Part 1

INTRODUCTION

NB Where appropriate, and for clarity, I have used the term "relinquishment" to refer to the loss of a baby to or the taking of a baby for adoption. The use of the word, relinquishment, in no way privileges the term. Similarly, I have also used other terms to refer to the women who lost babies to adoption in accordance with the particular context.
PART 1
Background to the thesis

Since the introduction of adoption legislation in 1923, more than 100,000 adoptions have taken place in New South Wales, Australia (see Appendix 1). In the twenty years between 1953 and 1973, the year when the Supporting Mothers' Benefit was introduced, more than 48,000 children were adopted in New South Wales, the peak occurring in 1971-72 when 8,194 adoption birth registrations were recorded (New South Wales Registry of Births, Deaths & Marriages, 1994). Winkler and van Keppel's (1984) analysis of figures from the Australian Bureau of Statistics estimates that more than 38,000 non-relative adoptions took place Australia wide in the period 1969-1980, with 9,359 occurring in 1971-72. However, discrepancy among adoption statistics seems widespread for several reasons: prior to 1975, national records did not distinguish between relative (that is, step-parent) and non-relative adoptions (although state records provide this break-down); state records maintained data on the numbers of exnuptial pregnancies and adoptions, as well as demographic data about the mothers, but did not analyse the correlations among the different sets. Consequently it has been difficult to obtain consistent figures about the number of babies born to mothers in different age-groups who were taken for adoption at birth or thereafter.

In the absence of conclusive statistics, a stereotype of the unmarried mother emerged. Although most of the mothers were unmarried adolescents, some were not: many women were aged in their twenties, and some were married. Almost all, however, had transgressed the morality of the time which decried extramarital sexual activity. When they provided the evidence of this transgression and the consequent vulnerability associated with the stigma of out-of-wedlock pregnancy, they were obliged to seek expiation of their 'sin' through the relinquishment of their babies for adoption, after which they were expected to resume their ascribed female role.

The events surrounding unmarried motherhood and the subsequent taking of babies for adoption took place in major public and private maternity hospitals as well as smaller lying-in hospitals. In Sydney most births took place at The Women's Hospital (Crown Street), The Royal Women's Hospital, Paddington and St Margaret's Hospital, as well as Bethesda (a Salvation Army hospital) and the Queen Victoria Hospital, Annandale. From written and verbal accounts by mothers, it appears that there were details of the experience of giving birth to a baby who would be given up for adoption that were not confined to a particular locale or era. Personal accounts of women's experiences revealed that there were
commonalities across the continents of Australia and North America as well as the countries of England and New Zealand in approximately a twenty year period: recurrent themes of coercion, abuse, deprivation and punishment emerged from these accounts of extramarital pregnancy and relinquishment.

In February 1965 I joined the ranks of women who had, or would have, their babies taken for adoption. At that time, aged 17, I thought that I was the only girl in the world who had committed the 'sin' of becoming pregnant outside marriage. This was something that happened to other girls, 'bad girls': they were the ones who got 'into trouble'. Within both the personal and social climates of denial of extramarital sexuality, I did not seek explanation for my lack of menstruation until I was fourteen weeks' pregnant. By then it was too late for an abortion: the only option suggested to me was to go through with the pregnancy and have the baby adopted. In a chance encounter with another woman who had been in the same circumstance, it was suggested that I go to the Women's Hospital, Crown Street.

What happened to me in the following six months, I believed was a singular experience. Very few of the women whom I met shared their immediate circumstances with me at that time: we might have exchanged first names and some details about boyfriends, real or imagined. Nonetheless, we felt an unspoken common bond which I have subsequently recovered in my work with a support group for mothers who had lost babies to adoption. I felt this bond when I met other mothers at an international conference at Philadelphia in 1992, a bond that transcended time and distance. Successful women now in our forties, who had somehow 'got on with our lives', we could not believe that the same things had happened to all of us, and that our responses to and the effects of our losses on our lives bore striking similarities.

In the United States many women had written books about their experiences in maternity homes which echoed the experience that I and my sisters also experienced in Australia. Not only were we abandoned by the fathers of our babies, our families and society, we were also abandoned by the women's movement. After all, we were doing what feminists rejected: we were expressing regret for a motherhood from which we had been relieved. At the same time, we had been too silly or too naive to seek an abortion to resolve the problem of an unwanted pregnancy. Not only had we transgressed the social mores but we did not fit within the current feminist discourse of motherhood-by-choice. In both feminist and non-feminist literature on maternity, mothers who lost babies to adoption have been accorded scant recognition.
Prior to 1967 and the handing down of the Adoption of Children Act 1965, adoptions could be organised by solicitors and medical practitioners as well as by social workers, and mothers could nominate 'approved' adoptive parents. After the introduction of this Act, mothers gave a general consent to adoption, the arrangement of which was permitted only by accredited bodies such as the Department of Child Welfare, Barnardo's, the Catholic and Anglican Adoption Agencies.

With the introduction of the Adoption Information Act 1990 in New South Wales, the topic of adoption reappeared on the political and social agendas. Faced with the option of finding their adopted-away children, or the prospect of being found, mothers began to speak more openly about what the experience of losing their babies to adoption had been like for them. They wanted to let their children know that they had not been abandoned and forgotten; they also wanted to reveal the long-term effects for them of the relinquishment process. Although Australian legislation was slow to follow similar legislative change in the United Kingdom and New Zealand, in the United States from where most of the research findings and personal accounts of relinquishment had come, the policy of 'sealed adoption records' remained in force, imprisonment being the ultimate penalty for curiosity.

It became apparent to me that many women were rejecting the meaning of losing a baby to adoption which had been prevalent for the past fifty years: they did not see it as an altruistic gesture on their part, but rather a cruel ploy to separate them from their babies who would provide families for infertile married couples. This was a notion many had carried with them in silence, only daring to speak out with the courage of maturity and the solidarity of their sisters. For others, the reunions with their now-adult children, the death of their parents or the support of their families gave them permission to talk about the meaning of losing their babies to adoption.
Aims and objectives of the thesis

The meaning which has been attributed to the experience of losing a baby to adoption has been, in the main, ascribed through others' interpretations of that experience and through what was recounted in the media: stories of teenage mothers, of abandoned babies, of married couples unable to have children. This was the meaning of relinquishment and adoption which was imparted through the symbolic order, the social order, through a taken-for-granted language: that is, through adoption's metanarrative.

In this thesis I will attempt to find a meaning of losing a baby to adoption through a "semanalysis" or semiotic analysis of relinquishment from the perspective of the speaking subject within, in postmodern terms, the semiotic order. This is distinct from the meaning of relinquishment determined by the language of the symbolic order (for example, legislation): in other words, it is an analysis of the dialectical relationship between the discourses of rhetoric and the discourses of reality in order to "investigate language as the locus of the production of meaning" (Jardine, 1980: 15). It is an investigation between what the postmodern philosopher, Jean-Francois Lyotard (1992) has called "metadiscourse...a truth-functional discourse- that is, a discourse which authorises itself to say what it says as a truth which must be understood" and another discourse with "emphasis on the `truth-value' of our everyday experience" (Jardine, 1980:8). In short, it is an analysis of the contradictions between public and private discourses through which meaning can be exposed.

Organisation of the thesis

In Chapter 1 which follows, I present what I have called "adoption's metanarrative". This chapter presents the hitherto unchallenged, taken-for-granted story of adoption as the panacea for exnuptial pregnancy and intranuptial childlessness. It provides a précis for the chapters that follow in the thesis.

Part 2 presents the frameworks which underpin this thesis. In Chapter 2 I present the theoretical framework which uses the work of Julia Kristeva, Michel Foucault, Frigga Haug and Michelle Fine as an heuristic lens through which the meaning of losing a baby to adoption is analysed. Chapter 3 introduces the main concepts on which the interpretive framework for this thesis is built - the symbolic order, the semiotic order, the thetic phase and semanalysis. In this chapter I describe how I have represented the interpretive framework in the figure of a double helix (see Figure 1).
Part 3 is a detailed account of the qualitative methodology used in this thesis. In Chapter 4 I explain the principles of feminist praxis in terms of epistemology, ontology, methodology and rigour. Chapters 5 presents the multiple feminist methods which I used in order to acquire the information I sought. In Chapter 6 I discuss the ethical considerations which were brought to bear on this research.

Part 4 presents one strand of the semanalysis helix, the structure of which I outlined in Chapter 3, and which represents the hegemonic discourses of the symbolic order. In Chapter 7 I analyse the politico-legal discourses of adoption within historical time. Discourses of social praxis within family time are analysed in Chapter 8. Discourses through which the unmarried mother was constructed are analysed in Chapter 9 in medical and nursing discourses and Chapter 10 in discourses of social deviance. In Chapter 11 I examine how adoption constructed and was constructed by media discourse, while in Chapter 12 I analyse other discourses of popular culture which contributed to the social milieu during which women women were struggling with expressions of sexuality of which an exnuptial pregnancy was frequently the result. Together these chapters form the hegemonic discourses of the symbolic order, or the social order which constructed the discourses surrounding adoption and relinquishment.

In keeping with the relationship of the symbolic order to the semiotic order as a double helix, I have described the intersection of the helical strands as the thetic phase in Part 5. My story occurs in Chapter 13 as a thetic split between an anatomy text and my reading of it against the grain. In Chapter 14 the semiotic again breaches the symbolic as I submit the results of a survey in which mothers challenged and rejected the names which they had assigned by the hegemonic discourses of the symbolic order. In Chapter 14 I also read the inscriptions written on the relinquishing maternal body. Chapter 15, the third in the thetic phase, presents another rupture of the symbolic by the semiotic in the form of mothers' art and poetry. Here I show how poetry and art represent mothers' jouissance as they try to make sense of the pain of separation from their children: examples of their creative work are included. Finally in this chapter, I have transcribed part of Julia Kristeva's(1982) "Essay on Abjection" as poetry. Following the mothers' poems, the words have an unsettling effect as it sits uneasily yet compatibly with the mothers' works.

The other strand of the semanalysis helix is presented in Part 6. Here, in contrast with the symbolic order of Part 4, the semiotic order, that is the order through which the subjects themselves construct discourses of adoption and relinquishment, is presented through their counterdiscourses. Chapter 16 gives voice to the mothers' personal accounts of the
experience of losing a baby to adoption: their narratives demand a reappraisal of the hegemonic discourses of the symbolic. Chapter 17 reconstructs women's sexuality during the 1960s from the memories shared by a group of four women who were student nurses during that era. Their theorising provides a counterdiscourse to the discourses of popular culture. In Chapter 18, a group of midwives reminisce collectively about their experiences of working in maternity hospitals during the years when babies were taken for adoption. Their collective reminiscences throw new light on the role that midwives and nurses played in adoption practices.

