing room, denied the right to look at her baby, Jane and Diane were sharing the experience with a close and familiar support person. These experiences further illuminate the degree to which secrecy surrounding unwed pregnancy may lead to problems which deny the birthmother her right to fundamental needs such as an effective support system.

**SOCIETAL ATTITUDES**

All of the birthmothers who participated in the present study identified strongly with issues surrounding societal attitudes. Of particular interest are the subtle changes in attitudes which have occurred in many areas of society over the past 22 years regarding the adoption issue as a whole. The participants identified several areas whereby societal attitudes were an important issue for them. These are the Hospital system and the attitudes of medical professionals and staff, attitudes of employers and administrative executives within training institutions, attitudes of governmental and legal bureaucrats such as Social Welfare staff and lawyers, and attitudes of society in general.
MEDICAL INTERVENTION

One of the greatest indicators of the way society perceived unmarried mothers is the manner in which they were treated by medical professionals prior to, during, and following the birth process. With relation to the present study, attitudes of doctors and other medical professionals, concerning the perceived moral behaviour of the participants, was a prevalent theme. For Sarah and Anna the moral concern, and consequent intervention of the doctor played a large part in decisions that were made surrounding the pregnancy and adoption. This extended to the doctor organising housekeeping positions, with professional families, for Sarah and Anna for the duration of the pregnancy. Neither of these participants were given choices about where they wanted to go or who they wanted to live with during this time.

Sarah: I was taken to the doctor, specialist, obstetrician in City C, examined which was absolutely mortifying, in front of my mother, there was no privacy and then they discussed me, I don't know what they said, it wasn't in front of me, they were in another room and at the end of the next week my mother had packed me a suitcase and had bought me an airline ticket and I was told that I was going to City A to the family of a professional.

Anna: I told my parents with, at the doctor's, so the doctor was present when I told them and we sat down then and worked out what would happen and it went right from that moment, um it was expected that I would adopt...At the age of, I think I was 19, 18, 19, I suddenly lost all power, um everybody else was making all the decisions for me um and it was, ok well I know a doctor in City A whose wife would like a housekeeper in for awhile to help with her boys, in City A, this is the doctor, I'll organise for that to happen...he said I'd be better in with a private family and he set that up and there was no sort of question other than that.

For Sarah and Anna the intervention of the doctor prior to the birth was explicit. While this was not found to be the case for the other
participants, the Hospital structure and the medical practices and discourses therein played an important role in their experience of the birth and relinquishment of the child.

ATTITUDES OF MEDICAL PROFESSIONALS

Linda, Anna and Diane identified their treatment within the Hospital where they gave birth as an important issue. It appears from their comments about the attitudes of medical staff that unmarried mothers were treated in a manner which differed significantly from married mothers. The participants who raised this theme discussed the nature of their treatment by the nursing staff in various ways. However, several main features occurred which affected all of the participants in a similar way. The manner of treatment toward these birthmothers overall highlights the lack of respect that the nurses held for them as individuals and for their rights to make important decisions with regard to the birth and the adoption processes.

Sarah's experience highlights the degree to which the birthmother was treated as insignificant in the birth process. This extended to the point that she was refused her right to look at the child she had just given birth to. She was told she had given birth to a boy and he was then taken away. Subsequently she never saw her baby and never had the opportunity to meet him prior to his death at age 18.

Sarah: I was told I was not allowed to see my baby, that I wouldn't see it, that arrangements were made for it to be adopted...I cheated a little bit, I looked up after the birth and I could see one little thumb, one chubby little thumb sticking up above the edge of the basinet, but my head was pushed back down...and he was whisked away.

Linda and Anna and Diane also experienced harsh treatment in the Hospital from the some of the nursing staff. The following data not only highlights the lack of respect that the nurses appear to have had for the birthmothers but the condescending and patronising manner in which they were treated overall.
Linda: They just left me and they kept saying you've obviously got your dates mixed up and I said I'm sorry but there's only, there was only the one time and I haven't got my dates mixed up and they just sort of said, you don't know what you're talking about...the young nurses, once I went into the actual ward, it was the young nurses that were really horrible...they looked down their noses at you and one just said to me, how could you bear to give up your baby, I found the older ones were really lovely.

For Anna, loss of rights was a major issue in her experience of the birth and adoption. Unlike Sarah, Anna was allowed one visit down to see her baby. (Anna gave birth six years after Sarah). It is unclear, however, whether there was variance in Hospital protocol between different Hospitals and different cities or whether a general trend toward allowing the birthmother more choice was in the very early stages at this time. However, Anna's rights were taken away when she returned to have a second look at her baby and was physically removed by the nurse who caught her. Ultimately this harsh treatment lead Anna to lose not only her self-respect but her dignity and modesty as well.

Anna: You made the comment about society's attitudes um it was probably reflected to the greatest degree while I was in the Hospital because um I was treated very brusquely, you're all right, perfectly all right, stop making a fuss, um when I said I was going to be sick they told me I was talking rubbish and then I was promptly sick, um they stuck me in a room to try and keep me separate from the good mothers, um and I was stuck in a room with another woman who had had an illegitimate child ... I was allowed one visit down to see the baby and I wasn't allowed to touch the baby and I had to look through a window and when I decided that I would like to go and have another look before the baby's adoptive parents came and got her um I had to sneak down and I was standing looking in the window and the nurse came along and grabbed me and said get out of here, the adoptive parents could turn up and you're standing here, go away, so I had no rights, I lost any rights I had, well I
thought I did, probably if I'd fought I might have got a few rights but you didn't know...you had no rights, you lost, you lost your dignity and you lost any modesty that you had possibly had because you were treated so badly and you lost any respect that you had for yourself.

From this discussion it is apparent that these participants experienced a large degree of negativity and derogatory treatment from the nursing staff at the time they gave birth. The unmarried mother label thus appears to have led these nurses to deem the participants as not worthy of being given respect. This lack of respect led to their being treated in ways which took away the right to voice their opinions, and to make informed choices surrounding the birth and adoption process. Both Linda and Anna were treated as ignorant "you don't know what you're talking about and "they told me I was talking rubbish". Anna also experienced segregation in the ward in that she was separated from the "good mothers". These attitudes appear to reflect the propensity of the nursing staff to project their own moral standards onto the unmarried mother, thus judging her, not only because she conceived before marriage, but also because she gave up her baby for adoption.

Diane too experienced abusive behaviour from a nurse following the birth of her baby. She too lost her rights when the birthfather was not allowed to visit her in the Hospital.

Diane: I wasn't married and it just wasn't done, I mean that was still relatively taboo then...that head nurse, I can still remember her face, not her name, and she was like more or less standing in the middle of the corridor saying to me she didn't want to see me back there until I was married and a lot older and I, I hated her, and I mean it was bad enough that the moment had come to give him up and then to go through all that as well, her yelling at me, and like the nurse taking me down in the lift, that wasn't too good because the nurse sort of, they took you out of the Hospital then, yeah and that was pretty gross...I found out that the father of the baby had tried to come into the Hospital to see me and they'd stopped him and I went, actually I went off at them
in Hospital because I didn't think it was any of their business.

The manner in which Diane was treated may, however, have been due, in part, to the fact that she was only 15 years of age at the time she gave birth. Neither Jane nor Juliet experienced harsh treatment in the Hospital from the nursing staff, in relation to judgmental attitudes toward unwed pregnancy. In contrast to Diane they described the nurses as 'supportive' and 'good'. Conversely, in Jane's case, to her annoyance, attempts were made by the matron to persuade her to keep her baby.

Jane: They were good, the nurses I suppose...the matron, she had a habit of doing this I found out later, came in one day and said the nurses are really busy, would you mind giving your son his bottle and I was so annoyed, I was really angry, really pissed off and I just said no...it was to get me to keep the baby, it was to get me to bond with the baby...she tried to get women who were going to adopt to actually keep their babies.

Juliet: Yeah, they were pretty supportive...most of the nurses were very good, they were good at helping me do his cares and everything.

Jane and Juliet's experiences strongly contrast the experience of Diane, suggesting that Diane's young age influenced the head nurse who berated her in public. However, more importantly Jane and Juliet's experiences highlight major shifts in the attitudes of the nursing staff in the 1960s and their attitudes in the late 1970s and early 1980s. Thus it is clear that significant changes have occurred over this period when Sarah's experience of being denied the right to look at her baby is contrasted with Jane's experience, albeit unwelcome, of being persuaded, not only to feed, but to keep her baby.
ATTITUDES OF EMPLOYERS AND STAFF AT TRAINING INSTITUTIONS

Also important was the nature of attitudes held by employers, and the staff of training institutions such as Hospitals and Teachers College, with regard to pre-nuptial pregnancy. Both Sarah and Anna experienced problems returning to the training institute they had left prior to the birth and adoption. Sarah was refused re-entry to complete her nursing training and consequently was forced to find other means of employment. Six years later, Anna fought to the decision not to allow her to return to Teachers College. Subsequently she was the first person to be allowed back into Teachers College who had had an illegitimate child. These attitudes toward the unwed mother would seem to mirror those held by the nursing staff in the Hospitals where these participants gave birth.

Sarah: I wanted to go back nursing and finish my nursing so I wrote to the nursing council and I was refused...on the grounds of my, on social grounds.

Anna: I went to Teachers College and I actually had to negotiate with them um to come back, I was actually the first person at City C Teachers College that had had an illegitimate child that was allowed back...I was actually a breakthrough case and I had to really fight, as far as they were concerned I was out ...and I fought and I fought and I went to several meetings and I fought.

Linda, however, did not experience such overt prejudice by her employer. Perhaps because her employment was not in a profession.

Linda: When it came time to resign from my job because I was going away...I came to him (Linda's boss) and said I want to resign and he just said to me oh I know why, come into my office so he just said, look you know your job's here when you want to come back, which was really really good.

The contrast between Linda's experience and the experiences of Sarah and Anna suggests that socio-economic factors may have some
influence over their treatment. It appears that employers in fields such as nursing and teaching held high expectations as to the 'moral character' of their staff. Thus, unmarried motherhood did not fit society's perceptions of how a person of acceptable moral character should behave.

ATTITUDES OF SOCIAL WELFARE STAFF

A further theme which emerged in the interview data was the attitudes of Social Welfare staff. For two of the six participants, Linda and Diane, Social Welfare made significant mistakes regarding the adoption process. Juliet also experienced problems at the Hospital during the adoption process. This confusion was followed up by Social Welfare, however, no attempt was made by either the Hospital or the Department of Social Welfare to either assume responsibility or make an apology to the birthmothers involved. The lack of respect held for these women who gave birth pre-nuptually is thus further highlighted in the manner in which the Department of Social Welfare staff handled the adoption process. For Linda and Kerry, the adoption of Stephen to parents who had been rejected by Social Welfare on previous occasions because they were not deemed suitable parents, was to have serious repercussions for them all over the following 31 years. Stephen was made a state ward, became a drug addict and spent time in prison.

Linda: The family he was actually put into, um the mother had a criminal record because we got, well Stephen got his adoption file just not long after he came to us...and that was in there and there was also three social workers that said that these people were not fit to adopt yet they still.

Penny: So what happened, how did they

Linda: Because they were friends with one of, a social worker

Penny: So was it an under the table adoption?
Linda: Yeah yeah um and of course because Stephen had something wrong with him in those cases where there were kids who had disabilities and things like that were given to people down on the list who were probably never going to get a baby anyway...and they just matched the two up and so they adopted him, as it turned out he didn't have anything wrong with him anyway.

Diane's experience had less serious long term consequences, but nevertheless further reflected unnecessary mistakes largely due to what seems like lackadaisical attitudes. Diane was mistakenly contacted as a prospective mother.