Part 7 contains the semanalysis where, in Chapter 19, I examine the tensions between the symbolic and the semiotic. In Chapter 20, I draw together the threads of this thesis as I show how the notion of abjection weaves itself throughout the discourses of the symbolic and semiotic orders and emerges as the meaning of losing a baby to adoption.

In Part 8, the Epilogue, I reflect on some of the issues which arose as I travelled on my journey through this thesis: the methodology I chose and the usefulness of semanalysis as a research method; adoption as a modern or postmodern phenomenon; and the emergence of a critical postmodern feminism as a new paradigm. Finally I discuss the difficulty in writing this thesis as insider / outsider, researched / researcher, and how I teetered on that thin line between personal catharsis and professional restraint.
Chapter 1
ADOPTION'S METANARRATIVE

"[Metanarratives]...legitimate social and political institutions and practices, forms of legislation, ethics, modes of thought, and symbolics" (Lyotard, 1992:61)

Throughout the Judeo-Christian history of the Western world stories have been told about the separation of mothers from their babies. The stories that have been told are as diverse as the stories which have remained unheard. Until the early twentieth century practice was to for babies to remain with their mothers because, after all, the primary function of mothers was to care for their children. However, when, owing to mothers' impoverished circumstances, the care of children devolved to the State, another solution was found - the removal of their children for a better life than that which their mothers could provide.

During the 1950s and 1960s, a means for providing children with a better life, a life synonymous with family life, gained greater credence than it had hitherto. This means became an end in itself, and it was called adoption. The philanthropists of the previous centuries who had laid claim to saving children from 'real' poverty gave sway to a new generation of saviours - social workers who saw their mission as one to save children from a prospective poverty for which they were destined should they remain with their mothers. Such salvation could be achieved by the removal of children from their mothers - for adoption.

Adoptive parents, however, no longer required older children for domestic or farm service as had families of earlier times. Now married couples who had tried unsuccessfully to have children were offered the promise of a normal family through the adoption of children whom they were told were unwanted. Rather than choosing to adopt older or differently abled children, they wanted babies whom they could raise 'as if born to them' and, in order for adoption to be successful, babies needed to have their past erased in order to be considered 'filius nullius', the child of no-one. That the 'no-one' who bore a child taken for adoption was a mother received little consideration or acknowledgment. She was exhorted to forget that she had carried a baby for nine months and had borne a child: she was expected to get on with her life, marry, and have children of 'her own'.

The adopted child, presumed to be 'tabula rasa', was a blank slate on which both a new and old genealogy could be inscribed. The child's name was changed and a new birth
certificate issued, one which would closely approximate a child's original birth certificate. Provided that all parties remained silent, the secret could be maintained.

However mothers felt that they had remained silent for too long. Their children were now coming into adulthood and mothers were beginning to discover that the assurances that they had been promised were flimsy. When one mother who had lost a baby met another, she discovered that she was not alone; then as groups of mothers spoke to others they discovered that not only were they not alone in their community, or even nationally, but that internationally there were not hundreds, or thousands, but hundreds of thousands of women such as they. Their experience which they had assumed to be singular had been replicated throughout the Western world. Their furtive whispers became a shrill cry against the injustices that they believed had been inflicted on them, to separate them from their babies for adoption. In some countries such as New Zealand, England and Australia legislation allowed mothers to trace their lost babies. For mothers in most of the United States of America the fight for such legislative change continues to be waged.

Adoption's metanarrative has been successful, for the most part, in its endeavour. Within the symbolic social order which proscribed it, adoption achieved its goal of family creation. It legitimated the practice of removing babies from their mothers and perpetuated a misguided morality on which the success of adoption relied. For many years adoption attempted to level the societal playing field: adoptive parents raised the babies, the babies grew into more or less adults, and the mothers got on with their lives. Such are the demands of time. However, beneath a presumption of social order lies a murky entropy. It is not within the scope of this thesis to tell the stories of the adopted children whose lives ended in prison, drug addiction or death. Nor is this thesis about the adoptive parents' grief for their infertility, their unsuccessful attempts to parent another's child, or their fears of reunion between 'their' child and her or his mother. These are stories for others in a different space to tell.

Now, as mothers try to make some sense of what happened to them, to have been separated irreparably from their babies through adoption, they are confused as to why they were betrayed by a social system, a symbolic order, which claimed to have their interests, and the best interests of their children, at heart. They are asking, "What did it all mean?"
"The maternal body is a split body where childbirth is the threshold of...the 'symbolic' and the 'semiotic'."
(Kristeva, 1981:159)
Introduction to Part 2

In this section I will present the frameworks which both inform and support this thesis. Chapter 2 contains the theoretical framework and Chapter 3 presents the interpretive framework.

To inform the theoretical framework described in Chapter 2 I have drawn primarily on the works of the Bulgarian / French postmodern feminist Julia Kristeva and her writing on semiotics, motherhood and abjection. In addition I have turned to other works by the French post-structuralist philosopher Michel Foucault, the American critical feminist psychologist Michelle Fine, and the West German socialist feminist Frigga Haug. I have used these works as heuristic devices through which to decipher the meaning of losing a baby to adoption. However, I must emphasise that whereas none of these writers has written about the loss of babies to adoption, nonetheless their writings provide an insightful lens through which to explore the phenomenon.

The process which constitutes the interpretive framework described in Chapter 3 is that of semanalysis. Derived from the work of Julia Kristeva (1980; in Moi, 1986), "semanalysis" is the conflation of two words, "semiotic" and "analysis", and is a process through which meaning is exposed.

Incorporating the main concepts in this thesis - the symbolic order, the semiotic order, the thetic phase and semanalysis - I have represented the interpretive framework in the figure of a double helix (see Appendix 2). As the symbolic and the semiotic wind around each other, the tensions of meaning which keep them apart are revealed through semanalysis. For each turn of the symbolic revealed through hegemonic discourses enclosed within it, there is a corresponding turn of the semiotic representing counterdiscourses. That is, for each construction of adoption practices within the discourses of the symbolic order there is a deconstruction, or unravelling, within the counterdiscourses of the semiotic.
Chapter 2
THE THEORETICAL FRAMEWORK
Kristeva, Foucault, Fine And Haug

The theoretical framework for this thesis takes its shape from Julia Kristeva's work on
semiotics in which she has described two determinants of language: the symbolic order
which pertains to the social, and the semiotic order which refers to the personal. Where
the symbolic and semiotic orders intersect, Kristeva has called the thetic phase. Kristeva's
work draws together the margins of the symbolic and the semiotic orders at which she
sites her theory of abjection, that is, the unnameable and the unspeakable. In addition to
her theory of abjection, I have drawn on Kristeva's theories of maternity as a split body,
and the speaking subject as subject-in-process.

Post-structuralism, wherein Michel Foucault's work sits, reduces all phenomena to text or
discourse so that its meanings can be revealed. It other words, it deconstructs the
boundaries which surround discourses to expose ambiguities, contradictions and other
embedded meanings. Not only does discourse refer to visual texts such as the written
word, but the body itself can be read as text, as discourse, and the discursive (social)
formations with which it is inscribed can be analysed or deconstructed. In particular,
Foucault addresses the discursive formations of power, discipline and sexuality.

Michelle Fine's work complements the work of Foucault in that she addresses the
suppression of women's voices which threaten to disrupt the symbolic order, and thus,
have been silenced. Fine examines the ways in which women's voices, and hence their
bodies and sexuality, are silenced by patriarchy and yet manage to resist silencing through
subversion. She also outlines some principles on which feminist research ought to be
based, and against which the rigour of feminist research could be evaluated. The work of
Frigga Haug on female sexualization also explores women's silence about their bodies,
and looks at the way in which women construct themselves socially through their own
discourses articulated through their memories and personal narratives.

Julia Kristeva: abjection, maternity and the speaking subject
Through my exploration of feminist theories, particularly those related to motherhood, I
became familiar with the work of the French school of postmodern feminism, including that
of Julia Kristeva. Among Kristeva's work, three main theories emerged which seemed to
inform the research that I planned to undertake: her theories of abjection, motherhood and
the speaking subject.
I do not pretend that reading Kristeva was easy and I was heartened to discover that other scholars had similar difficulty with her work (Jardine, 1986; Oliver, 1993), difficulties which according to Pajaczkowska (1981) could not be alleviated through paraphrasing. There were many occasions when I would read her work and I would feel an affinity, an understanding, but her writing was elusive. When I returned to it the following day, it was 'gone', and what I was reading was new, as if I were reading her work for the first time. As Oliver (1993:2) expressed, "the ambiguities in (Kristeva's) writing make (it) both trying and exciting at the same time". However, with subsequent readings her work became more accessible. Eventually, I came to see Kristeva's writing, in particular, her chapter, "Approaching Abjection", as poetry, and I transcribed it as such (see Appendix 16), confident that Julia Kristeva would approve in the light of her work, "Revolution in Poetic Language" (in Moi, 1986). In deconstructing Kristeva's work in this way, I came to a greater understanding of it.

In this section I will outline Kristeva's three theories with reference to their position in the theoretical framework.

**Kristeva's Theory of Abjection**

It is not possible to define 'abjection', for to attempt to do so would be to situate it within the symbolic: to impose an artificial structure on something which is fluid and amorphous and which takes on the shape of the abject. In "Powers of Horror: An Essay on Abjection" (1982) Kristeva reveals the meaning of abjection through metaphor and allegory. Abjection is that which "disturbs identity, system and order" (Kristeva, 1982:4) and which exerts greater control if it remains hidden, unknown" (Lechte, 1991:158). Oliver's (1993:55) interpretation of 'the abject' is that it is

> "something repulsive that both attracts and repels. It holds you there in spite of your disgust. It fascinates...The abject is what is on the border, what doesn't respect borders. It is ‘ambiguous’, ‘in-between’, ‘composite’".

Oliver (1993:58) further suggests that the symbolic order maintains its borders and hence contains abjection through a system of ritual exclusions. Such exclusion serves to punish moral infractions which pose a "threatening otherness" to the symbolic order (Kristeva, 1982:17). The abject exerts an attraction which "draws me toward the place where meaning collapses" (p:2) and is therefore a "kind of narcissistic crisis" (p14).

The essence of Kristeva's theory of abjection has been captured in her own words:

> "Abjection...is immoral, sinisyter, scheming, and shady: a terror that dissembles, a hatred that smiles, a passion that uses the body for barter"
instead of inflaming it, s debtor who sells you up, a friend who stabs you..."
(Kristeva, 1982:4)

I will return to Kristeva’s theory of abjection in more detail in Part 7, the semanalysis.

**Kristeva and maternity**

It has been suggested that Kristeva has proposed a new model of maternity and motherhood (Zerilli, 1992). It is within this model that the meaning of motherhood for women whose babies were taken for adoption will be examined.

According to Kristeva (in Moi, 1986:175), the pregnant woman is a manifestation of a split body, a split between "the immeasurable, unconfinable maternal body" which is a "continuous separation, a division of the very flesh" and the "abyss between the mother and the child": the maternal chora. What has been previously part of her own flesh before the birth is "henceforth but irreparably alien" and "irremediably 'an other'", an alterity between mother and child, posing the questions: "Who is the subject? Who is the 'Other'?"

My interpretation of the maternal chora, can be represented on the one hand by an Aboriginal cave painting depicting the relationship between mother and child, and on the other, in Russian dolls. I have no knowledge of relinquishment in Russian culture, but within Aboriginal societies adoption of children is alien. This is particularly important in the light of the separation of Aboriginal women from their children: the 'stolen generation'.

Kristeva’s notion of the maternal chora is of a spiritual space between the mother and child - a space which defies physical boundaries and yet incorporates them; a space which is infinite, which each defines in order to become the 'Other'. It is an 'unreal' space, a virtual space, a space which women who have never had children occupy by virtue of their having been daughters. It transcends gender and generations in a metaphysical sense. But it is not the biological determinant, 'maternal instinct' (which is one of the challenges to Kristeva's theory). What Kristeva is proposing is a dialectic between the mother and child across the imposed separation of birth: neither is subject nor object. The taking of a baby for adoption is a rupture in this maternal chora.

Although many feminist theorists are polarised in their critiques of Kristeva's writings, Oliver (1993:6) has declared that "(Kristeva's) analysis of the maternal function is in itself a new discourse of maternity". According to Oliver (1993), Kristeva suggests that "we need to reconceptualize and rearticulate the relationship between women and reproduction". I concluded that if Kristeva was proposing a new model of maternity, most clearly
expounded in her work “Stabat Mater” (in Moi, 1986: 160) written after the birth of her son in 1976, then this was a new theory in which relinquished maternity could be also explored.

Some critics (cited by Oliver, 1993:2) have dismissed Kristeva’s notion of maternity as biologically reductionist and essentialist because she sites motherhood firmly within the semiotic. However, her work demands a more complex reading than these criticisms suggest, a reading which I propose to undertake in this thesis. Through the process of semanalysis the act and consequences of losing a baby to adoption will be interpreted through Kristeva’s theory of maternity and notion of abjection.

The implications of feminist discourse on maternity for my research lie in the reluctance of feminists to acknowledge mothers of babies taken for adoption vis-a-vis other groups of women such as surrogate mothers whom the women's movement has supported in their refusal to relinquish their babies (Kane, 1990), or women who have participated in the reproductive technologies (Raymond, 1993; Rowland, 1992). In this context, Zerilli (1992) has further explored the writing of Kristeva on maternity in relation to the work of Simone de Beauvoir, and examined feminism's support for women who refuse maternity. Important for and relevant to the discussion of loss of motherhood to adoption is an analysis of the relationship between feminism and maternity, however such analysis is beyond the scope of this thesis.

The 'Speaking Subject'
It became clear to me that there had to be a meaning for relinquishment that was not a social meaning, ascribed by social mores, as influential as they might have been, but a meaning that would reveal itself through the voices of the women who were the principles in the relinquishment of a baby for adoption. In Kristeva's terms, a meaning of relinquishment could be revealed through "semanalysis", that is, in the dialectic between the symbolic and semiotic orders, and through her theory of the speaking subject.

Kristeva described her theory of the speaking subject in her work "Desire in Language" (1980) in which she aimed to discover "the determinative role of language in all human sciences" through the process of semanalysis. The rupture between the symbolic and semiotic orders results in the "call of the unnameable" which she later described as "the abject" (Kristeva, 1982).
According to Kristeva, the semiotic sits at the borders, at the margins of the symbolic from which it threatens and challenges through the speaking subject and through abjection. In this thesis the speaking subjects are the mothers who lost babies to adoption; the symbolic is within the hegemonic discourse of medicine, law, politics, social sciences and the media; the semiotic lies within the counterdiscourses of the speaking subjects. However, as Alice Jardine (1980) says, this is not a search for Truth, but a strategy to elaborate Kristeva's theory of the speaking subject, the subject whose words are not filtered through the symbolic, but which are recognised as legitimate discourses in their own right.

The importance of Kristeva for nursing

Nursing discourse has only recently begun to challenge the symbolic order and the inherent structuralist assumptions (see for example, work by Dickson (1990a; 1990b) on menopause). To date, however, the writing of Julia Kristeva has been examined in a limited way (see for example Rudge, 1996) in spite of its relevance for nursing, particularly her writing about the body and "filth and defilement", and its important contribution to feminist theory. The closest association has been Jocelyn Lawler's (1991) reference to Mary Douglas's work “Purity and Danger” on which Kristeva has drawn heavily in her essay on abjection, "Powers of Horror" (1982).

I asked myself: Why had nursing discourse refused to confront the abject, 'a fundamental aspect of individual and social life' which was to remain in oblivion? Or could the control exerted by the horror - of relinquishment- only remain hidden if it was unknown, unrecognised and unanalysed?

My use of postmodern feminism and of Kristeva's work in particular provide an alternative basis from which nursing theory can proceed to examine its epistemological bases and derive new meanings for practice. In the introduction to "Desire in Language" (Kristeva, 1980:12) Roudiez states that : "Kristeva's work reminds us that theory is inseparable from practice and is modified by further practice". Such is the richness and relevance of Kristeva's work for nursing theory and nursing practice.

What can nursing learn from Julia Kristeva?

The writings of Julia Kristeva have contributed significantly to contemporary thought, particularly in the areas of literature and cultural studies. However nursing discourse has been comparatively slow to engage with her work. Where nurse scholars have
appropriated Kristeva's ideas for their research they have done so in a piecemeal fashion. Can nursing research "use" Kristeva's theory of abjection, for example, to explore "the improper / unclean" associated with nursing practice? Or can Kristeva's theory of abjection assist us to understand the neophyte nurse's horror of death? Is Kristeva's theory of maternity an appropriate framework within which to critique midwifery practice? Can her work on semiotics and semanalysis help nurses to deconstruct textbooks and medical records which contain bodies but no people?

I suggest that it is unauthentic to appropriate one of Kristeva's theories without engaging in more of her work. How can one explain abjection in nursing a burns patient (Rudge, 1996) without acknowledging the speaking subject? How can a nurse researcher embark on the process of semanalysis without addressing Kristeva's notions of the symbolic, semiotic or thetic?

Although each of her many theories may, on superficial reading, appear to stand alone, it is only through involvement with the corpus of her writings that one can understand its gestalt. Through a reflexive approach to reading Kristeva's work she becomes more accessible: her ideas are never static but have evolved over a period of thirty years. In order to truly understand and engage with her writing, one must read and re-read it along with her interviews. For example, her work "Stabat Mater" has more resonance when one knows that she wrote this piece following the birth of her son in 1976. Consequently the criticism of this work by feminist writers such as Judith Butler (1989) as a "biologically determinist" view of motherhood can be challenged. To "use" Kristeva's work without such exploration is trite.

To return to the question which I posed at the beginning of this section, "What can nursing learn from Julia Kristeva?", I respond that it is a great deal, or very little. From reading her work nurses can learn about the poetics of language, the economy of style, the difficulty of one language to convey meaning in another. Although her writings pose many challenges, there are rewards when one finally arrives at the personal satisfaction of being able to disentangle the myriad brilliances within her lines. However Kristeva will teach us nothing if we appropriate sections of her work to make them fit our research endeavours. In order to read nursing in an authentic way through a Kristevan lens, we must immerse ourselves within the totality of her work. This I have attempted to do in this thesis.
Michel Foucault and discourse, sexuality, discipline, docility and power

From a selection of the works of the French poststructuralist philosopher, Michel Foucault, I have sought to analyse the hegemonic discourses of the symbolic. Foucault's work which addresses the concepts of discourse, sexuality and discipline intertwined with genealogy, docility, power, resistance and provide heuristics whereby the 'social bodies' of women who lost babies to adoption can be examined.

There is a growing body of nursing scholarship which has begun to recognise the usefulness of Foucault's work for explaining some phenomena of concern to nurses: power relationships (Cheek & Rudge, 1994; Henneman, 1995); medicine (Peerson, 1995); nursing documentation (Heartfield, 1996); and female sexuality (Few, 1997). Other nurse scholars have contributed to the critique of Foucault's work and warned against nursing's over-zealous embrace of the new paradigm without engaging in such critique (Porter, 1996; Cheek & Porter, 1997). Nursing's critique of Foucault has followed an established body of feminist critique of his work, with appealing titles such as "Up against Foucault" (Ramazanoglu, 1993) and "Discipling Foucault" (Sawicki, 1991), and others (Diamond & Quinby, 1988). An in-depth critique of Foucault's work is beyond the scope of this thesis: nonetheless his ideas have not been accepted without critical consideration in my use of his work as an heuristic lens through which to decipher the meaning of losing a baby to adoption.

Foucault on discourse

For Foucault, discourse refers to "relatively well-bounded areas of social knowledge" (McHoul & Grace, 1997:31) which are historically and socially located. It is this definition of discourse which underpins the analysis of hegemonic discourses in Chapters 7 to 12. Instead of a discourse being analysed in terms of its laws of construction (as in structural linguistics), the social conditions behind the existence of discourses should be investigated as should the practical field in which it is employed (Foucault, 1978). In addition, according to Foucault, discourse analysis should detect the changes and transformations which affect a particular discursive formation. By "discursive formation" Foucault (1978) means the idiosyncratic rules of formation for the discourse's objects, its operations, its concepts and its theoretical options, in what he has referred to collectively as "an archaeology" (Foucault, 1978).
For Foucault, transformations or changes are not merely incidental to historical changes within discourses, but in fact constitute it (McHoul & Grace, 1997:45) and in doing so, "conceal their own intentions" (Cheek & Porter, 1997). For this reason Foucault's approach to discourse analysis has been described as a "critical approach" (McHoul & Grace, 1997:27) in that it demands a reading against the grain in order to analyse how power relationships have been historically located and socially constructed.