Diane: Social Welfare rang me because they must have had my files sitting with another file because then they rang to tell me that twins were available for adoption...and I'm going oh this is too much...they must have had the wrong number and I'm going whaa you know that was pretty horrific.

While Juliet's experience is more related to the mistake of the Hospital system it nonetheless appears that there was a lack of communication between the Hospital and the Department of Social Welfare.

Juliet: When we came back to dress him to go away the Hospital had made a major faux pas, they had changed the identity bracelets on him and had put the adoptive parents surname on them and I can remember feeling a massive ouch then...later on that week I think I had to go back and see the social worker at Social Welfare and he said to me, um I don't know whether you realised or not but the Hospital made a major mistake...he said had you noticed, I said yes I had and I now know his name which I didn't want to know...he told me the baby's first name, he said you might as well know, you know the surname now.

Sarah, Linda and Jane describe their experience with Social Welfare as neglectful and generally uncaring, further highlighting a lack of respect, care and support for the birthmother.
Sarah: I had a visit on more than one occasion from a social worker, a woman from the Social Welfare Department and she came armed with her papers and asked me a lot of questions and about, just about myself and about the birthfather and that she would be back to take me to the solicitors to sign the official adoption papers and that really was it...I wasn't happy at all with the social worker and her treatment of me.

Linda: The social worker that I saw when I got to Place D, she just took it for granted that we were, there was no, you could do this, you could do that, there was just you're adopting...I was home probably about three weeks and I got a letter from Social Welfare saying that there was something wrong with the baby so the adoption is now null and void...so I had to go and see them and they were quite cold and just said we think he's got water on the brain.

Following Linda and Kerry's reunion with Stephen, Linda continued to have strong feelings about the manner in which Social Welfare handled the adoption process. Due to Stephen's status as not 'normal', Social Welfare chose to consider favourably adoptive parents who had been refused an adoptive child on three earlier occasions. Presumably the reasons behind this decision stemmed from the idea that it didn't matter that a less than 'normal' baby was placed with adoptive parents who did not fit the criteria.

Linda: I just got so angry...it frightened me, that's how angry I felt about those 26 years that we missed on, I was just furious, I was furious with everybody I think, mainly with Social Welfare and especially when I talked to Stephen and realised what kind of life he's had, he'd been made a state ward and all sorts of things.

Jane: The lack of support at the time from social services, what social services were available in City C at that stage, nobody came to see me apart from a couple of family members and friends. There was no...I saw the one woman from DSW, I hope things are different now.
ATTITUDES OF LAWYERS AND LEGAL BUREAUCRATS

The participants in the present study identified language as an important factor regarding legalities surrounding the signing of the adoption papers. Legal discourse thus exemplifies the manner in which particular social and institutional practices work to empower those in privileged positions and disempower those who are not.

The experience of signing the adoption papers was remembered as significant for at least three of the participants. Signing the adoption papers signified the relinquishing of their child to the adoptive parents, yet these participants were not explained, to a satisfactory extent, the nature if the document they were signing. Of particular interest is that the attitudes of the legal bureaucrats who dealt with the legalities associated with the signing of the adoption papers do not appear to have altered to any great degree between the years that Sarah and Diane signed the papers in 1962 and 1977 respectively. Thus over a 15 year period both Sarah and Diane were treated in a manner which they described as cold and dismissive.

Sarah: Going to the solicitors office was terrible. As far as the social worker was concerned I think I was just another number on a piece of paper and I was taken up these dark stairs into this dark building where there were three men sitting at a long table and little me sitting opposite and I was given the opportunity to read the papers and then I wasn't given enough time to read them properly and I felt as though I was forced into signing the papers.

Linda: After I had Stephen and they came to me and said we've got a family for you, just come and sign the adoption papers, so on my way home to the airport I went to this lawyer in Place D and signed these papers, it was just so horrible I cried all the way home in the plane.

Following Linda's initial signing of the adoption papers, the adoption was made null and void, consequently Linda and Kerry's son was fostered for a short period of time, followed by a second adoption.
Linda was then forced to experience the signing of the adoption papers all over again.

Linda: The people that fostered him um wanted to adopt ...so I had to sort of, it was like making a decision all over again, only nothing had changed...so the adoption went through and I had to go back and sign those papers all over again.

Diane: It was like he (the lawyer) was yelling at you, he was reading all those papers to you and it was like he was yelling at you, it was really quite insensitive because I remember being in a lot of tears that day...it was like he was growling at me, it was, that's what it was.

Juliet: All I can remember was going into a building somewhere in the centre of City C, going up to an office having papers put in front of me and someone more or less saying, do you understand what you're reading and that, it was all the exparte blah blah blah, what a 17 year old really understands at, it was basically explained to me what I was signing and that there was the um x amount of months to change my mind.

SOCIETAL ATTITUDES IN GENERAL

The participants in the present study experienced varying degrees of treatment during the time leading up to, during, and following the birth of the child. This treatment included lack of respect for the birthmother's rights to make decisions surrounding the birth and adoption, lack of regard for her feelings, patronising and condescending answers to her concerns, and ostracism both in the Hospital and outside in her place of employment. Society's judgements against those who deviate from what is considered to be the 'norm' thus permeate all sectors within that society. It is clear from the experiences of the participants in the present study that the birthmother was perceived as not fitting the 'norm' and hence she was ostracised at many levels.
Anna: I don't feel any anger at all towards anybody because they were all victims of their own patterning really... and society's, they reacted in the way that they thought they should react, they reacted according to the way their teaching expected them to react... it's very hard for people nowadays to understand what it was like in those days... I was a 60s child as far as my teenage years were concerned and society was changing quite dramatically in those years but my parents were very stuck in a Victorian type pattern and my mother in particular had a very presbyterian upbringing and it was blame and punishment and all that sort of thing.

Linda proved to be an exception, however, in that she experienced a degree of acceptance during her pregnancy.

Linda: There were only five nuns in the actual place (where Linda stayed for the duration of her pregnancy) at that time and they were really really nice to us and one nun said to me, we don't have bad girls here she said, it's only good girls that come here, the bad girls know how to get rid of their babies, which I though was quite nice after everybody had said you're disgusting.

GRIEF AND LOSS

In the past, literature on birthmothers and adoption (Rowe 1966) has shown that theorists, researchers and medical professionals consider birthmothers to be capable of leaving behind their experience of placing a child for adoption. Furthermore, little attention has been paid to the possible effects this experience may have on the birthmother, such as feelings of loss and grief in the following years. This study explored aspects of grief and loss at the time of relinquishment. Further attention was given to feelings of grief and loss in the following years.

Sarah: There wasn't a chance to grieve at all. It was something that happened, the door was shut, life goes on,
and get on with it, but the grieving certainly went on inside. I had a nervous breakdown (thirty years after the adoption had taken place) and I was told by my doctor that it was an accumulation to that point in my life and stress and responsibility and loss and grief... I admitted myself to Queen Mary Hospital and had 6 weeks of counselling and it was the most wonderful thing that had happened to me in a long time because I was finally able to say what the problem was and the problem of course was having given a child up for adoption, the circumstances and the way it was handled and the secrets and the lies.

Linda also experienced years of grief at the loss of her child to adoption.

Linda: I gave him his last feed and put him down and just sat there... and when I had to go I just walked out the room quickly and I went to the toilet and bawled and I sat there and bawled and bawled and bawled and then I went round to have tea with these great big red eyes and nobody said anything, the women must have known...but they just sort of pretended... People said you'll have other babies and it got worse as the time went on...it was awful, the grief was just, I used to cry in the shower because I'd try and talk to my husband about it and he just wanted to forget, he was trying to do what everyone said to do, forget it's happened and go on with your life, and I would talk about it and try and bring it up and he would sort of, I don't want to talk about it, so I just stopped trying to talk to him and I used to sometimes, I'd lie in bed at night and think, I can't stand it anymore, tomorrow I'm going to go and see Social Welfare and see if I can find out where he is and in the morning I'd chicken out and think oh I can't

Penny: How long did that go on for?

Linda: Oh a long time, over years, I used to cry in the shower, I found it was a good place to cry, nobody else came in and annoyed you and you were busy in the day with your
kids and everything else and sometimes it would just, something would happen, some little thing that would remind you but it would just build up and build up and I used to stand in the shower and I'd bawl my eyes out under the water and then go to bed and nobody would be any the wiser...you were being told to go home and get on with your life and pretend it hadn't happened, the relinquishment bit we talked about, giving up Stephen and walking out of Hospital and leaving him there, there was one part where I had to go to the lifts at the end of the ward and the nursery was right beside it...and I knew if I'd turned my head and looked now I'd never have got out the door so I just had to, it was so, so awful.

Through support groups, and ultimately reunion with Stephen, Linda has resolved the intense feelings of loss and grief she experienced over 31 years.

Linda: Since I've been going to these support groups and since I've met Stephen... the grief, gradually I worked through it and with these support groups got over it.

Anna identified feelings of grief and loss as strongest at the time she placed her daughter for adoption. Anna, like Sarah, was not allowed to hold her baby. Although Anna reunited with her daughter 28 years after the adoption had taken place, she did not identify reunion as a resolution of her grief and loss.

Anna: I know that the two times I saw her, I felt really torn when I had to walk away um I don't know how I would have felt if I'd actually been allowed to hold her...but there was such a lot of grief anyway so maybe it wouldn't have mattered...I cried for three days solidly, just couldn't stop and I'd be going around doing things, having breakfast and just tears... the husband [the family Anna stayed with] sat me down and he said you've cried for three days, you've got to stop, you've got to start building back your life again, you've got to let it go.
Jane made a decision following the birth, to not hold her baby. She had not intended to see him either, however, on one occasion she took a friend to see him in the nursery.

Jane: Rebecca came in and she's one of those very maternal people...and said I'd like to have a look at him, and I said, oh, he's down in the nursery, and she said well show me and I didn't realise at the time but I know now she was doing the same as what that matron did, she sort of thought when I saw him I might change my mind...we had to look at the names on the cribs to see which one he was ...and then I looked at him and I just saw this absolute vision of hope, this baby Jesus sort of halo effect and I thought oh and I just felt this immediate, it was really weird, this immediate sort of bonding business and I just sort of went no, no and I walked away...so that was the closest...I just walked out with what I'd taken in, the bag that I'd taken in with me. That was, that was the start of the real sadness, I think I had a little bit of post natal depression because I sort of sobbed a couple of times on the phone to Rachel and then I remember leaving Hospital C and I was on my own and I had to get a taxi up to the place where I was going to stay and um that was really lonely, that was really horrible, it wasn't, it wasn't particularly nice...everyday, you think about them everyday, definitely, it stays with you, the effects stay with you, like I'm still bad at letting things go...see the thing is you've done it and the regret stays there the whole of your life, it's not something that gets better after five or ten years or fifteen or twenty years or fifty years, it stays there as strong as it ever was. I guess you can sort of have acceptance but that's as good as it gets, you don't get over, it's not something you get over.

Diane: My auntie was there and she said good-bye and then I had my time... They put you in a wee room, that was pretty neat, but like you remember it all, it's like imprinted in your brain...yeah, oh that was terrible because I actually wheeled him into the room and said good-bye...and there were tears and absolutely horrific yeah, and like, I didn't like, I used to
hate driving past the Hospital too because I knew he was still there, like for a few days ... and we used to drive past there oh and that was horrific too.

Juliet: I think I would have felt truly robbed and the loss would have been greater if I'd had him taken away straight away and never seen him, I don't think I would have got over it as well as I have...after I'd been in Hospital with him for the ten days my auntie took me away on holiday up Central Otago for another week and the understanding was that when he was to finally leave the Hospital I would go back and dress him to leave...I bought him a little christening mug and a little elephant and all that, that was to go with him and I made him nighties and...I knew that chances are that they would never be used again, that was the adoptive parents choice but that was my part of being a mother to him...and basically yes I dressed him and that was all a really really hard time and I cried and my auntie cried and sort of wrapped him up, put him in his little bed and walked out the door and that was it.

It is not possible to determine the extent to which one person may experience feelings of grief and loss, relative to another. The present study indicates that the experience of grief and loss at the time of relinquishment was poignant for all of the participants. However, Diane and Juliet, both of whom were allowed to make decisions, surrounding the process of relinquishment may have experienced grief and loss differently in the years following relinquishment. This is indicated by the fact that these participants did not identify strongly with ongoing grief and loss, suggesting that they had dealt with relinquishment more effectively. While Jane also was allowed to make decisions surrounding relinquishment, Jane reported that she regrets her decision to adopt. Thus for Jane grief and loss was an ongoing issue.

REUNION
As discussed in the previous section, of the 6 women who participated in this study Anna and Linda had reunited with their respective children, Sarah had followed procedures to reunite and discovered her son had died in an accident at 18 years of age, Jane had begun the necessary procedure to reunite at the time of the interview, and Juliet and Diane had not begun the procedure.

Sarah, Linda, and Anna all made the decision to reunite with their adopted child. Sarah wanted to find her son, Michael, however, before she began taking steps to do so, Michael's adoptive mother contacted her. Linda and Anna put forward their names at the Department of Social Welfare, in the hope that their adopted child would make contact with them. Unfortunately, Sarah was unable to reunite with Michael, however, Linda and Anna reunited shortly after making the decision to do so.

Sarah: I had often wondered how I would react had he contacted me. When I was away, at this stage (while at Queen Mary Hospital) I met this girl and had become friendly with, and she told me where to go, where to start and what to do about finding Michael... and she really gave me a lot of support...to really do something about finding Michael...and I knew that this was one of the things that I wanted. When I came back to City C...I was still quite positive that I was going to do something about finding Michael and interestingly enough I didn't, I didn't know what it was...I had this peculiar feeling this day that something was going to happen and it was about the following week, in the middle of winter, freezing cold and the phone rang...and this nice female voice asked me my name and what my maiden name was and I said to her, you're from, and I named the agency and she said yes I am, and she said I've had contact with an adoptive mother and she wants to know if you'd like to know about your adopted son and I said yes but I know that something's happened and it's sad and not happy and she said yes, could you come and see me, so I went and within the hour I was sitting with her talking and we talked probably for about an hour and a half and she had a file on me about two inches thick and I
was absolutely staggered to see all these pieces of paper, I have no idea what was on them, um she told me Michael had been killed in an accident, driving a forklift at work when he was eighteen, that the adoptive mother had been looking for me for about fourteen years because she didn't want me to go through the rest of my life wondering what had, you know, where Michael was and what he was doing etc

Linda: The reunion when it happened was, as I said I'd wanted to contact him but I was terrified to in case he said no, I don't want to have anything to do with you, so while I didn't contact him I always had that little bit of hope that hey I would eventually get to meet him and everything would be fine, and I was taking my daughter to varsity one morning and we stopped at the end of our driveway and she collected the mail and she said to me oh Mum, there's a letter for you from Queen Mary in Hamner Springs and I thought oh my God and then I saw, I'm a drug addict ...I thought I have to wait until I get home and I read the letter and I bawled and bawled and waited for Kerry (the birthfather) to come home from work at lunchtime...he read the letter and he said, well you know what we have to do don't you, we have to go and see him, so we wrote a letter back to him and he wrote a letter back to us and he rang us... and we just talked like, like we'd been friends for years... when I first met Stephen um I came home, it was all lovely and exciting and about six feet off the ground and um we just hit it off bang just like that.

While Linda's reunion with Stephen has been successful, Anna has experienced difficulties and anxiety throughout the reunion process.

Anna: I made a decision to reunite after a lot of thought, I decided that when she turned twenty that I would take advantage of that, that I would contact Social Welfare and leave my name, that if she wanted to contact me, but it was mainly for me, to find out that she was okay ... the reunion was very emotional um Madeleine wanted to know why which was really hard and she has a couple of times wanted
to know why I'd given her up so that was probably the first time that I actually felt guilt for giving her up because I had always lived with the fact that that was the right thing to do and the best thing to do and then all of a sudden I was faced with this young woman who said, How dare you give me up, why did you give me up...her mother died at Christmas time and the expectations that she had of her mother she's now trying to transfer and I'm backing off it a bit...I've been going through difficulties with that, keeping non-anxious in that situation.

Of the participants in this study who had not reunited, only Jane identified the potential for reunion as a significant issue. At the time of the interview Jane was taking proactive steps to find her son.

Jane: I'm pretty sure I've got the words and then I send this stuff back to DSW and they get in touch with him and say um your birthmothers been in touch with us and...we've got a letter for you and he'll say give it to me or no I don't want to know.

Penny: So, so do you feel a bit, are you feeling a bit nervous about that at the moment, apprehensive?

Jane: Um, scared shitless more like, yeah...I won't be good enough um I've taken so long to get my life together and it's still not together... I think one of the reasons why I went and did my BA, so I could show him, well you know I'm clever, I might not be rich but I'm clever, not that a BA means much...because I know he's going to come from a wealthy background.

For Diane and Juliet reunion was not identified as a prevalent issue.

Diane: If he does try and find me, like I want him to, but if he doesn't I can accept that too...it could be that he wants to know things and I'm quite happy for that...I'll fill that in this year[ the form with Diane's information for her son] and put
a letter with it and just send it in and I thought well then I can make it easier when he does have a look.

Juliet: I'm very indifferent about it, in some ways I really do hope he'll turn up... I know I could put a veto on my records, I've never chosen to because it's not like I see it as my punishment but um I feel it's his right and who am I to deny it, no matter what um memories and whatever else it brings up for me I feel that that's something I'm going to have to face.
Sarah: There was one thing Fiona (the adoptive mother) wanted me to do (following the death of Michael) if I was able to do it and that was to contact Michael's birthfather, and I said yes I would, but I didn't know how I was going to go about it...I wrote a letter because I had always known where he was, we'd actually met a couple of times...I just wanted to know if he was well and what he was doing....it was a difficult letter to write because I knew that he had married...he did answer my letter by telephoning...and he wanted to know there and then what it was all about and I had to tell him over the telephone and that was awful because he asked me what happened to our baby, he knew that Michael had been adopted but he didn't know anything else, he said he felt awful, he apologised for not being more helpful to me, he said he didn't know what to do, he didn't know where to start...it was a major turning point because it was beginning to come out into the open...Michael's birthfather and I went out to the cemetery and we took the camera and we had photographs taken and we sat...on top of this hill and we talked non stop and we put a lot together.

Linda was the only participant in the present study to marry the birthfather. Linda and Kerry were not allowed to get married prior to the birth and adoption of their son, however, they maintained their relationship and subsequently married.

Linda: We decided we wanted to get married and my father was against it to start with and Kerry's parents were definitely against it, especially his mother...it was really her who had the final say, there was no way we were going to get married as far as she was concerned...he wasn't allowed to actually come and see me up there (the home where Linda went to have her baby) but it was the fact that we wanted to get married and we still intended to get married, later on a bit, we had to give up the baby, that was really horrible, I mean if I had been, if I'd broken up with him, if he wasn't on the scene I mean it still would have been horrible but it wouldn't have been quite so bad.
Jane was also in a relationship with the birthfather at the time she conceived. However, the relationship subsequently failed.

Jane: I'd been married and not happily and I left my husband and met Gerry who was the father of my son, that was in 1975 and we started living together and yeah, had a reasonable relationship...I got over there (Australia) in August and I conceived in September...around October/November I sort of said to him, I think I might be pregnant and he said you should go and see the Doctor, you should go to the Doctor, and I couldn't figure out whether he meant for an abortion or to make sure and I didn't ask him, like you didn't sort of have these long heart to hearts in those days...there wasn't much support there for me and I got, I was really really homesick badly homesick...I wrote to my mother and my best friend and they sent me the airfare...I actually came back with the intention that he would bring, either send the dog back or bring her back when he came because he had a good job and his thing was, well, I'd may as well stay here and earn money for us both and then I'll come back, you know, within a few weeks...Gerry sent me a wee bit of money, the occasional letter and then at Easter, Easter Thursday 1977 I got a letter from him to say that he was engaged...and they were getting married and he was sorry about all of this blah blah and that was pretty horrible.

The birthfather of Jane's son recently made contact with her, however, after a long period of time.

Jane: He rang me a week after Matthew's birthday one year, he hadn't realised it was his birthday...but we spoke for the first time in 19 years or something and...we talked for about nearly three hours...I've forgiven him...I know that I have to try and be very fair because he might, it might end up with Matthew wanting to go over and meet his half brother and sister.
Diane's relationship with the birthfather was not identified as an important issue for her at the time she conceived and adopted out the baby. The fact that Diane failed to inform the birthfather of the pregnancy is indicative of the fact that the birthfather, in other cases, is not necessarily negligent in his absence during the pregnancy, birth and adoption. In Diane's case the birthfather was informed of the pregnancy through a mutual friend and consequently he tried to visit Diane while she was in the Hospital. Of interest in the present study is the fact that for two of the participants, Linda and Diane the birthfather was denied access into the Hospital to visit the birthmother and the child.

Diane: I never told him, um someone else did though and we never spoke about it at all, but yet we were in the same circle, because by that time I wasn't with him but we were sort of in the same circle, but I never really spoke about it...I look back now and think why didn't you, but you're 15 years old and he was 15...I was at a party once [following the adoption] and he was there and that's the first night that we talked, we talked for hours and hours and hours.

Penny: How long after was that?

Diane: It was four months...I'd probably try and find him (in the event that Diane's son makes contact with her)...there was never any animosity or anything...I must admit I've sort of thought about it, should try and find him soon and talk, that is if he contacts us, does he want to know because that's the thing too, I can't just go and barge in on his life because I don't know what he's up to now.

For both Jane and Diane the birthfather proved to be an important issue in the event that they reunite with their adopted children. For Sarah reunion could not be achieved, however, her subsequent relationship with the birthfather, and the opportunity to talk about Michael with him has proved to be a significant turning point for her in the healing process.
In contrast to the aforementioned participants Juliet held strong concerns regarding possible reunion and the role of the birthfather.

Juliet: I sort of think, am I going to be standing there and looking at a spitting image of his father facing me um it concerns me that he's going to want to know about his father and unfortunately I'm not going to have a lot of nice things to say about him because he wasn't a very nice person when I look back now in hindsight.

From the present data it is apparent that the birthfather features in the birthmother's life significantly more than the lack of research in this area suggests. Of the six participants involved in the present study two were currently in contact with the birthfather. Two participants were willing to make contact with the birthfather in the event that they reunited with their adopted child and the adopted child expressed interest in meeting him.

SUB-THEMES

Several sub-themes emerged in the interviews. These themes were also identified as important to the birthmother. These themes are outlined below.

1. Religion

2. The Domestic Purposes Benefit

3. Law Changes surrounding adoption policy

4. Anniversaries

RELIGION

Religion has not been a focus of discussion in previous research pertaining to birthmothers and adoption. However, the present study shows that for three of the participants at least, religion was a
significant factor in their lives at the time of their pregnancy and adoption.

Linda, Anna and Juliet attended Catholic Schools and all three considered religion to be a strong influence in the decision-making processes surrounding the time of the pregnancy, birth and adoption, albeit not necessarily their own decisions. A strong feature that arose regarding the religion theme was the role of the family priest.