In Part 4, I have used Foucauldian discourse analysis to show how the unmarried mother was constructed by the hegemonic discourses of the symbolic order as "mad, bad, and stupid" in order to serve adoption's metanarrative. I will also incorporate Foucault's notion of discourse with the Gramscian notion of hegemony in the introduction to Part 4 in order to clarify my use of the term "hegemonic discourses".

**Discourse and genealogy**

Michel Foucault's work on "genealogy" (Foucault in Rabinow, 1987) shares a comparison with the symbolic order as "the paternal order of genealogy" (Kristeva in Moi, 1986:152). According to Foucault (in Rabinow, 1987:86) "the role of genealogy is to record its history." However Foucault is not referring to history in a traditional sense, but to an "effective history [which] deals with events in their most unique characteristics, their most acute manifestations" where an event is

"the reversal of a relationship of forces, the usurpation of power, the appropriation of a vocabulary turned against those who had once used it, a feeble domination that poisons itself as it grows lax, the entry of a masked 'other'" (Foucault in Rabinow, 1987:88).

The hegemonic discourses of the paternal symbolic order as I will present them in Part 4 conform to Foucault's genealogy whereby they are fraught with contradictions between the political and legal forces of historical time which usurped power in order to legitimate the separation of mothers from their children. In Part 5 I will show how the hegemonic discourses crumbled as they became undermined with the entry of the "masked 'other'", that is, the masked mother who resisted her discursive constructions.
Discourse and silence

Just as there is no one voice, so Foucault (1979:27) acknowledged that

"there is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses".

Without suggesting a binary division, (whereby, say, silence could be construed as feminine and discourse as masculine) Foucault (1979:27) has proposed that the other side of discourse is found in

"the things one declines to say, or is forbidden to name, the discretion that is required between different speakers...that element that functions alongside the things said, within them and in relation to them within over-all strategies".

Foucault's description of silence shares similarities with Julia Kristeva's notion of the abject - the unnameable - to which I have referred above, and resonates in the ideas of Michelle Fine and Frigga Haug which I address later in this chapter.

"Between the couch and discourse": Foucault on sexuality

As McHoul and Grace (1997:113) have interpreted from Foucault's writings on sexuality (Foucault, 1979; Foucault, 1988), "marriage became the social space which had a monopoly on sexual relations". Within marriage, sexual activity served three purposes: procreation, maintenance of fidelity, and restrained pleasure (Foucault, 1988, 177-178). The "legitimate and procreative (that is, married) couple"

"imposed itself as a model, enforced the norm, safeguarded the truth, and reserved the right to speak while retaining the principle of secrecy" (Foucault, 1979:3).

For Foucault (1979:39), the "law of marriage" and the "order of desires" were the "two great systems of the West for governing sex". If, as according to Foucault (1979:40), both systems were overturned by the life of Don Juan, then his contemporary female equivalent, the unmarried mother, was equally responsible for committing "infractions against the legislation (or morality) pertaining to marriage and the family" (Foucault, 1979:39).

In accordance with Foucault's theory of discourse, sexuality was determined as discursively constructed (Foucault, 1979:11), in particular in medical discourse:

"Since sexuality was a medical and medicalized object, one had to try and detect it - as a lesion, a dysfunction, or a symptom - in the depths of the organism, or on the surface of the skin, or among all the signs of behaviour" (Foucault, 1979:44).

Discourses of sexuality were also responsible for revealing multiple and mobile power relations (Foucault, 1979:98), and "their capacity to produce the truths we live by...and the conditions necessary for their production" (McHoul & Grace, 1997:58).
In Chapter 9 I will show how the unmarried mother came under the "medical gaze" as her sexuality became pathologised. In Chapter 12, I will demonstrate how Foucault's rejection of the "repressive hypothesis" pertaining to sexuality was upheld in the discourses of popular culture in an era that simultaneously promoted and constrained women's sexuality.

Panopticism: Foucault on discipline and docility

In his work "Discipline and Punish" (1979), Foucault used Jeremy Bentham's nineteenth century design for a model prison, the Panopticon, to explain the way in which a society disciplines its members through surveillance. The Panopticon consisted of a central tower with wide windows surrounded by a circular structure divided into cells each also containing a window. The dual purpose of this structure was to enclose the subject while allowing visibility by others through backlighting. Although individual inmates knew themselves to be under constant surveillance, there was no communication between them. Foucault (1979) extended the notion of the Panopticon to include all social institutions whereby

"the panopticisms of every day may well be below the level of the emergence of the great apparatuses and the great political struggles" (Foucault 1979:223).

The reason for this, argued Foucault (1979:215), is that "discipline may be identified neither with an institution nor with an apparatus: it is a type of power, a modality ...comprising a whole set of instruments, techniques, procedures, levels of application" which is taken over by institutions or by authorities. On the other hand, Foucault associated discipline with the hospital which he described as "a moral institution responsible for punishing, for correcting a certain moral 'abeyance'" (Rabinow, 1987:137). Rather than being procured by force, discipline could be achieved through

"Small acts of cunning endowed with a great power of diffusion, subtle arrangements, apparently innocent but profoundly suspicious, mechanisms that obeyed economies too shameful to be acknowledged, or pursued petty forms of coercion" (Foucault, 1977:139).

From his definition of discipline, Foucault (1979:216) proposed the idea of a disciplinary society as one which stretches from "a sort of social quarantine to an indefinitely generalizable mechanism of 'panopticism'" thereby enforcing a society's values. He continued that "a disciplinary society is connected with a number of broad historical processes" which I will show in Part 4 are mediated through its politicolegal, medical and social discourses.
The aim of panopticism, Foucault (1977:138) contended, was to induce docility in its subjects, and hence discipline, whereby "discipline produces subjected and practised bodies, 'docile' bodies". An effect of such discipline would be to "in short...dissociate power from the body; on the one hand it turns it into an 'aptitude', a 'capacity' which it seeks to increase; on the other hand, it reverses the course of the energy, the power which might result from it, and turns it into a relation of strict subjection" (Foucault, 1977:138).

In what Foucault would later call "a bio-politics of population" (Foucault, 1979:139) he asserted that the function of discipline was to "increase the forces of the body (in economic terms of utility) and diminish these same forces (in political terms of obedience)" (Foucault, 1977:138).

The medicalization of women's bodies and their sexuality was one manifestation of the bio-politics of population which was "carried out in the name of the responsibility they owed to the health of their children, the solidity of the family institution and the safeguarding of society" (Foucault, 1979:147).

When women's bodies came under the medical gaze they could be disciplined through "the specific technique of a power that regards individuals both as objects and instruments of its exercise" (Foucault, 1979:170) and thus, rendered docile. According to Foucault (1977:136) "(a) body is docile that may be subjected, used, transformed and improved" and it is docility "which joins the analysable body to the manipulable body" in a docility-utility nexus. Feminist writers have used the bio-politics of population to both critique (Diamond & Quinby, 1988; Ramazanoglu, 1993) and illuminate (Sawicki, 1991) Foucault's analysis of the medicalization of women's bodies.

**Foucault on power-knowledge**

As with discipline and panopticism, Foucault emphasised the subtle nature of power as distinct from, say, violence or force. For Foucault, power was inextricably connected with knowledge in that "power produces knowledge;...that power and knowledge directly imply one another" (Foucault, 1977:27). Foucault (1977:28) summarised his notion of the power-knowledge nexus whereby "it is not the activity of the subject of knowledge that produces a corpus of knowledge, useful or resistant to power, but power-knowledge, the process and struggles that traverse it...that determines the forms and possible domains of knowledge."

In addition, Foucault (1979:93) asserted that "[p]ower is everywhere, not because it embraces everything, but because it comes from everywhere" (my emphasis). In
describing the "putative mechanics of power" which repressed sex, Foucault (1979:85) defined a power which

"is poor in resources, sparing of its methods, monotonous in the tactics it utilises, incapable of invention, and seemingly doomed always to repeat itself".

Although power at a macro-level may be diffuse and unintelligible, Foucault (1979:95) has suggested that it is at "the restricted level (the local cynicism of power)" where "the rationality of power is characterised by tactics that are quite explicit." Such tactics attract and propagate each other with the result that they become taken-for-granted, internalised, "unspoken strategies". However, it is important to note that, as with discourse, power is historically and socially located.

**Foucault on resistance**

"Where there is power, there is resistance...which is never in a position of exteriority in relation to power" (Foucault, 1979:95).

Resistance, however, is not contained within refusal, revolt or rebelliousness, says Foucault, but instead there is a

"plurality of resistances, each of them a special case: resistances that are possible, necessary, improbable; others that are spontaneous, savage, solitary, concerted, rampant or violent; still others that are quick to compromise, interested, or sacrificial" (Foucault, 1979:96).

For Foucault (1979:96), resistance could have several outcomes: "mobilizing groups or individuals in a definitive way, inflaming certain points of the body, certain moments in life, certain types of behaviour". To embrace Foucault's notion of resistance is to accord agency to subjects in the face of his disturbing ideas on power.

In Part 7, the semanalysis, I shall return to Foucault's ideas in order to explicate the tensions between and within the discourses of the symbolic and semiotic orders. In the intervening chapters, his work threads its way in the power relationships created by hegemonic discourses of the symbolic and the resistances expressed in the counterdiscourses of the semiotic.
Michelle Fine and discourses of silence and resistance

In her work, "Disruptive Voices: The Possibilities of Feminist Research" (1992), the critical feminist psychologist, Michelle Fine provided a forum for the voices of women describing them as

"voices heard, muffled, suffocated, shouted in collective rage...to hear what has been hidden, swallowed, suffocated and treasured by, for and despite, women" (Fine, 1992:xii).

"Voices", says Fine (1992:215) "offer a qualitative opportunity for scholars interested in generating critical, counterhegemonic analyses of institutional arrangements"; in this thesis, the voices of women who lost babies to adoption are afforded an opportunity through their personal narratives to counter the hegemonic discourses of medicine and social science in the institutional arrangements of relinquishment and adoption. I have also taken up Fine's challenge to research:

"When injustice persists with no evidence of unhappiness, rebellion, or official grievance, we need to study the reasons why" (Fine, 1992:23).