Linda: My father rushed off to see the parish priest, he said I know a home in Place D for unmarried mothers, run by the nuns...the religion thing was a big thing...as I said about the parish priest and keeping the secrets from the people at church and feeling guilty too that you had sex before marriage.

Anna: My mother in particular had a very presbyterian upbringing and it was blame and punishment and all that sort of thing.

Juliet: They (the teachers at the school Juliet attended) had to decide how my parents were going to be told and needless to say at the tender young age of 16 I didn't want my parents being told um so because I went to a Catholic school they decided that perhaps the best idea would be if they got our local parish priest to tell my mother which personally I thought was the worst idea... if I recall correctly a counsellor from Catholic Social Services stepped in and she not only wanted to talk about the issue of adoption, she was more interested in what my family background was and what was going on with the family and dragging my whole family into this and having mediation meetings and counselling and all this rubbish.
DOMESTIC PURPOSES BENEFIT

In 1973 the Domestic Purposes Benefit was introduced into New Zealand as a means of providing financial support to women who had dependant children in their care. Although the Domestic Purposes Benefit was originally not intended for the unmarried mother she nonetheless came under the legal umbrella which entitled her to governmental support. This provision made a vast difference to many unmarried mothers who previously had little, or no option, but to place her child into somebody else's care. For Sarah and Linda, who gave birth prior to 1973, the lack of available financial support was an important issue. Sarah, Linda and Anna gave birth prior to the introduction of the Domestic Purposes Benefit.

Sarah: I feel as though I was just a slave, they (the family Sarah worked for) gave me a comfortable home and they fed me but I had no money, it was in the days, there was no DPB or any social services allowance and I don't, I don't remember having any money.

Linda: Probably after the secrets was the pressure to adopt, and of course in those days, what thirty, thirty one years ago that was what you did, there was no DPB.

While Jane, Diane and Juliet were eligible to receive the DPB other factors overrode financial considerations.

Jane: The solo mother thing, you were a solo mother, you weren't a sole parent, you were a solo mum, that diminutive, you know the degrading, that's what you were called, you were a solo mum, you were a blot on the landscape, it's not like it is now where apparently there's more kids with one, from one parent families in school than from two parent families, it wasn't like that in 1977, it was still, it was better than it had been but it was still, I think the benefit for solo mothers had only been in for something, less than two years at that stage and it was still like they were bludgers, scroungers, should give their child a chance, there's still that, still that very strong...it was a busy time (following the birth
of the baby)...blaming society because of their attitudes towards solo mothers.

LAW CHANGES

The changes in adoption laws which occurred in New Zealand in 1985 have had a significant impact on all members of the adoption triad. All of the participants in the present study placed a child for adoption prior to 1985 and hence identified the changes in adoption law and policy as a key issue in their lives. For Sarah, Linda and Anna in particular, the 1985 changes had a huge impact. For Sarah the changes meant that she was allowed access to information about her adopted son. For Linda and Anna the changes meant that they had only two and five years respectively to wait until they were allowed access to information. Of paramount importance to these participants was the fact that they were now able to carry out inquires into the well-being of the child they had placed for adoption, regardless of whether they chose to make contact or not.

Prior to the 1985 changes, birthmothers were left to wonder, not only about the well-being of the child they had placed for adoption, but whether the child was still alive or not. Sarah did not know that her son had died in an accident in 1980 when he was 18 years old, until contact was made by the adoptive mother twelve years later.

Sarah: After the interview with the lady that told me about Michael I was shattered and then I became angry because he had been dead for about fourteen years and I had been living his life in myself as, so, you know he would be leaving school, did he get school cert, did he get bursary, has he been to University, what career did he choose, what relationships has he had, has he, has it been difficult for him, has he married, are there grandchildren, and that had been very very real and in this instant hour and a half all that had gone, it had been taken away from me...it had never occurred to me that perhaps something had happened to him, perhaps he wasn't living a normal life, and then to find out that he wasn't living at all.
Linda: When the law changed and you could contact them when they turned twenty...I wrote letters to Jonathan Hunt, and that was when that was happening.

Penny: So when that, when the act was passed, that was, that that must have been a significant point for you.

Linda: Yeah it, it really was I, I mean I knew then that I could go, even though you could put vetos on it I knew that if I got really desperate I could go and find out or try to find out, start the ball rolling to find out where he was and to meet him so that was, because before then you'd been told that that was it, you've adopted this child out and you can find nothing, I mean I used to think well, he could be dead, I wouldn't even know because they didn't tell you... so once that bill went through that was, it really was, it was good to think that I could if I wanted to.

Anna: Well, when all this happened, I mean you're looking at somebody whose gone through an incredible amount of grief initially because of a loss of signing away somebody, somebody whose been part of you for nine months um and you're told very clearly when you sign those papers that that's it, there's no way you'll find the information out before they go, you'll never be able to find out who their with um and you won't see them again, you are making a decision to give away a child to parents that Social Welfare think will be suitable for that child and you relinquish all your rights to ever seeing that child again, and you grow, you lead the rest of your life knowing, well basically, cutting that child out of your life, it's, the memories still there, it's like a death, you grieve, the memories still there and you revisit it occasionally but basically that's it and then all of a sudden this act comes that says yes you can when they're twenty, you can have access to the information, you can find out where they are, you can um, they can contact you unless you put a hold on it and it's, it's real um suddenly faced with a major major decisions...I'd sort of started to build my self
esteem up before that I think but anybody that hadn't, there would be an awful lot of fear that went with something like that because we're talking twenty years later um most people have married.

ANNIVERSARIES

Winkler & Van Keppell (1984) concluded in their research that for the woman who has relinquished her child for adoption a sense of loss was most marked on special occasions such as birthdays and holidays. These results, they suggest, challenge the idea that birthmothers are able to separate themselves from the experience of placing a child for adoption. In the present study two of the six participants identified anniversaries as significant. In comparison to Winker & Van Keppel's research however, the participants in the present study were not directly or indirectly asked questions surrounding the significance of anniversaries.

Sarah: I always wondered where he was and what he was doing and birthdays were very traumatic, starting school, when he would have been starting school was very traumatic for me.

Jane: He turned 20 and it was pretty depressing, his birthdays are pretty depressing...I've gone to um buy cards at different times and I don't know what he likes so I haven't been able to buy them, even those, there sort of general things, it's usually a pretty depressing day generally, I end up buying something for myself.

Diane: I still listen to the birthday calls, I mean I've always listened to the birthday calls on his birthday, even though I didn't even know what his name was, I mean how stupid is that...I've always found around his birthday there's always something on TV about adoption.

For Sarah, Jane and Diane anniversaries were a significant time, however, this does not necessarily indicate that anniversaries were
less important to the other participants. In light of the nature of the interview process it may be that other factors overrode the significance of anniversaries.

Also provided is a comparative analysis between the two participants who gave birth at the same age but in different years, and the participants who have birth in different years but at the same age. This comparison highlights some of the differences in the experience of these participants on the basis of different eras and maturity.

PARTICIPANTS WHO PLACED A CHILD FOR ADOPTION AT THE SAME AGE BUT IN DIFFERENT YEARS

Of interest in the present study is the contrast found between participants who placed a child at the same age but in different years. As discussed earlier major legal, governmental and societal changes have occurred over the past thirty years within the adoption arena. Due to ethical restrictions, related to the present study, it was not possible to interview participants who placed a child for adoption within the past ten years. As such the time frame within which the participants placed a child for adoption ranges from thirteen years to thirty-four years. Of interest in this section is the variance in the participant's experiences over a period of twenty-one years.

Linda placed her child for adoption in 1967 when she was eighteen years of age. In comparison, Juliet placed her child for adoption in 1984 when she was seventeen years of age.

Possibly the most apparent difference in these two participants experiences is the diffusion of secrecy surrounding unwed motherhood which occurred between the period that Linda and Juliet gave birth. The covert nature of Linda's pregnancy, and the obsession with secrecy which abounded around this period, appears to have been the catalyst for Linda to experience a number of problems, some of which were not resolved until she reunited with her son 28 years later, and some which may never be resolved.
For Linda secrecy was a prevalent theme throughout the interview. The previous section on secrecy and shame highlights the degree to which these themes had a major effect on the participant's lives. In contrast to Linda, Juliet experienced a much lesser degree of covertness surrounding her pregnancy and adoption. Unlike Linda, Juliet was not sent away to another city, nor to a home for unmarried mothers, although she did leave her parent's home to live with her aunt during the pregnancy.

Juliet: I was basically a pretty quiet person really...but I can remember having a religious education class one day and they were talking about death and loss...I basically got up, said something and walked out of the classroom and that was the only time it was ever mentioned at school, the topic of having had a child and giving it up for adoption.

Penny: But everybody knew

Juliet: But everybody knew anyway, course they did...I did talk about it very briefly but generally within my class...I didn't want to be too overt about, didn't want to be discussing it.

The changes which have occurred over the past 17 years have not by any means solved the problems associated with placing a child for adoption, however, openness regarding adoption appears to have reduced, to some degree, issues such as secrecy which previously had caused major turmoil for the birthmother.

**THE HOSPITAL EXPERIENCE**

Linda and Juliet's experience in the hospital, regarding decisions and issues surrounding time spent with the baby, varied significantly.

Linda: I had some photos that we'd sneaked a camera into the Hospital and taken this roll of film and four turned out...they're not really very good photos but you know that was all I had.
Juliet: The only thing that there was a little bit of controversy around, the one thing I insisted upon when I had my baby, I wanted to hold him and when I had my baby I was going to stay at the Hospital with him, he was not going to be taken away straight away.

THE DECISION TO ADOPT

For Juliet, the decision to place her child for adoption was very much her own. She made this decision very clear prior to the birth. Conversely Linda had very little choice but to adopt, regardless of the fact the birthfather was very supportive.

Linda: It was just you were going to adopt, you can’t get married so away you go and have this baby, and the social worker that I saw when I got to Place D, she just took it for granted that we were, there was no, you could do this you could do that, there was just you're adopting.

CHOOSING THE ADOPTIVE PARENTS

Juliet had a significant degree of control over decisions regarding the adoptive parents. She was able to stipulate what religion she wanted the adoptive parents to be, whether she wanted to meet them, and whether she wanted an open adoption.

Juliet: I wanted the parents to be Catholics, I desperately wanted my child to have a, some sort of religious background...it was getting closer and closer to the time to the time of having the baby and in actual fact they couldn't find any which was uncanny, so they were sort of trying to come up with compromises for me and no I stood steadfast...eventually they did, they found two couples, um, I had the option of meeting them and I had the option of an open adoption which I did not...I thought if I ever saw them up the street with my baby that would just make it so
incredibly difficult to cope with...I still have it, a piece of paper with um a brief run down on two couples, their ages, their occupations, their interests.

In contrast, Linda was not able to make any stipulations regarding the adoptive parents. She was not given the option of choosing or meeting the adoptive parents. At the time Linda gave birth open adoption was not an option. She had little information about the adoptive parents, however, she knew he was being brought up by a Catholic family.

Linda: I looked in prams and worked out where I thought he might be living...I was still going to church at the time...and I started looking at kids at church thinking oh I wonder if that's him, that's how old he might be.

The contrast between Linda and Juliet's respective experiences during their pregnancies, and the consequent birth and adoption processes, is highly significant, thus highlighting the vast changes which have occurred within society, the medical profession and the legal system of this period of time. While this contrast can not necessarily be attributed to the above factors exclusively, they are nonetheless highly indicative of moves away from the overt ostracism toward unmarried mothers which this thesis has suggested were typical of the 1960s, toward a period of subtle acceptance of unmarried mothers which occurred in the 1980s.

PARTICIPANTS WHO PLACED A CHILD FOR ADOPTION AT DIFFERENT AGES BUT IN THE SAME YEAR

Of further interest was the contrast found between participants who placed a child for adoption at different ages but in the same year.

In the past little attention has been paid to the different ages of the birthmother time of placing a child for adoption. Of greater concern has been factors relating to the socio-economic background and the intelligence of the birthmother. The present study shows, however, that the experience of placing a child for adoption at twenty-five years of age seems to be very different to the experience of placing of
a child for adoption at fifteen years of age. While it is noted that in the present study no control group exists, and that the experiences of only two participants are discussed, there is sufficient contrast in the two cases to be of interest and invite further interpretation.

Jane placed her child for adoption in 1978 when she was 25 years of age. In comparison Diane placed her child for adoption in 1977 when she was 15 years of age. Both Jane and Diane gave birth in the same Hospital, 14 months apart from each other.

In the present study the most significant difference found between Jane and Diane's experience of placing a child for adoption was feelings of regret in subsequent years. Jane reported experiencing strong feelings of regret following the adoption. A compounding factor for Jane was feelings of guilt and self blame. Conversely, Diane has no regrets following her decision to adopt.

**REGRETS FOLLOWING THE ADOPTION**

Jane: My life would have been different if I'd kept the baby, not necessarily better, not necessarily worse, I wish I'd kept him. I couldn't say that for

Penny: Do you?

Jane: oh yeah, oh definitely. I could not say that for a long long time because I sort of had this thing where you don't regret anything you've done but I regret that. I wish I'd kept him...once I'd made up my mind to adopt at Easter, until he was born in June, I told people, you know, because people would say, oh what are you going to call him, and I'd say, oh he's going to be adopted, these women in the pub would say, oh you're amazing, I'd think, well not really, this is the easy way out, that's how I felt at the time, that's how I felt then, yeah but nobody said hey, have you thought again...but that doesn't change the fact, you know if I'd had to do it again.
Elmarie: But will you stop blaming yourself for that sometime?

Jane: For the actual adoption...I don't know...on the one hand I recognise that I was working with what I had at the time which is all we can do...and um I know that um that was wrong for me to do that...because of the loss, because of the grief, because of the way it's affected my life, mm definitely.

Diane: I don't feel any guilt or anything and I'll tell him that if he ever finds me, you know I did the best thing for him and for me at the time and that's all that we can do.

Penny: But you don't regret.

Diane: No, no, no, I mean you always wonder...then I was 15, what was I going to do with him...I wouldn't have coped and I probably had motherhood things to deal with my own mother without you know, and I think I'm probably a better person now for that.

**THE DECISION TO ADOPT**

With regard to the decision making process at the time of the adoption Jane and Diane had vastly different experiences.

Jane: I can remember sitting in the back seat of the car...and just thinking...I can't really afford to go back there (to Australia) and then I sort of thought well, it came to me what I'd do, is I'd have the baby adopted and then I'd go back to Australia.

Diane: I don't even know actually how the subject of adoption came up...I do not remember how it came about...I think that was just a roller coaster and that was someone's idea and that's just the way it was...I think it was always presumed I wouldn't keep it, yeah and I can't remember any of that, you know, how I came to that decision or anything. I just don't know, that's just what was happening...I probably
always will feel that I was really sort of pushed into adopting him, um because I sort of don't remember how that all came about but it was always sort of assumed what would happen yeah so.

THE HOSPITAL EXPERIENCE

A further difference between Jane and Diane's experiences is the manner in which they were treated in the Hospital where they gave birth.

Jane: I remember the words and everything throughout the whole thing, we (Jane and her friend Rachel) were sort of sharing a gas mask and giggling in between times and she was able to come in with me into the labour ward which was great...they were good, the nurses I suppose.

Diane: The nurses were nice but that head nurse, I'll never forget her because she was horrible, she was a horrible, horrible lady...

DECISION WHETHER OR NOT TO MEET THE ADOPTIVE PARENTS

On the issue of whether or not the participants wanted to meet the adoptive parents Jane and Diane shared very similar thoughts and feelings. They declined on the basis that City C is too small and the risk of meeting the adoptive parents and the baby in the street was too high.

Jane: At some stage I'd been asked if I wanted to meet them...and I said no because I thought God what if you're walking down the street and you see these people walking towards you with your baby in their pram and how would you feel...not in City C, it's too small... I just said no I don't want to meet them, I don't want to know who they are.
Diane: I was asked if I wanted to meet then but I turned that down because I felt that City C was too small because I know that they're from City C and I couldn't have faced being down the street and because open adoption wasn't around then so I couldn't have faced walking down the street and seeing the baby.
CHAPTER SIX

DISCUSSION

This chapter, for the most part, integrates the findings of this study with the literature and the theory which were outlined at the outset.

THE BIRTHMOTHER'S MOTHER

Few studies on the birthmother have focused on her relationship with her mother during pregnancy, and role of the mother in decision-making surrounding adoption. (Note that for the purpose of clarity the birthmother's mother will be referred to as the mother). The present study explored this relationship, and the role the mother played in the decision to place, the child for adoption. While this theme was not identified by the participants as important prior to the interviews, it emerged frequently throughout the interview process. With the exception of Linda and Jane, the participant's mothers featured as an important issue.

Sobol and Daly (1992) reported that families are an important influence in pregnancy resolution. According to Hudis and Brazzell (1981) and Rosen (1990) (cited in Sobol and Daly (1992) mothers have also been rated as more important than peers in influencing decisions of adolescents who aborted or placed for adoption. Herr (1989) supports this view stating that pregnant adolescents with mothers who favoured adoption were more likely to choose adoption. According to Herr (1989)

"Mothers of adolescents sometimes are afraid to tell their daughters that they favour adoption. The results of the study indicate that if adolescents are aware of their mother's support for adoption, they are significantly more likely to make this decision" (p.799).
The mothers of the participants in this study were found to have a significant influence over the birthmother's decision to adopt. Furthermore they did not appear to exhibit any signs of being afraid to tell their daughters that they strongly favoured adoption. For Sarah, Linda, Anna, and Diane, the decision to place the child for adoption was largely made by their mothers. These participants said that from the time they told their mothers they were pregnant there was never any question that they would not place the child for adoption. Decisions were made on their behalf and they were told to obey. A further contributing factor toward the birthmother's decision to adopt was the prospect of lack of support from her mother in the event she did not adopt. Sarah and Anna expressed strong concerns that non-compliance with their mother's wishes would result in excommunication from their family system. Both Sarah and Anna were threatened that if they kept their baby they would no longer be a part of the family, and hence would not be given any support.

In an American study on the social support networks of adolescent mothers, in which the participants were 40 White and 82 Hispanic adolescent birthmothers, de Anda and Becerra (1984) reported that the primary asset in the interpersonal environment was the birthmother's mother. Similar strengths were found for a large portion of the birthmothers with regard to the relationship with the husband or boyfriend, particularly within the Hispanic sample. Relationships with fathers and peers were, at best, marginal in terms of support.

The participants in this study did not identify their mothers as a support person. Conversely, not only was the birthmother's mother considered to be unsupportive, her strong influence was considered to be a significant contributing factor toward the lack of support received from other family members and peers. The influence Anna's mother exercised over Anna's father ultimately resulted in a lack of support on his part. Anna's mother did not allow Anna the option of talking about the adoption with her father. Furthermore, he was told by her mother that Anna did not want to talk about it. Anna said that this was a decision her mother made based on her prejudices. Likewise, Sarah's mother would not allow Sarah's friends to visit her, prior to, or following the birth. For Sarah, Linda, and Ana, being forced
to leave their home town during the pregnancy, ultimately meant that all existing support systems were cut-off from them.

SECRECY AND SHAME

Although previous research has not focused on the effects of secrecy and shame on the birthmother, the present study found these to be important issues. For Sarah, Linda, and Anna, the secrecy, and associated shame which surrounded their pregnancy, led to a plethora of problems, some of which remain unresolved. In the period when Sarah, Linda, and Anna gave birth secrecy and shame surrounding unwed pregnancy were common themes. Imber-Black (1993) in a discussion on secrets in families suggests that

"Adoption used to carry a meaning of stigma and shame, due both to the so-called "illegitimacy" of the adopted person and the likely infertility of the adopting couple. When this set of meanings prevailed, adoption was kept secret, sometimes even from the adopted person" (p.13).

The stigma and shame associated with illegitimacy in the 1960s created significant pressure on the birthmother to keep her pregnancy a secret. Secrets and telling lies permeated many areas of the lives of some of the participants in the present study for years following the adoption. Sarah and Linda identified strongly with the issue of constantly telling lies, as a result of secrecy and shame. Sarah gave a false name at the hospital where she gave birth. The lies continued when she returned home to her family, and her sister and brother asked her how her holiday had been. For Linda, her stay at a Catholic home for unmarried mothers meant a reprieve from telling lies to her extended family. However, the lies began again as soon as she left the hospital and returned home. Linda said that she and Kerry (the birthfather) could finally stop telling lies when they met their son Stephen. For Linda thirty years of telling lies was too long. Ironically when Linda finally told her older relatives, they were horrified that she had kept Stephen's birth a secret for so long.
For the participants in the present study who identified strongly with secrecy and shame, these issues held much wider implications than social stigma and the guilt at telling constant lies. Lack of parental and peer support during pregnancy was a major issue, coupled with the lack of control over their decisions.

Imber-Black suggests that certain secrets implicitly define a hierarchy in relationships. A secret may be located between two or more people in the family, excluding others and sometimes creating loyalty binds. Furthermore, the requirement to keep such a secret within the family may result in a cut off from needed resources.

For some participants in this study hierarchal relationships developed, or were accentuated, between their mothers and themselves. Thus because the pressure was so high for the secret to be kept, mothers exercised significant power over their daughter's lives. For Sarah, Linda, and Anna, the secret of their unwed pregnancy remained contained between their parents and themselves, thus excluding other significant family members such as siblings. Furthermore, because both Sarah and Linda were both sent away, in order that the secret remain hidden, there were no support systems in place, nor any visits from family members and friends. For Anna secrecy and shame was compounded when her mother insisted that if Anna wrote to her while she was away she was to send the letters via her doctor who would then re-address them.

In contrast with the covertness which surrounded Sarah, Linda and Anna's pregnancies, Jane, Diane, and Juliet's experiences of unwed pregnancy in the mid 1970s and early 1980s were significantly less covert. The unwed mother thus seemed to be accepted to a greater degree within society. In the present study this was shown by the fact that Jane, Diane, and Juliet were able to remain in, or in the case of Jane, return to, their home towns.

Lack of support systems for Sarah, Linda, and Anna were largely the result of the secrecy which surrounded their pregnancies, but this was not problematic for Jane, Diane, and Juliet. For these participants support systems were strong, particularly for Jane and Diane whose support person was able to be with them throughout the labour and
birth processes. The lonely birth experiences of Sarah, Linda, and Anna, provide a sharp contrast with the experiences of Jane and Diane who both said that they 'did a lot of laughing that night'. While Diane did not have a close support person with her during the birth, she said that the male nurse who was with her during this time was very supportive. Thus the availability of support systems for the unwed mother which emerged around the time that Jane and Diane gave birth, may be related not only to the diminishing of secrecy surrounding unwed pregnancy, but also to the shifts in attitudes and policy within the hospital system.

Imber-Black further suggests that

"Historically, the meanings attached to illegitimate birth have involved strongly held social beliefs regarding premarital sex and the need to punish a woman's sexuality" (p.12).