During the "boom" period of adoptions between 1960 and 1973, when more than 34,000 adoptions took place in New South Wales (Appendix 1), of which more than 27,000 were infant adoptions, there was "no evidence of unhappiness, rebellion or official grievance", and yet many of these adoptions took place in a climate of injustice, as this research will reveal. I have attempted to study why this was so, through the resisting voices of the mothers who lost their children and who are now speaking out through their narratives.

In Part 7, the semanalysis, I have interwoven Michelle Fine's concepts of silence and resistance with those of Michel Foucault in order to understand their manifestations in the meaning of losing a baby to adoption.

Frigga Haug: the social construction of the self

Frigga Haug, a West German feminist, has described herself as a Marxist (Haug, 1987: 23), although her work seems to share many commonalities with critical theory. It is tempting to view Marxism and critical theory as synonymous and interchangeable labels for a liberatory epistemology, but close scrutiny of Haug’s work reveals an affinity for the latter school as much as for the former. Her work certainly lacks the androcentrism evident in traditional Marxism and she calls for a re-reading of Marxism, particularly since the reconfiguration of Europe. The cultural dynamic which ‘weaves historical events of modernisation into a dialectic account of enlightenment and
domination’ (Zaret, 1992) and which forms the core of critical theory is perhaps the defining difference between it and Marxism.

Consistent with a Marxist position, Haug (1992) questioned the capitalist ideal of the nuclear family and which exploits women for their reproductive labour and subordinates them to the profit motive. She concluded that “the women’s question is a question of democracy, and, concomitantly, there will be no democracy and no socialism without a solution to the women’s question” (Haug, 1992:267).

Within this context, Haug has situated her theory and method of memory-work which “examines the ways in which individuals construct themselves into existing relations, thereby reproducing a social formation...and whereby human beings may themselves assume control...with the potential prospect of liberation” (Haug, 1987:34-35).

Memory work is thus predicated on two premises: that the subject and object of research are one, and that the research itself should be a collective process. In similar vein to Foucault, Haug (1987:191) has offered a definition of discourse "which is neither a superstructure, nor a specific social field but the form of a constitution of the social". Furthermore, Haug (1987:191) uses the term 'discourse’ to refer to "a system of language, objects and practices. It implies a practice of both speech and action; who, it asks, speaks on a particular object or event and when, where and how?"

I have taken some of the basic premises of Haug's work, including her explication of memory-work as method, to inform this thesis.

**Concluding comment**

In this chapter I have outlined the theoretical framework for this thesis, using several key ideas from the works of Julia Kristeva, Michel Foucault, Michelle Fine and Frigga Haug. At points throughout the thesis I will refer to these ideas as they inform the unfolding events, and occasionally, for emphasis, there may be repetitions of some passages. In particular, I will return to the work of Frigga Haug in greater detail in Chapter 17 when I present her theory behind the method of memory-work. In Part 7, the semanalysis, I draw together the edges of the framework in order to unveil the meaning of losing a baby to adoption.
Chapter 3
THE INTERPRETIVE FRAMEWORK
Semanalysis

Semanalysis is a process that has been explicated by Julia Kristeva in several of her works (Kristeva, 1974: Kristeva, 1975: Kristeva, 1980; Kristeva, 1984). Described as "a mode of thought which subverts established beliefs in authority and order" (Moi, 1986:24), semanalysis is the conflation of two words, "semiotic" and "analysis".

In this chapter I will show how I have employed the process of semanalysis, and clarify its relationship with the other components of the interpretive framework: the symbolic order, the semiotic order and the thetic phase in what I have called a "semanalysis helix" (see Appendix 2). The semiotic ruptures the symbolic at the thetic phase which is represented by the scission of the two helical strands.

In this chapter I will first elaborate on the symbolic and semiotic orders, and the thetic phase. In the section following I will explain the relationship between semanalysis and the notions of a "signifying process" and a "signifying practice" as I have interpreted these terms within the context of adoption and examine how meaning is derived from tensions between the symbolic and the semiotic. Finally, I will briefly discuss the use of semanalysis as a research method.

The symbolic order

Whereas Kristeva has consistently throughout her work used the term, symbolic in a psychoanalytic sense (see for example Kristeva, 1980, 1984, 1986), elsewhere (Kristeva, 1980:7) she has referred to the symbolic order as "the establishment of sign and syntax, paternal function, grammatical and social constraints, symbolic law", that is, as the order of language as a rule-governed system of signification (Grosz, 1992:xxiii).

Based on the writings of Jacques Lacan and paraphrased by Grosz (1989:xxii), Kristeva has referred to the symbolic as, first, the "organisation of the social order according to the imperatives of paternal authority" and, second, "the order of language, and particularly

1 Kristeva interchanges the use of the italicised first syllable in "semanalysis" with nonitalics. I have chosen to use the former in headings and the latter in the body of the text.
language considered as a rule-governed system of signification... the order of representation". As an extension, the symbolic can be interpreted as analogous to the social order or culture in opposition to the semiotic which is the subjective or personal. The symbolic, however, is an order superimposed on the semiotic. Kristeva has also described the symbolic order as

"the paternal order of genealogy - a temporal order...[characterised by] a series of inhibitions and prohibitions, ranging from rules to sexual taboos and economic, political and ideological constraints..." (Kristeva in Moi, 1986:153).

This is a "socio-symbolic" order which responds to the imperatives of paternal authority described by Lacan (in Grosz, 1992:xxii) as "a domain of position and judgement" (Kristeva, 1980:19).

Oliver (1993:9) has noted the confusion between the uses of "symbolic" as a psychoanalytic dimension and "Symbolic" as "paternal agency [which] both guarantees and is founded on the exchange and control of women and children through the Name of the Father" (Oliver, 1993:50). Such confusion is in no small part due to Kristeva's inconsistent and interchangeable use of the terms as well as their translation from the French, despite Oliver's (1993: 9-10) distinguishing between them in terms of their case.

Notwithstanding the various interpretations of the symbolic, I have chosen the explanation which equates it with the social order not only because of the clarity and intelligibility of this interpretation, but also because of its relevance for this thesis. Ann Jones's (1984) radical feminist reading of Kristeva's work provides a congruous and encompassing explication which I have found most useful for my work:

"Kristeva goes on to associate the Symbolic with the various discourses that organize public life: religion, economics, tribal and national groupings, law, politics, metaphysics; and she aligns the dominant power base of each social level with paternity, with masculinity. The Symbolic order is a man's world: it dominates the primary pleasures of the body and the senses, suppresses non-reproductive sexuality and any physical and psychic expenditure not aimed at profit and accumulation. Kristeva, that is, identifies the Symbolic with patriarchy, understood as the totality of culture."

My reading of Kristeva's work is that the symbolic order is the dominant social order which constructs and influences all its social institutions including the family and the law; it controls its members through various apparatuses of knowledge such as the media and popular culture by constructing the "normal", and hence by negation, the deviant and the abject. The symbolic order is the social order embodied in patriarchy,

2 I have elected to retain the use of the lower case "s" consistent with Kristeva's majority usage
"the law of the Father", of which every social practice is a specific expression (Kristeva in Sebeok, 1975:47). It is the symbolic order which has rendered women invisible and their voices inaudible through objectification in the politicolegal, historical, medical, social and media discourses on adoption. These discourses which I have incorporated under the heading, 'hegemonic discourses' in Part 4 reflect the dominant ideology of the symbolic order, that is

"the ideology existing and operating within the dominant class of a given society so as to further the economic and political interests of that class" (Roudiez in Kristeva, 1980:15).

The semiotic order
Whereas the symbolic can be identified with the social order, the semiotic order is articulated by "flow and marks" including "the cutting up of the corporeal and social continuum as well as that of signifying material" (Kristeva, 1984:40); it always operates from a the multiple positions of the speaking subject. That is, the semiotic is located within the personal but dissects the social order and its practices, including discourses, constructed within and by it. The theoretical space where that dissection occurs is the thetic phase. The semiotic is also the site of drives and instincts including the maternal instinct. I have explained this relationship in Chapter 2 in my analysis of Kristeva's theory of maternity.

The thetic phase
Both the symbolic and the semiotic orders have tried to explicate the meaning of losing a baby to adoption through their discourses. Where the discourses of the symbolic and the semiotic intersect, where the one inserts into the other, Kristeva has called the 'thetic phase' (In Moi, 1986:98). Because the individual subject always occupies a dual space, simultaneously symbolic within the social and semiotic within the personal, no system of language can be said to be exclusively symbolic or exclusively semiotic. Such duality of subject positioning finds a space within the thetic phase.

One function of the symbolic order is what Kristeva (1984:57) calls "mimesis" which is "precisely the construction of an object, not according to truth but to verisimilitude", that is, an illusion or interpretation of truth. Mimesis is a transgression of the thetic, that is, the phase when the "truth" of hegemonic discourses no longer refers to a "mother" as object constructed by those discourses as unmarried, real, natural etc. Mimesis refers to "mother" as constructed through the semiotic but posited in the symbolic's
hegemonic discourses. In this way the thetic phase crosses the boundary between true and false, that is the true (or "real") mother as subject and the false (or constructed) mother as object. I take up the importance of the thetic phase in Part 5.

Through the process of mimesis, the unmarried mother was constructed by the discourses of the symbolic order not as an authentic representation, but contrived in a way that served the interests of the symbolic. In the thetic phase, the mother constructs herself through mimesis which subverts the symbolic. It is in the thetic phase where the subject-in process completes her transformation into the speaking subject notwithstanding the infinitesimal number of transformations which may occur.

**Semanalysis, signifying processes and signifying practices**

The term "semanalysis" as I have deployed it in this thesis derives from Kristeva's work, "Desire in Language" (1980). In the introduction to this work, Roudiez (in Kristeva, 1980:4) has defined semanalysis as "a critique of meaning...it is what enables instincts to challenge authority...[and] what enables authority to contain instincts". As a process, semanalysis first questions the meaning and structures embedded in theory "giving heed to the underlying speaking subject" and secondly, assigns the position of object to itself "in order to emphasise the limits of a positivist knowledge of language and to induce research, harried by the specificity that the subject of the theory believes it can detect in that object..." (Kristeva, 1980:viii):a theory of meaning must of necessity be a theory of the speaking subject (Kristeva, 1975:49).