Society's expectations of how an unmarried woman should behave thus strongly influenced the manner in which she has been forced to keep the birth of her illegitimate child a secret. The present study suggests, however, that the stigma attached to pre-marital pregnancy may have lessened to a significant degree, between the 1960s, the period that Sarah, Linda, and Anna gave birth, and today. This seems apparent from focusing on the degree to which shame and secrecy was a prevalent issue for the participants who gave birth in the 1960s, and the fact that shame and secrecy was not identified as an issue for the more recently adopting mothers, Jane, Diane, and Juliet. As a result of the shifts that have occurred in society's attitudes surrounding unwed pregnancy, the participants who gave birth pre-nuptially less than twenty years ago, seem not to have suffered from stigmatisation, to any significant degree. Accordingly there was no occasion for there to be secrecy, shame, and lies surrounding these participants' pregnancies.

Imber-Black asserts that we live with a myth of social conformity from which we are not to deviate.
"Family members loyal to sociocultural community standards experience a sense of shame when they violate social law or the moral code. We live with a perceived image of some perfect social self, who is to be admired not for personhood but rather for status and titles and the 'image' of success" (p.31).

In the present study it is clear that shame was not confined to the birthmother alone. A strong sense of shame was felt by other family members of the birthmother, namely her mother. For Sarah, who came from an affluent family background, and Anna, whose father held a socially valued position, the sense that they had brought shame into the family was a strong theme. Both participants identified their family's status within the community as a factor which contributed significantly toward their strong sense of shame. Sarah felt shame and humiliation when her mother forced her to wear her father's shirts and to stay in her bedroom. For Anna, feelings of shame were perpetuated when she was told her father would lose his job, and she would cause her grandmother's death by ill health if society found out about her pregnancy. It appears thus, that for Sarah and Anna, their mother's perceived place within society, and the ideals they strived to live up to, outweighed their daughter's wants and needs for support.

UNMARRIED MOTHERS: SOCIAL CONTEXT AND NORMS

Foucault's concept of normalisation was developed in order to illustrate the manner in which society continually analyses whether its members deviate in any way from what is considered to be the 'norm'. The concept of normalisation denotes that societies, knowledge, power and the human sciences, have carefully defined the difference between normal and abnormal, and have continually used these definitions in order to regulate behaviour. In this thesis the participant's experiences of unwed pregnancy are testament to the fact that those people who do not fit society's perception of the 'norm' are either ostracised by that society, or alternatively placed into a particular framework in order that society may analyse their behaviour. Theories which have been applied to the birthmother over the past 50 years highlight the many frameworks she has been placed
into. While the birthmothers who participated in this thesis may have escaped overt attention from psychiatrists, they were nonetheless targeted by medical practitioners, social workers and society in general.

While the degree of overt ostracism and social stigma which Sarah, Linda, and Anna experienced at the time they gave birth, had lessened by the time Jane, Diane and Juliet gave birth, subtle forms of social stigma nonetheless still operated which served to highlight the manner in which unwed mothers were still not perceived by society to be the 'norm'. In this thesis this notion is illuminated by the manner in which the participants were treated by medical professionals, both during the pregnancy, birth process, and follow up care.

MEDICAL MANAGEMENT

Foucault's (1991) analysis of medical discourse within the 19th Century and beyond investigates the shifts which occurred during this period away from the emphasis on medicine, and the study of the body and of disease, to the ascribed status of the medical professional as a person of high morals and virtue character.

This perception of the doctor as a person of not only medical knowledge, but of high moral standing led to his intervention in aspects of the patient's life other than medicine. (Olssen 1998). While this was a 19th century phenomenon, the intervention of the doctor appears to be a continuing theme in the 20th century. Hence this was a theme which was identified as important for two participants in the present study, Sarah and Anna. The moral concern of the doctors Sarah and Anna visited in order to confirm their pregnancies, led to his intervention in further aspects of their lives. In both cases the doctor arranged housekeeping positions, with professional families, in a different city to that which Sarah and Anna were residing in at the time. Anna was placed in a family with a doctor, his wife and two children. Sarah was also placed in a family where the husband was a professional, although she did not disclose what his profession was. The fact that both Sarah and Anna were sent to housekeep for
professional families, organised through the doctor, suggests that an informal network may have been operating between professionals, such as doctors and specialists, whereby cheap help was made available.

A further important indicator of medical intervention is the hospital system, and the degree to which doctors exercised control over the unmarried mother. Foucault (1991) states that institutions such as hospitals and prisons are empowered and privileged points of observation in which ultimate power relations are produced. In this thesis the power which was exercised over the participants, as the result of the hierarchical structures which existed in the hospital system, was an important issue.

In the hospital where Sarah and Anna gave birth, the birthmother was denied her legal right to care for her baby. The implications of denying the birth mother her rights are twofold. First, her legal rights were ignored, and second, her emotional well-being was not considered. Prior to 1972 the small amount of available literature on the birthmother, focused on her psychological and emotional maladjustment. Hence no interest was shown toward her emotional and psychological well-being. Faris (1972) wrote frankly in the New Zealand Medical Journal of his viewpoint regarding the unmarried mother's involvement with her baby, regardless of her firm intention of having the baby adopted. From an extensive literature search, this article appears to be the first of its kind in New Zealand. With regard to legal implications, Faris (1972) states

"The mother is still guardian of her child until adoption forms are signed relinquishing custody of the child to the adoptive parents. Therefore, we have no right to say that she is not allowed to care for her child...in most countries whether the baby is for adoption, or not, the natural mother is involved with the child from birth, so that I could find no parallel with the policy that we have practiced in some New Zealand hospitals denying the mother right of access to her child. Legally we are contravening the law by denying the mother right of access to her child, she is the legal guardian
right up until the time that the consent form is signed" (p.96).

The experiences of Sarah, who was not allowed to see her baby, and Anna, who was only allowed to look at her baby twice through the nursery window, illuminate the harsh manner in which these participants were treated. Sarah's head was pushed down by the nurse when she attempted to have a look at her baby before he was whisked away. The most Sarah ever saw of her son was one thumb. Anna was also treated harshly when she went to the nursery to see her daughter and was told to get out by the nurse in case the adoptive parents arrived. Sarah and Anna were unaware at the time they gave birth that they were denied their legal rights to access.

These experiences highlight the degree to which some of the negative aspects associated with adoption, that some birthmothers may experience, are the result of certain forms of social and institutional oppression. This concept, found within poststructuralist theory (Foucault 1991) helps to explain the ways in which power and knowledge structures inherent within the hospital system worked efficiently, thus to oppress and subjugate those who were not perceived to hold knowledge and therefore were denied power.

Past literature (Faris 1972) suggests that a fundamental part of the reason that the hospital authorities did not favour the birthmother caring for her baby, was because of fears that this experience may affect her decision to place the baby for adoption. However, this may have been due to concerns for the adoptive parents. Sarah was told that she wouldn't see the baby, that arrangements had been made for it be adopted. Anna sneaked down to look at the baby in the nursery but she was grabbed and told to go away because the adoptive parents could turn up. Sarah and Anna's experiences suggest that the rights of the adoptive parents were perceived to be more important than the rights of the birthmother in these cases.

With regard to the birthmother caring for her baby prior to relinquishment, Faris (1972) stated that
"this has been discussed with many people and I firmly believe it to be a fallacy that if a girl is involved with her baby this unsettles her plans for adoption...this is not supported by statistics or by reality...in addition it seems far more realistic for a girl to see, know and hold the child she has brought into the world, and for whom she has made one plan or another...In practice it is found that many girls, originally rather hesitant, come round to caring for their babies once they are born, and most of these girls actually enjoy the experience even realising it is only for a limited time...Many girls return to the hospital, after discharge...and often voluntarily make the statement that they have enjoyed the temporary experience of motherhood....thus it is probably an old-fashioned concept, and most unrealistic, for anybody to advise a girl against involvement with her baby when all her natural instincts are for this experience" (p.96).

The present study supports the view that the temporary experience of motherhood is beneficial for the emotional well-being of the birthmother. The participants who gave birth in the mid 1970s and early 1980s, identified the opportunity to care for their babies as a highly poignant issue. Both Diane and Juliet said that they had made adoption plans prior to the birth, and caring for their babies helped them to prepare for relinquishment. For Diane and Juliet the experience of motherhood, albeit temporary, was regarded as a highly valuable and rewarding experience. Juliet said that she would have felt robbed and the loss would have been greater if her son had been taken away from her straight away. For Juliet, having time with her son has helped her to get over the adoption to a greater extent.

While policies advocating that the birthmother care for her baby prior to relinquishment were regarded as positive for Diane and Juliet, this was not the case for Jane. Jane chose not to care for her son prior to relinquishment and reported feeling very angry at the matron who tried to persuade her to do so.

Although Faris advocated change toward allowing the birthmother her legal right to care for her child, the researcher could only ascertain that these changes were informal in nature, and thus held no legal
sway. From the reports of the birthmothers in this study, who gave birth between 1962 and 1984, it appears that an informal change did occur in New Zealand hospitals, around the early to mid 1970s. The present study suggests that this shift in attitudes, and hence the unofficial implementation of important policy changes by medical professionals, significantly altered the birthmother's experience in the hospital, and hence her emotional well-being following the adoption process.

CHANGING SEXUAL NORMS

A further result of the hierarchical systems which existed in the hospital system was the attempts of medical professionals in the 20th century to medicalize sexuality. Theories of deviancy linked to sexuality abounded in the 1950s and focused, in particular, on women's sexuality. The focus on sexuality was closely linked with society's moral codes. Foucault (1980) questioned why sensual pleasures and sexual activities are so often the object of moral concern. He concluded that sex, much more than almost anything else, is the object of fundamental prohibitions.

Several authors have pointed to the ways in which issues of sexuality are bound up with society's beliefs surrounding morality. Pope (1967) suggests that premarital pregnancy indicates a prior deviant act as defined by traditional moral standards. Simpson (1971) states that sexual standards are moral standards, problems of premarital conception are problems of moral value. Dunn (1971) puts forward an even stronger view. In the New Zealand Medical Journal, Dunn stated that

"The increase in illegitimacy is of great concern to parents, social workers and legislators. It reflects the influence of what is called the 'permissive society'...our view is that the only soundly based solution must be a return to the traditional spiritual philosophy and self-control that have been considered the norm up until the last decade or two" (p.235).
Thus in the 1960s when Sarah, Linda, and Anna gave birth, it appears that New Zealand society judged these birthmothers, largely on moral grounds. This thesis highlights many ways in which the unwed mother came under scrutiny by society because she challenged traditional moral standards. For example, the treatment of the participants by their mothers, by medical professionals, and by bureaucrats in legal, governmental, and training institutions. For Sarah the refusal of the hospital board to allow her to resume her nursing training, following the birth of her son, is a blatant example of the fact that she was perceived by society to have violated acceptable moral standards. Anna too was refused re-entry into Teacher's College following the birth of her daughter, however. Anna fought so hard against this decision that she made a landmark case when she was allowed back in. In contrast, Juliet was attending high school until she was seven months pregnant, and returned with no fuss following the birth of her son. This comparison highlights the degree to which society's perceptions of what is considered acceptable behaviour has changed dramatically over a period of 20 years. These changes in societal perceptions are summed up by Simpson (1971) who stated in the New Zealand Medical Journal that

"Premarital coitus is increasingly common because traditional moral prohibitions have lost their force in the face of new social beliefs about sexuality. Various factors have contributed to increased coitus among the unmarried in New Zealand. In an age when enjoyment is viewed as a legitimate end in itself, coitus is seen to be enjoyable. Coitus and sexuality are no longer sinful but highly valued as a source of pleasure in marriage manuals, novels, plays, films and various "frank discussions" in the mass media of communication to which the unmarried are exposed" (p.3).