A *signifying process*, according to Kristeva (1984:24), is a process which constitutes language and meaning through *semanalysis*, and comprises the two modalities, the *symbolic* and the *semiotic*, which I have discussed above. It is within a *signifying practice* that meaning is conceived through the method of semanalysis as a signifying process, which incorporates the language of the symbolic and the semiotic in a dialectical relationship. Thus, it is within the *signifying practice of adoption* that the *meaning of losing a baby to adoption* is understood as a signifying process through *semanalysis* which posits the hegemonic discourses of the symbolic against the counterdiscourses of the semiotic and vice versa.

Semanalysis, then, as a signifying process, provides a way of examining the tensions between the *signifier*, or sound-image, and the *signified*, or concept, as they occur in relation to women who have lost babies to adoption: that is, mothers without children.
They are mothers whose articulation of the maternal drive (not to be confused with the biologically determinist "maternal instinct", but referring to the embodiment of motherhood) has been stifled by the social code which denied permission for them to speak.

**Semanalysis: meaning between the symbolic and the semiotic**

The transformation of meaning between the symbolic and the semiotic occurs through semanalysis which “conceives of meaning not as a sign-system but as a signifying process” and in which “the release and subsequent articulation of the drives as constrained by the social code are not reducible to the language system” (Kristeva, 1975:50).

According to Kristeva the aim of semanalysis is to "avoid being neither master nor slave of meaning", but instead, to ensure our mastery of meaning through knowledge and our passage through meaning through practice. It is only through such mastery of meaning that one can come to truth. The joy that is experienced when one has reached meaning by going beyond it is termed by Kristeva (1980:16) as "jouissance". In Part 7 I will return to the process of semanalysis as I explore the tensions of meaning between and within the symbolic and semiotic.

**Semanalysis as research method**

Semanalysis as a research method "assumes the necessity of adopting a stance involving otherness, distance, even limitation, on the basis of which a structure, a logical discourse is sutured, hence demonstrable" Kristeva (1980:ix). To engage in semanalysis, therefore, is to position oneself outside the hegemonic discourses of medicine, politics and social science in order to examine and reveal the limits of positivist knowledge. In short, semanalysis, as Kristeva herself has defined and used the term

"meets that requirement to describe the signifying phenomenon, or signifying phenomena, while analyzing, criticizing, and dissolving "phenomenon", "meaning", and "signifier" (Kristeva, 1980:vii).

My rationale for using semanalysis in this way is that it meets the requirement to describe the signifying phenomenon of losing a baby to adoption, while analysing, criticising and dissolving the phenomena of the family and adoption, the meanings of sexuality and maternity, and the signifier, "mother". Semanalysis, as a "direct successor of the dialectic method" (Kristeva in Sebeok, 1975:53), examines the
meaning of losing a baby to adoption within the dialectic relationship between the hegemonic discourses of the symbolic and the counterdiscourses of the semiotic.

To engage in semanalysis is to "search within the signifying phenomenon for the crisis or the unsettling process of meaning and subject" (Kristeva, 1980:125). I have attempted to search within the discourses of the symbolic and the semiotic and their representations of the signifying phenomenon of losing a baby to adoption, for the meaning of that crisis and the unsettling process which the mother brings to that crisis.

Semanalysis as a research method has much to commend it to social inquiry. Social inquiry does not, of itself, exist in a vacuum but depends on the discourses of its historical and politicolegal antecedents for explication of its context. Social inquiry is also influenced by the discourses of the present - the media and popular culture - which envelop it. Together, these discourses form the hegemonic discourses of the symbolic order; or, in other words, these are the discourses which describe and frame the social world as society would have us believe it to be, and in whose construction we participate.

For those who live in this social world, the reality expressed as in the voices of the participants is often very different from the rhetoric of the hegemony. Whereas in the past, a collective popular voice has been the one which has been privileged, in a postmodern world the voices of individuals are accorded equal weight. These are the voices of those who have been silenced either by the hegemonic discourses of the symbolic or smothered by a collective clamour. These are the voices of those for whom the symbolic order is not how it has been proclaimed, and their voices present counterdiscourses in the semiotic.
Part 3

METHODOLOGY

"In social study you get in close-up the behaviour of a limited number of units each of which is capable of an unknown number of deviations from a norm we cannot define."  
(Kornitzer, 1968:228)

"The aim is not to presuppose the writer's neutrality but, on the contrary, her involvement..."  
(Kristeva, 1980:vii)
METHODOLOGY

Introduction to Part 3

Because I intended to study the meaning of women's experiences through the analysis of opposing discourses, I decided that qualitative methodology with its emphasis on subjectivity was more appropriate than quantitative. Qualitative methodology is also consistent with (although not exclusive of) the principles of feminist praxis (which I discuss below), whereas quantitative methodology, with its roots in positivism, has been viewed by some feminist writers (see for example Daly, 1978) as patriarchal, and by others as masculine (Mies in Fonow & Cook, 1991:65; Stanley & Wise in Stanley, 1990). In addition, quantitative methodology has been purported not merely to conceal women's experience but even to distort it (Jayaratne & Stewart in Fonow & Cook, 1991) whereas qualitative methodology (within a feminist paradigm) provides opportunities for women's subjective experience to be articulated in their own voices (Olesen in Denzin & Lincoln, 1994) and is more useful for women's research (Mies in Fonow & Cook, 1991:67).

Without discrediting those feminist researchers who have used quantitative methodologies, I have employed a methodology in this research that is both qualitative and feminist. Because it incorporates my specific but different ontologies as a feminist, as a mother who has lost a baby to adoption, and as a nurse, with my critique of and engagement with opposing discourses, I have described the approach to my research as feminist praxis. In Chapter 4, I recount the journey which I undertook in my exploration of feminist praxis through its epistemological and methodological mazes and how I reached the end-point in my choice of feminist framework and methods. In Chapters 5, I will describe and explain the multiple feminist methods which I used in order to acquire the information I sought in order to unravel the meaning of losing a baby to adoption. Finally, in Chapter 6 I will discuss the ethical considerations which were brought to bear on this research.

NB In this chapter I have departed from the usual "vague, impersonal, masculinist" (Reinharz, 1992:16) practice of referring to female authors only by their surnames and instead have used their full names in text.
Chapter 4
FEMINIST PRAXIS

“Feminist praxis” is a somewhat elusive concept. Liz Stanley (1990) has used the term to incorporate feminist theory, research and epistemology whereas Patti Lather (1991:55) has drawn attention to the emancipatory nature of praxis in which theory must not only “illuminate the lived experience of progressive social groups (but) it must also be illuminated by their struggles.” I have extended the meaning of the term “praxis” beyond these boundaries to also involve ontology, or the way of being in the world as an active participant who examines and challenges the status quo in order to effect social change. It is within this broadest sense that I have referred to this research and the methods employed within it as feminist praxis.

Influenced by my dual ontological positions as a woman who had lost a baby to adoption and as a nurse, I concluded that the feminist paradigm was the most appropriate: I was studying the subjectivity of women’s experience and I was both subject and object of the research, that is, "researcher" and "researched".

From my reading of feminist research processes, I knew intuitively that there was a congruence between my personal beliefs about women, research and the topic of losing a baby to adoption. I intended to study the subjectivity of women's experiences; I was concerned about the invisibility, silence and powerlessness of women in what were clearly patriarchal medical and social systems; and I had a personal commitment to a mutually trusting relationship with the other research participants. Above all, feminist praxis seemed RIGHT- it felt sincere, genuine and honest. I was inspired by Julia Kristeva's words that it is "perhaps necessary to be a woman to attempt to take up the exorbitant wager of carrying the rational project to the outer borders of the signifying venture of men..." (Kristeva, 1980:x)

Principles of feminist praxis

Many authors (including Fine, 1992; Fonow & Cook, 1991; Hall & Stevens, 1991; Harding, 1987; Lather, 1991; Parker & McFarlane, 1991; Reinharz, 1992; Stanley, 1990; Stanley & Wise, 1993) have identified principles of feminist research which, cumulatively, constitute the principles of feminist praxis. I have identified these principles under the broad headings of ontology, theory and methodology as embodied in the general understanding of praxis and the specific meaning of feminist praxis.
Feminist ontological principles

Whereas Shulamit Reinharz (1992:240) proposes that "feminism is a perspective, not a research method", Liz Stanley (1990:14) counters this proposition by declaring that feminism is not merely a perspective, nor an epistemology (a way of knowing), but it is also an ontology, (a way of being in the world). Therefore, feminist praxis must, by definition, incorporate a feminist ontology, or the way of being in the world as a woman and a feminist. Despite my use of the singular, I am not implying that there is one feminist epistemology or ontology. On the contrary, feminism acknowledges that there are multiple ontologies and epistemologies as there are women's different realities and ways of knowing (Stanley & Wise in Stanley, 1990).

Although the contentious issue of whether men can be feminists and undertake feminist research has been explored (Harding, 1987:12; Reinharz, 1992:14-15), the prevailing view is that a preliminary condition for feminist research is that it is conducted by a woman (Stanley & Wise, 1993:31) and that it focuses on and values women's lived experiences (Duffy cited in Parker & McFarlane, 1991; Hall & Stevens, 1991), notwithstanding the diversity of those experiences. Implicit in feminist ontological principles is a feminist epistemology, that only women can be "knowers" (my emphasis) of the subjective experience of being a woman (Harding, 1987). Liz Stanley and Sue Wise (in Stanley 1991:23) included emotion as a research experience from which a feminist epistemology could be understood while Alison Jaggar (in Garry & Pearsall, 1989) noted that the "raw data" of emotions was crucial to the development of a feminist epistemology and ontology.

Shulamit Reinharz (1992:258) has identified the use of the researcher's personal experience, often regarded as irrelevant in mainstream research, as a distinguishing feature of feminist research. Indeed, she goes further to suggest that "[p]ersonal experience can be the very starting point of the study, the material from which the researcher develops questions, and the source of finding people to study" (Reinharz, 1992:260). Liz Stanley and Sue Wise (1993:58) affirmed that

"it is inevitable that the researcher's own experiences and consciousness will be involved in the research process as much as they are in life, and .... that all research must be concerned with the experiences and consciousness of the researcher as an integral part of the research process."

Consequently, rather than an imputation of bias, the researcher's use of the first person "I" is considered to be vital in undertaking research which addresses subjective experience in what Liz Stanley and Sue Wise (in Stanley, 1991:23) refer to as the researcher's "intellectual autobiography". Indeed, feminist praxis considers that "it is important to look to
the actual point of view of the individual speaking" (Sherwin in Garry & Pearsall, 1989:27) and in doing so, tries to uncover personal meaning.

Notwithstanding the emphasis on women’s subjective experience as a principle for feminist praxis, the overriding ontological principle acknowledges the multiplicity of women’s positions, experiences, emotions and voices which have been incorporated into a feminist epistemology as "women's ways of knowing" (Belenky, Clinchy, Goldberger & Tarule, 1986).

**Feminist theoretical principles**

It is axiomatic that feminist praxis will be guided by feminist theory (Reinharz, 1992:240) which, although it is not homogeneous, embraces some enduring and recurring principles. These principles have been explicated by Joanne Hall and Patricia Stevens (1991) as follows: first, a valuing of women and a validation of women's ideas, experiences and needs; second, recognition of the existence of ideological, structural, and interpersonal conditions that oppress women; and third, a desire to bring about social change of oppressive constraints through criticism and political action.

Liz Stanley and Sue Wise (1991:24) have defined feminist theory as theory which is "derived from experiences analytically entered into by inquiring feminists"; theory which is "continually subject to revision in the light of that experience"; and theory which is "reflexive and self-reflexive and accessible to everyone". Although they have been careful to distance themselves from an elitist position, they acknowledge that "there is now a sophisticated conceptual language with which many more feminists are conversant" (Stanley and Wise (1991:25).

In a later work Liz Stanley and Sue Wise (1993:61) described three central themes of feminist theory which contain implications for feminist research: the belief in women’s oppression; emphasis on the personal as political; and the raising of a feminist consciousness. Recognising the link between feminist theory and critical social theory, Alison Jagger (in Garry & Pearsall, 1989:148) has also identified the need for feminist theory to be reflexive and self-reflexive,

"to focus not only on the outer world but also on ourselves and our relation to that world, to examine critically our social location, our actions, our values, our perceptions and our emotions" (Jagger in Garry & Pearsall, 1989:148).

In the next section I take up the thread of reflexivity as a principle of feminist methodology. Later in this section I continue the discussion of feminist theory in my quest for the most appropriate branch of feminism to inform my position in this research.
Principles of feminist methodology

Many authors (including Hall & Stephens, 1991, Reinharz, 1992; Stanley, 1991; Stanley & Wise, 1993) have sought to identify principles of feminist methodology, with these principles themselves based on other feminist scholars' work. I should make it clear at this point that I am not using the terms 'methodology' and 'method' synonymously, but support Shulamit Reinharz's (1992:240) claim that "feminist methodology is the sum of feminist research methods" which incorporates Sandra Harding's (1987:2) definitions:

"A research method is a technique for (or way proceeding in) gathering evidence....A methodology is a theory and analysis of how research does or should proceed."

In addition to the principles of feminist ontology and feminist theory discussed above, certain principles of feminist methodology have emerged as fundamental to feminist praxis. Toby Jayaratne and Abigail Stewart (in Fonow & Cook, 1991:101) have called for a shift in the focus of the feminist methodology debate "from definition to implementation", that is, towards feminist praxis. To this end, the authors have suggested strategies for the practical implementation of feminist methodology including undertaking research which should have the potential to help and change women's lives through activist scholarship.

From the literature I have organised the principles of feminist methodology under three themes, which, rather than being understood as linear and mutually exclusive, can be better understood as interlocking circles. I have referred to these themes as the research relationship, social change and reflexivity which together constitute feminist methodology.

A recurrent principle of feminist methodology concerns the relationship between the researcher and the researched (Reinharz, 1992:185; Stanley, 1991:23) whereby feminist research should attempt to dissolve the power differentials implicit in non-feminist research. Feminist methodology does not only address the different realities of the researcher and the researched but also tries to understand the relationship between them (Stanley & Wise in Stanley, 1991:23). The relationship should be collaborative rather than hierarchical, involve self-disclosure and be based on trust and reciprocity. Although the researcher-researched relationship should not privilege one voice over another, the feminist researcher's position has been challenged as privileged by virtue of her social and academic standing.

However within feminist texts, reference to one group of women as "the researched" implies a subordinate position characterised by passivity and lack of control relative to the position of the researcher. The continued use of such dichotomising within the research
relationship is antithetical to the principles of feminist praxis. Similarly, although feminist methodology strives to recognise the diversity of women's experiences (Reinharz, 1992:252) the issue of which women are researching whose experiences remains problematic, particular where differences of race, colour, class and sexuality are involved and which Liz Stanley and Sue Wise (1993:7) described as "'us', the theorising researching elite (feminists), and 'them', the experiencing researched (women)."

Notwithstanding these explanations, I was concerned about the continued use of the words 'researcher' and 'researched' by some feminist authors, and believed that whatever research method was used, the dichotomy should be reduced as much as possible.

In order to attempt to address the power differential in the research relationship, other terms such as participants, informants and coresearchers have been used. However, these strategies may suggest a mere illusory egalitarianism. After all, it is "the production of written texts that gives feminist researchers ultimate 'power'" (Stanley and Wise, 1993). Feminist methodology should not merely benefit the researcher, for example with the conferring of an award or recognition of a publication, but there should also be an advantage for the women who participate in that research. This advantage may take the form of a benefit derived from social change.

"To the extent that feminism is change-oriented by definition, all feminist research has action components," declared Shulamit Reinharz (1992:196). In similar vein, Michelle Fine (1992:220) has described activist scholarship thus:

"First, the author is explicit about the space in which she stands politically and theoretically - even as her stances are multiple, shifting, and mobile. Second, the text displays critical analyses of current social arrangements and their ideological frames. And, third, the narrative reveals and invents disruptive images of what could be."

Feminist activist researchers, according to Virginia Olesen (in Denzin & Lincoln, 1994:169), not only embrace activist scholarship, but also engage in social and political arenas on behalf of women. Feminist researchers are able to use their academic skills and social advantage to speak out for women who may be unable to speak out for themselves. In feminist praxis, feminist activist researchers turn the personal into the political.

Michelle Fine has proposed three assumptions which should underpin feminist research: first, that it is conducted within a social activist framework; second, that personal passions and collective politics fundamentally ground critical scholarship; and third, that "deep and sustained power assymetries construct our conceptions and relations of gender, class, race, disability and sexuality". She insists that feminist researchers "use research to expose and dislodge psychological notions deployed to
comfort, justify and ‘make science’ of social inequities” (Fine, 1992:x). Such “notions” have been provided to explain women's sexuality, exnuptial pregnancy and subsequent outcomes which have been offered by medical and social discourses.

Michelle Fine's work (1992:221) has informed my research as activist scholarship in several ways. First, I endeavoured that my research would "seek to unearth, interrupt, and open new frames for intellectual and political theory and change” (Fine, 1992:220). Second, my thesis would "display critical analyses of current social arrangements and their ideological frames" (Fine, 1992:221) which I have presented through the analysis of politicolegal, medical, social, media and cultural discourses. Third, as "the narrative reveals and invents disruptive images of what could be", I have attempted to show how the mothers' narratives in the counterdiscourses of the semiotic challenge and disrupt the received narratives presented in the hegemonic discourses of the symbolic.

**Feminist praxis as personal / political**

While I found it exciting to be actively involved in the politics of adoption, it was not without its personal toll. I appeared before the New South Wales Law Reform Commission's reviews of adoption legislation, was asked to participate in evaluations of the Post-Adoption Resource Centre and the Department of Community Services' adoption services, and was nominated to brief a newly appointed Minister for Community Services on adoption matters. Since 1992 I had continued to represent mothers of babies taken for adoption on the New South Wales Committee on Adoption as well as being involved in support group activities. In 1998, as a direct result of the political activism of myself and other mothers, the New South Wales Government began an Inquiry into Adoption Practices (Parliament of New South Wales, 1998) to expose any illegal and unethical practices which may have occurred since 1950. We also changed the nomenclature referring to mothers of children lost to adoption. At last we began to feel that our personal persistence and collective determination had allowed our voices to be heard.

While political involvement was important, it was also time consuming, and, I came to realise, a procrastinating defence against my confronting the pain to which I would be exposed when I began to immerse myself the research. Such is the nature of feminist praxis where the personal and the political are inextricably bound.

**Which feminism?**

Which branch of feminist theory was consistent with my own orientation and congruent with the topic of research posed the first dilemma, while the second dilemma related to the
choice of method. In the next part of this chapter, I will explore the issues surrounding my resolution of these dilemmas.

There is a growing body of literature on feminist theories and feminist research, and, although Liz Stanley (1991:25) refers to the "important synthesising work of feminist philosophy", I was cautious about taking up an eclectic approach which might appear contrived and unauthentic. From my personal involvement in the Peace Movement of the 1960s and the Women's Movement of the 1970s and beyond, my earlier interest in Marxism and my academic studies in critical sociology, as well as my recent activism in adoption reform, I found the paradigm of critical feminism appealing, rejecting socialist feminist and radical feminist approaches because I disagreed with some of their basic tenets such as their perceived diminished regard for women as mothers.

Put simply, critical feminism derives from the work of the Frankfurt School of critical theory and includes the notions of empowerment and emancipation as they apply to women. According to Marshall (1988), "the critical dimension of feminist theory centres on its analysis of women's oppression as part of an historically situated totality subject to transformation." Maria Mies (in Bowles & Klein, 1983:117) has also examined the influence of critical theory on feminist theory, from which it can be surmised that the word 'critical' is redundant when coupled with 'feminist'.

Although I have eschewed the use of the joint term, "critical feminist", I make no apology that I am operating from the position that nurses and mothers, by virtue of their gender and social position, have shared experiences of oppression "characterised by a self-deprecation that arises from an internalization of their oppressor's view of them" (Friere cited by Mason et al, 1991). Consequently, empowerment for both groups "requires a commitment to connection between self and others, enabling individuals or groups to recognize their own strengths, resources and abilities to make changes in their personal and public lives. It is a process of confirming one's self and/or one's group" (Mason et al, 1991).

At the outset, and after deliberation on the relevance of critical theory, because I was a member of both groups of research participants, I considered that a 'critical' feminist paradigm was possible for my research. But there was a lack: critical feminism did not appear to address the problematic issues of emotion and meaning inherent in the topic of the loss of a baby to adoption.

At a conference, "The Postmodern Body" (1992), I became acquainted with the school of postmodern feminism and, in particular, the work of Julia Kristeva. As I became more
familiar with postmodern feminism, I found a lens through which the ambiguities and contradictions in the meaning of losing a baby to adoption came into focus. However, I was still not completely convinced that I had found the 'right' feminism: I was concerned that a postmodern feminism lacked the essential critical component that feminism demanded if the personal was to be the political. Slowly I came to the realisation that it was critical postmodern feminism that would inform my research methodology. I will return to the discussion of the possibilities for this new paradigm in Part 8.