RELIGION

Much of the society's concern for unwed mothers stemmed from the traditional moral institutions such as the church. In this thesis Linda, Anna, and Juliet identified religion as an important issue surrounding the manner in which they were treated. Both Linda, and Juliet's
fathers' rushed off to see the parish priest when they were told that their daughters were pregnant. In Linda's case this was the catalyst for her being sent away to live in a home for unmarried mothers run by the Catholic nuns. For Juliet, the involvement of the parish priest led to what she perceived to be unnecessary complications.

**SOCIO-ECONOMIC BACKGROUND**

The earlier frameworks within which birthmothers were placed, were replaced in the 1970s by an interest in Intelligent Quotient testing. These tests were carried out in an attempt to establish whether or not birthmothers were of less than average intelligence than women who were not birthmothers. Less extensively researched, was whether or not adolescent birthmothers were less educated, and belonged to lower socio-economic groups, as opposed to adolescents who were not birthmothers.

In the present study the participants came from varying socio-economic groups. While socio-economic background was not identified as a key issue for the participants, that is it was not found to be a significant factor in the decision to place a child for adoption, socio-economic factors did have a bearing on other issues relating to adoption. Two of the six participants identified themselves as belonging to middle to high socio-economic backgrounds at the time of the pregnancy. Although the remainder of the participants did not identify with any particular socio-economic group, the researcher perceived that of the remaining four participants, three belonged to middle-class families and one of the participants may have belonged to a lower socio-economic group at the time of giving birth.

While there is no valid means of testing the possible effects of socio-economic factors in the present study, it appears that the participants who came from middle to high socio-economic backgrounds experienced less autonomy regarding their decision-making prior to the birth and adoption than those participants from middle to lower socio-economic groups. Hence the women in the higher socio-economic group seem to have met greater resistance to carrying out what they wanted to do than did the latter group. A major contributing factor
toward this difference appears to be, as discussed previously, the greater degree of stigma and shame that their mothers associated with unwed pregnancy.

**DISCOURSES ON THE UNWED MOTHER**

Language as discourse is fundamental to explaining the manner in which meaning is constituted through language. Within a post-structuralist framework discourse is explained as the product of certain sets of meanings which have been constituted through various forms of institutional and discursive practices rather than through an individual's perceived subjective ideas. (Burman and Parker, 1993). A fundamental concept within post-structuralist theory is that patriarchy and other forms of oppression are located within these social and institutional practices.

The frameworks within which unmarried mothers were placed, in the 1940s through to the 1970s highlight the manner in which the dominant discourses inherent within these particular structures have worked to place some birthmothers in oppressive and subjugated positions while at the same time reinforcing power relationships inherent within defined institutions. The dominant discourses thus constructed the respectable married mother as 'good'. In contrast the unmarried mother was constructed in various derogatory ways. Farrar (1997) highlights the manner in with common meanings attached to language contribute to the social construction of certain members of society. For example, because the concept of 'mother' has traditionally been associated with marriage, terms such as unmarried mother oppose what we perceived to be socially acceptable.

"In general, the terms "unmarried" and "unwed" were used in an era when extramarital pregnancy carried the greatest stigma, and reinforced the acceptability of adoption of children by married couples with the contrasting unacceptability of single motherhood" (Farrar 1997).

Farrar further states
"Similarly, Laws (1979:204) noted that the term "unwed mother" has a "distinctive and deviant status in our society" and is "highly value-laden and conveys quite directly the social expectation that impinge on the unmarried woman who is pregnant". Laws (1979:205) contended that the stereotypical image of the unwed mother as "promiscuous, slatternly, insatiable, and/or ungovernable" served to highlight the pair opposite of the "good woman" or "nice girl". (Farrar, 1997).

These labels attached to unwed pregnancy thus highlight the degree to which the social construction of the birthmother has permeated society at all levels. Law's emphasis on the pair opposite of the "good woman" or "nice girl" is reflected in the manner that the participants in this study were treated by various people and in various ways. Sarah, Linda, and Anna were not treated in the same way as the married mothers by the hospital staff when they gave birth. These participants were segregated from the 'good mothers' who were keeping their babies. From the reports of Sarah, Linda, and Anna, it appears that the hospital staff did not perceive it desirable for the stigmatised unmarried mother to associate with the respectable married mother. The result of this form of stereotyping produced large scale prejudice against birthmothers within society and thus had a significant effect on the manner in which society as a whole perceived the birthmother, and consequently the manner in which the birthmother was treated during this time.

Foucault (1980) discusses the ways in which people in powerful positions, such as lawyer, doctors, and bureaucrats, often use discourses which have been perpetuated within their own structures and organisations. These discourses work in further ways to gain authority and support and perpetuate existing power structures. This was evident in the present study.

Neither Diane nor Juliet had fully explained to them the nature of the document they were signing. Both of these participants experienced confusion and frustration at the complicated language used. Linda too experienced difficulties with the social workers she dealt with following the adoption, largely due to their inability to communicate
fully the nature of her son's situation, when they informed her that
the adoption was null and void. These experiences are thus indicative
of the way that language organised into discourses has immense
power.

For Linda, Diane, and Juliet the legal jargon bound up in the discourses
used by the lawyers when they signed the adoption papers, served to
place these participants in subjugated positions and hence reinforced
the power and authority which resided with the lawyers.

GRIEF AND LOSS

Grief and loss surrounding adoption was found to be an issue of major
importance for the birthmothers who participated in this study. All of
the participants had clear and poignant recollections of the
relinquishment of their child, and their experience of grief and loss
which followed. For some of the participants, issues surrounding grief
and loss have not been, and may never be, resolved. Closely affiliated
with grief and loss is reunion. Some studies (Condon 1986) have found
that reunion helps the birthmother's healing process. This thesis
suggests that reunion may diminish feelings of grief and loss,
however, this is largely dependant on the success of the reunion.

Grief and loss have been associated with the birthmother's experience
of relinquishment in New Zealand and overseas. Winkler and Van
Keppel (1984) found this reaction in the United States. A similar
finding was obtained in New Zealand. (Dominick 1988). The present
study endorses the findings of these studies.

Of particular relevance to the present research is Clare Dominick's
1988 study on birthmothers within the New Zealand context. This
study focused on the grief and loss aspects of adoption and showed
that over 92% of the birthmothers who participated in this study
experienced thoughts, feelings, or behaviours characteristic of grief
during the first four weeks after signing the consent papers. The
present study supports Dominick's findings. All of the birthmothers
reported experiencing feelings which were characteristic of grief.
Winkler and Van Keppel (1984) suggest that the relinquishing mother has received only minimal attention and little is known about her experience of relinquishing a child for adoption. In their study Winkler and Van Keppel focused on the effects of relinquishment on the birthmother and concluded that the major characteristic of the birthmother's reaction to relinquishment would seem to be loss and grief. Furthermore the authors suggest that the experience of grief appears to be unresolvable. In agreement with Winkler and Van Keppel (1988) and Dominick (1984) the present study suggested that the sensation of loss and grief that some birthmothers may experience when they relinquish a child for adoption has been grossly underrepresented. The present study showed that feelings of loss and grief continued for many years after the participants had placed the child for adoption. Furthermore, the depth of feelings of grief and loss may mean that these will never be resolved.

Condon (1986) suggests that a variety of factors operate to impede the grieving process in relinquishing mothers. Condon identified a contributing factor to be the fact that the grieving process was not acknowledged by either family or medical persons. He further suggested that these people denied the birthmother the opportunity and support necessary for the expression of her grief.

Sarah said that when she gave birth there was no time to grieve at all. She was told that it was something that had happened and to get on with it. Linda and Anna also identified strongly with problems associated with being unable to express their feelings of grief. Linda tried to talk about the adoption to her husband Kerry (the birthfather). However, he told Linda he did not want to talk about it. Linda was told by several people to forget about it and to get on with her life. Anna too was told, after she had cried for three consecutive days following the relinquishment, that it was time to stop, to build up her life again and to let it go. Sarah, Linda, and Anna were not shown any understanding or offered any support following the adoption, furthermore there was no time or place for these participants to grieve for their children. Their families were not supportive, and furthermore their mothers cut off other potential support systems. Condon (1986) suggests that
"Although usually construed by society as "voluntary, most relinquishing mothers feel that relinquishment is their only option in the face of financial hardship; pressure from family or professional persons; the stigma associated with single motherhood or illegitimacy; and a general lack of support. (p.117).

The participants in the present study, with the exception of Juliet, identified with at least one of the above factors, regarding their experience surrounding relinquishment. For Sarah, Linda, and Anna, all of these factors were prevalent. For Jane, financial hardship and the stigma associated with single motherhood and illegitimacy, were prevalent, and for Diane, the prevalent issue was pressure from her family. Sarah, Linda, and Anna also identified strongly with pressure from family to relinquish their child. Furthermore, for Sarah, Linda, and Anna, keeping the child would have resulted in financial hardship. These three participants discussed the problems associated with the fact that there was no financial support for unmarried mothers in the period they gave birth. The stigma associated with unwed pregnancy was also identified as a major issue, along with lack of a general lack of support. Thus society's assumptions regarding the birthmother and voluntary relinquishment illuminate further ways in which society has failed to understand, or support, her experience.

Sobol and Daly (1992) concluded in their research that several recurring themes warrant focused attention in future research. They assert that all studies noted the sense of loss and accompanying inhibition in the expression of emotions by women who have placed their child for adoption, yet few studies have explored in detail the nature of the grief process or the psychological ramifications of being unable to express strong feelings about adoption.

In the present study the nature of the grief process and the psychological ramifications of being unable to express strong feeling about adoption have been explored. For Sarah, unexpressed feelings surrounding the adoption of her son ultimately resulted in her admittance to a psychiatric hospital. Sarah explained that her nervous breakdown was the result of the culmination of 30 years of unresolved grief. Because Sarah's son has died, and she was never
given the opportunity to see him, Sarah considers the grief and loss aspects of adoption to be a lifelong process for her. For Linda, not being able to talk to anyone about Stephen manifested in her crying in the shower every night before she went to bed. Linda said that this was a good place to cry because nobody knew that she was grieving for her adopted son. For Linda the grief she had experienced for nearly thirty years began to diminish through the help of a support group. Ultimately, through reunion, Linda overcame her grief. For Jane the psychological ramifications of not being able to express feelings of grief have resulted in her not being able to let go of things. Jane said that since the adoption she has been bad at letting go of relationships and other important things in her life. The effects of the adoption have stayed with her and have been a significant part of her life for 20 years. Jane thinks about the child she placed for adoption every day.

**REUNION**

Reunion was identified by the participants as an important issue. Silverman, Campbell, Patti, and Style (1988) suggest that reunions between adoptees and their birth parents are a relatively new phenomena in the history of adoption. In New Zealand the 1985 Adoption Act saw significant changes to the legal issues surrounding adoption, and thus facilitated the potential for reunion between birthmothers and their adopted child. This change in law meant that birthmothers, and adoptees, were legally able to access information concerning the adoption, and hence make contact with the other party when the adoptee turned 20, provided neither party had put a veto on the records. For the participants in this study the 1985 Act was identified as a major issue, particularly for Sarah, whose adopted son was 23 years of age in that year. Linda also identified the 1985 Act as significant, not only because her adopted son was 18 years of age in that year, but because she had actively campaigned for its implementation. Likewise Anna had only four years to wait until her daughter turned 20.

Silverman, Campbell, Patti and Style (1988) reported
"that for the birth parents who searched, the reunion accomplished much of what they had hoped for: They knew their child is well and their child knows that he or she is loved and cared about. " (p.527).

The results reported in the study carried out by Silverman et al are supported by the present study. Of the women interviewed in this research study, Linda and Anna had reunited with their adopted child. Both participants expressed relief that the child they had placed for adoption was all right, although Linda was upset that Stephen had not had a good upbringing, and had been made a ward of the state. Anna felt relief that her daughter was well, and had had a good relationship with her adoptive mother. (Now deceased). Jane and Diane also expressed concerns surrounding the fate of the child they had placed for adoption. The main concern expressed by these participants was whether or not their child was alive or not.

Winkler and Van Keppel (1984) reported in their study that while the fate of the child is unknown, the experience of loss and grief appears to be unresolvable. However, further findings from this study suggest that reunion diminishes some aspects of grief and loss for the birthmother. In the present study, two participants, Linda and Anna, who had reunited with their adopted child. Linda had overcome the strong feelings of grief and loss she associated with relinquishment. Linda and Stephen had a highly successful reunion. Anna had not resolved feelings of grief and loss, possibly because she did not regard her reunion with her daughter as 'successful'. Sarah, whose adopted son had died prior to reunion, continues to experience intense feelings of loss and grief. For Sarah the fact that it was no longer possible to reunite with her son was a poignant issue. Jane, Diane and Juliet were not eligible to apply for information at the time of the interview. Jane, however, had begun enquires into her son's adoption at the time of the interview, and held strong hopes that her son would desire reunion. For Jane reunion was a very poignant issue, and while she held strong fears that she would not live up to her son's expectations, she also hoped that reunion would help to dissipate some of the loss and grief she had felt over the past 20 years. Diane said that she would not search for her son, however, she hoped that he would desire a reunion, and hence search for her. For Diane reunion was not
an issue she identified with strongly, on the basis that she did not feel it was her right to search for her son in the event that this was not what he wanted. Juliet was ambivalent about reunion, and held a similar attitude to Diane in that she did not perceive it to be her right to search.

THE BIRTHFATHER

The role of the birthfather in the literature on adoption has been significantly unrepresented. Little attention has been paid to the birthfather's emotional involvement with his adopted child, or his legal rights. Because birthfathers did not participate in the present study, it is not possible to anticipate the emotional and legal issues related to the birthfather in adoption, including his possible desire for a reunion with his adopted child. However, the interview data indicates that birthfathers do not necessarily want to be excluded from the adoption and reunion processes. Furthermore, research shows (Hudis and Brazzell 1981) that with regard to decision making processes surrounding adoption, the birthmother's mother is the person who holds the ultimate influence over the birthmother, thus outweighing any desires the birthfather may hold. The present study supports this view.

While this study did not find evidence to support the claim (de Andra and Becerra 1984) that the birthmother's husband or boyfriend was the primary asset in the interpersonal environment, several factors were found to explain his absence. For Linda, (Kerry) the birthfather, was a potential support person, however, he was unable to be of support when Linda was sent to another city for the duration of her pregnancy and Kerry was told that he was not allowed to visit her. Sarah's mother would not allow her to continue a relationship with the birthfather, due to his lowly position as a worker in a fish and chip shop. Thus while potentially he may have provided Sarah with support, this was not possible as a result of her mother's control over the relationship. Diane was also denied potential support from the birthfather when the nurses at the hospital, where she gave birth, told him he was not allowed to visit her.
No studies on the birthfather's role in the New Zealand context were located. However, findings from an American study carried out by Deykin, Patti, and Ryan (1988) indicate that, for the birthfather, the loss of a child to adoption remains an unresolved issue. Deykin, Patti, and Ryan (1988) reported that the birthfather's desire to search for his adopted child was an almost universal experience. Data from the birthfathers interviewed in the study show that 96% had considered searching for their adopted child. 67% had actually engaged in a search. This study supported the earlier findings. These findings can be related to the present study. Linda's husband Kerry (the birthfather) was involved in the adoption, grieving and reunion processes to a degree akin to Linda. Kerry had a strong desire to reunite with his adopted son. The birthfather of Sarah's adopted son, was involved in the grieving process with Sarah following their son's death. Both Sarah and the birthfather spent time at the cemetery grieving for their son.

It is also important to note that legal issues are bound up with the birthfather's role in the adoption process. In New Zealand, the birthmother, as opposed to the birthmother and the birthfather, holds legal rights regarding issues surrounding the child and the adoption. Thus the birthfather's role in the life of his child is dependant on the birthmother's decision to either allow, or deny, him access to the child and/or information about the child following the adoption. Menard (1997) states in his American study that the role of the birthfather is debated by lawyers, adoption professionals, and members of the adoption triad. Menard suggests that at issue is how best to involve the birthfather in the adoption plan while respecting the feelings of the birthmother, prospective adoptive couple, and the rights of the child. This research suggests that greater attention may be beginning to be paid to the birthfather's rights in adoption.

Of interest in the present study was the expectation on the part of the researcher that birthfathers would not feature as a significant part of the adoption process. Furthermore the researcher did not expect the birthfather to be a theme which emerged as important in the interviews. The issue of the birthfather's involvement in the adoption process is not surprising in the case of Linda and Kerry, however, it was not expected that the birthfather would feature to a significant
degree for those participants who did not marry the birthfather but married, or were in relationships, with other people.

Deykin, Patti and Ryan (1988) concluded that the overall sparseness of previous information on birthfathers is partly the result of traditional views which hold birthfathers to be unimportant in the adoption process. The findings presented throughout the present study support this view.
CHAPTER SEVEN

CONCLUSION

This thesis has drawn attention to several important issues. These are the secrecy and shame surrounding adoption; the role of the birthmother's mother in decision-making regarding adoption; society's attitudes toward the unwed mother; grief and loss associated with adoption; the reunion process; and the role of the birthfather.

Secrecy and shame surrounding unwed pregnancy led to a number of significant problems for the three participants who gave birth in the 1960s. These problems were the inhibition of the expression of grief and loss, lack of support systems available to the birthmother both prior to, and following the adoption, the telling of lies that secrecy necessitated, and the shame associated with telling them. Contrasts were found between the experience of these women and the three participants who gave birth in the mid 1970s and early 1980s. For them secrecy and shame was not an issue. As a consequence, these participants did not experience the associated problems identified above.

This study supported previous findings (Sobol and Daly 1992) which suggest that the birthmother's mother plays an important role in the birthmother's decision to adopt. The present study indicated that the mother has more influence over her daughter's decision to adopt than the birthfather and her peers.

Grief and loss was found to be a major theme. Factors which may determine the intensity of feelings associated with grief and loss have been discussed. These are the opportunity for the birthmother to care for her child in the hospital prior to relinquishment, the amount of support available to her following relinquishment, and reunion with her adopted child. Comparisons relating to grief and loss were made between the participants who gave birth in the 1960s, and the participants who gave birth in the mid 1970s and early 1980s.
Previous research (Faris 1972) suggests that allowing the birthmother to care for her child prepares her for relinquishment. The present study found evidence to support this view. Post adoption support was found to be a significant factor related to the diminishing of feelings of grief and loss. Reunion was also found to be related to the diminishing, or resolution, of these feelings, however, this was largely dependant on the success of the reunion. It was concluded that various factors contribute toward the time it may take the birthmother to resolve feelings of grief and loss. Furthermore, for some birthmothers grief and loss may be an ongoing issue which may never be resolved.

Societal attitudes toward the unwed mother were found to have a profound effect on the birthmother's experience of placing a child for adoption. This has been shown through an examination of the way that medical and legal professionals, Social Welfare staff, and society in general treated the birthmother. The contrast in treatment between participants who gave birth in the 1960s, and those who gave birth in the 1970s and 1980s, is consistent with the view that society has altered its perceptions of the unwed mother over a period of 20 years. Several important issues have been discussed. These include the birthmother's legal rights, medical management, and changing sexual norms.

The present study found that prior to the early 1970s, in some New Zealand cities, the birthmother's legal rights to care for her child prior to the adoption were contravened. This study reported that this led to serious repercussions for some birthmothers. The hospital experience was contrasted between the participants who gave birth in the 1960s, and the participants who gave birth in the 1970s and 1980s. The outcome suggests that attitudes of medical professionals had shifted significantly between the time that the first and the second group gave birth. A contrast between the two groups regarding societal perceptions of sexual norms also suggests a significant shift in attitudes occurred during this time.

Until recently the birthfather has largely been ignored in the adoption literature. While the birthfather was not found to be supportive for the participants in the present study, several factors contributed to
his absence. These were the dominance of the birthmother's mother, the interference of the hospital staff, and the personal circumstances of the participants. However, the involvement of the birthfather was reported to be, or anticipated to be, important to the birthmother at the time of reunion.

FUTURE RESEARCH

The present thesis has identified both anticipated and unanticipated issues of importance to the birthmother. The anticipated issues were secrecy and shame, grief and loss following relinquishment, issues surrounding reunion, and societal attitudes toward the birthmother. The unanticipated issues were the role of the birthmother's mother in decisions surrounding the adoption process, and the role of the birthfather. Of particular importance is the role of the birthfather in adoption. In the present study birthfathers were not involved in the interview process. It is therefore suggested that research on the birthfather be carried out in the future which focuses on his role in the adoption of his child. A suggested focus would be the emotional aspects of adoption for the birthfather, his legal rights, and his relationship with the birthmother. A further important area in need of further research is grief and loss. Recently researchers have begun to focus attention on this issue, however, it is suggested that more attention be paid to the long term effects of relinquishment on the birthmother.

REFLECTIONS

The researcher's interest in the study came about through a long period of interest in the birthmother's emotions regarding the loss of her child to adoption. This interest was further facilitated because it appeared to the researcher that society, in general, directed its interests toward the adopted child or the adoptive parents. Hence the researcher perceived there to be a gap where the birthmother should be. Prior to the beginnings of the thesis, informal discussions with a variety of women and men indicated that this was indeed the case. A literature search supported this view. Not only did the researcher find
there to be a dearth of literature on birthmothers, but also it seemed
evident that most of this literature placed her within a framework of
emotional or psychological maladjustment. The focus of the present
research therefore was to talk to birthmothers about their experience
of placing a child for adoption, and to relate these experiences to other
evidence in the literature. Initially the researcher intended to ask
birthmothers questions about various aspects of adoption. However,
because of concerns raised by the University of Otago Ethics
committee, the focus of the interview changed. On reflection, the
negotiating sessions which were carried out between the researcher
and the participant, which allowed the participants a significant
degree of control over the areas to be discussed, proved to be of much
greater benefit. Lighter structure, and fewer predetermined interview
questions, allowed the participants to discuss issues of most
importance to them. While the researcher anticipated some discussion
on the grief and loss aspects of adoption, the intensity of these
feelings was underestimated. On the other hand, the researcher did
not anticipate that the role of the birthfather, and the influence of the
birthmother's mother regarding decision-making, would be important
issues for the birthmother. The interview experience was valuable for
the researcher, not only for the data gathered, but for the interactions
with the participants, both at the time, and following the interviews.
The researcher met with some of the participants to collect the
transcribed material. These meetings also proved valuable in that
further informal conversations took place.

As this research study was in the final stages of completion, the
researcher received a telephone call from Diane to say that her
adopted son had just made contact with her. Diane was reuniting with
her son that day. Although he was only 19, and hence under the legal
age to carry out a search on his own, his adoptive parents had
supported the search, and consequently found Diane within one day.
Diane told me that speaking to her son on the telephone was great,
she didn't feel nervous about meeting him, and she was very excited.
REFERENCES