Which method?

Now I was confronted with my second dilemma, that of an appropriate method for acquiring the information which I needed. I was heartened by the declaration of Liz Stanley and Sue Wise (in Stanley, 1991:43) that a "feminist standpoint entails methodological individualism", and while I did not deliberately set out to use an innovative methodology, I questioned the appropriateness for my research of the feminist methods which had been suggested in the literature (Reinharz, 1992), or had been used previously (Stanley, 1991). My dilemma focussed on deciding which methods would provide the 'methodological individualism' which would do justice to the topic, the research participants and nursing research. Since the loss of a baby to adoption had met with such scant attention in the nursing literature, I believed that it was important that my research methods should be as innovative as the topic: both should be at the cutting edge of nursing research. Moreover, I believed that there should be a congruence between the methodology, frameworks and research questions.

Initially I considered using an interview technique, either semi-structured or unstructured interviews which, according to Shulamit Reinharz (1992:18), "has become the 'principal means by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives". I rejected this approach because of the isolating effect of each individual research participant from the others. Nor could I become a "knowledgeable stranger" (Reinharz, 1992:27) because I was already deeply involved with a group of mothers whose babies had been taken for adoption and shared a common experience. I also rejected the open-ended interview approach with a reliance on grounded theory because I was not testing any hypotheses nor trying to generate theory from my data. As Liz Stanley and Sue Wise (in Stanley, 1990:22) have indicated, grounded theory, with its dependence on inductivism, is inconsistent with feminist research since "researchers cannot have 'empty heads'". Certainly I was not coming to this topic as an ingenue. Likewise, a phenomenological method was unsuitable owing to the
requirement of bracketing; however I considered (but rejected) the idea of using hermeneutic analysis of research participants' stories of the 'lived experience' of relinquishment.

Nor were traditional sociological research methods such as participant observation or ethnography appropriate, since my involvement with both groups of research participants, the mothers and the nurses, was too personal to permit the impartiality that these methods not only imply but demand. The argument (Stacey in Gluck & Patai, 1991) that there cannot be a truly feminist ethnography vindicated my ambivalence about this method.

Oral history, while having some applicability, seemed to me to be inadequate for my purpose and was, again, not an exclusively feminist methodology, although Sherna Gluck and Daphne Patai (1991) provide a persuasive refutation. I was uncomfortable with the implied objectivity of oral history (as well as the terminology), the notion of distance of the researcher from the researched and the questions raised by Julia Swindells (1989:29) of "Whose voice? Whose story?" is being heard.

The influence of networking

Through networking in nursing which is formally unacknowledged but which is an important part of women's personal and professional lives, I was directed by Glenda Koutroulis (1992; 1993) to the work of Frigga Haug, a German socialist feminist, involving memory-work. When I read Frigga Haug's work (1987; 1992) and subsequent research based on her writing (Crawford et al, 1992; Ingleton, 1994a; 1994b; Koutroulis, 1992; 1993), I came to the decision that memory-work provided the methodological individualism which would do justice to the topic and to the research participants. At this point, in the space of one week-end, I achieved what I termed 'the Eureka factor' (only to later discover that it already had been termed the "Aha-factor"): I had 'found' a framework and a method, and for the first time in two years felt that I was really engaged in my doctoral research. I was on my way.

Some of the most valuable support and encouragement have come from other researchers whom I encountered on my journey, and who were interested in my work (Koutroulis, 1991; McHutchison, 1986). At conferences I introduced myself to speakers whose papers had relevance for my work and I continued associations with them; I asked presenters for copies of their papers which they shared willingly; I wrote to the authors of journal articles related to the loss of a baby to adoption (Condon, 1986; Lauderdale & Boyle, 1994; Mander, 1992; Rynearson, 1982; Stiffler, 1995; Weinreb & Murphy, 1988;
Weinreb & Konstam, 1996)) who not only replied in a supportive vein but also forwarded copies of their publications. When I sent one of my humble papers in return, I received my first book citation (Mander, 1995).

“I am my own research instrument”

The use of oneself as research instrument and one’s own story as data are recent research strategies which have been received with some scepticism in the academic world (Church, 1995; Rockhill, 1987). Although autobiographical accounts have been acknowledged as sources of information outside the confines of research, they have carried little currency as legitimate sources of data. Indeed, a phenomenological framework, for example, demands that the personal be bracketed in order to avoid contaminating the interpretation of the stories of others. Likewise an empirico-positivist paradigm dismisses personal experience as evidence of a phenomenon for being merely anecdotal and therefore not legitimate. Conversely, postmodernism (and poststructuralism) not only recognises the legitimacy of individual narratives but makes possible a space within which the individual and her story can be a legitimate voice in the research process. Michelle Fine (1992:228) has referred to such a position as that of “a postructuralist narrator” whereby “the author is explicit about the space in which she stands politically and theoretically - even as her stances are multiple, shifting and mobile”: such explicitness is not without a price and there is inherent difficulty in maintaining and justifying different stances.

Feminist praxis not only expects but demands that research starts from one’s own lived experience (Reinharz, 1992:258) with the research process itself becoming part of that experience. As Dorothy Smith (cited in Reinharz, 1992:259) has noted, such an approach “rejects the idea that inquiry begins with the concerns of [the researcher's] discipline”, which might have occurred had I decided to investigate the meaning of losing a baby to adoption merely because it had been inadequately addressed by the discipline of nursing. “It must, instead, begin with her experience” (Smith cited in Reinharz, 1992:259).

I could not have undertaken the research for this thesis had I not been personally affected by losing a child to adoption. First, another topic might not have been able to sustain the passionate interest necessary for the long journey demanded by a doctoral thesis. Second, such interest might have been founded on unauthentic motives: for example, voyeurism into other women’s lives, or opportunism owing to an academic need for research into the topic. As well as choosing to be a “vulnerable observer” (Behar, 1996), I
also chose to be a vulnerable participant through the disclosure of my own story and the
inclusion of my own voice.

At times I have assigned a pseudonym to myself where I have been a research participant
as one of the mothers and as a member of the memory-work collective (see below). I have
employed this strategy not to disguise my voice behind anonymity, but so that my voice
would not privilege itself over the voices of other women. Nonetheless, my voice has
permeated this research, and for this reason I have described my self as my own research
instrument, open to scrutiny and challenge.

Establishing rigour

If there is differing agreement about what constitutes rigour in qualitative research
(Roberts & Taylor, 1998:172), there has been less consensus on the identification of
criteria for rigour in feminist praxis. Sandra Harding (1987:11) proposed three criteria
which the "best" feminist research should satisfy in order to be considered rigorous: the
research problem derives from women's experiences; the research project is for women;
and the researcher places herself in the same critical plane as her research participants.

Rigour in feminist praxis

Joanne Hall and Patricia Stevens (1991) have proposed standards of rigour in feminist
research which reflect dimensions of adequacy of inquiry. These authors defined
adequacy of inquiry as "research processes and outcomes (that) are well grounded,
cogent, justifiable, relevant and meaningful" and suggested ten criteria against which
adequacy in feminist research could be evaluated (Hall & Stevens, 1991). These criteria
included reflexivity, credibility, coherence and consistency, complexity of reality, and
mutuality. The authors agreed that feminist research is adequate "if the active voices of
women participants are heard in the research account" (Hall & Stevens, 1991).

Barbara Parker and Judith McFarlane (1991) cited eight criteria for feminist research from
which they used five to demonstrate the rigour of their research into the effects of physical
abuse on pregnant women. The criteria selected were: that the principal investigator is a
woman; that feminist methodology is used; that the research has the potential to help the
participants as well as the researcher; that the research is focussed on the lived
experiences of women; and that the research is for women.

Using an amalgamation of these criteria, I am able to demonstrate that my research meets
the standards of rigour in feminist praxis in the following ways:
• the research derives from the social problem of women's experiences of losing their babies to adoption and illuminates the complexity of reality of those experiences;

• the research is for women in that it has the potential to contribute to women's emancipation and improve their lives;

• the active voices of mothers whose babies were taken for adoption, as well as other women's voices, are heard in the account of the research;

• as the principal researcher, I positioned myself in the “same critical plane” as the research participants: that is, as a nurse and a white middle-class woman who had lost a baby to adoption;

• reflexivity occurs at two levels: first, through self-reflexivity my voice is heard throughout the research process as I have woven my story over and under the information collected; second, I consistently reflected back to the research participants for their appraisal of my interpretations of their stories and their voices.

• there is coherence and consistency between the feminist principles underpinning both the theoretical and interpretive frameworks, and the methodology;

• credibility is evident in the faithful representations and interpretations of the research participants' experiences determined by the recognition of their experiences in the written accounts;

• mutuality was continually at the forefront of the research: the research participants had access to my story (in Harkness, 1992) as they had shared theirs with me.

Rigour through triangulation

Although associated traditionally with quantitative research, triangulation has become increasingly recognised as a means whereby rigour in qualitative research can be established. Originating from quantitative surveying, "triangulation" was a term used to describe the measurement of one point from various angles. Patti Lather (1986) expanded this definition of triangulation beyond its geometric limitations to include data sources, research methods and theoretical perspectives as means for establishing trustworthiness in qualitative research. Subsequently, Norman Denzin (1989) classified triangulation across four domains: data triangulation, investigator triangulation, theoretical triangulation and methodological triangulation. Shulamit Reinharz (1992) described the "special relationship [that] triangulation has with feminist concerns" in terms of feminist multiple methods research, which I discuss below in Chapter 5.

Theoretical triangulation has been achieved through the weaving of the theoretical and interpretive frameworks throughout the thesis. I have presented these frameworks derived from the work of Julia Kristeva, Michel Foucault, Frigga Haug and Michelle Fine in Chapters 2 and 3.
I used data triangulation to collect information about adoption and unmarried mothers from various sources which I have termed collectively "hegemonic discourses" of the symbolic order. This information was drawn from politicolegal, medical, nursing and social discourses, as well as from discourses of print media and popular culture.

Following Shulamit Reinharz's (1992) model, I used feminist multiple methods research which included narrative analysis, collective reminiscing and memory-work to hear, respectively, the voices of women whose babies were taken for adoption, midwives who had worked in hospitals where this practice occurred, and women whose emerging sexuality in the 1960s brought them into contact with the risk of exnuptial pregnancy. I describe these multiple research methods in the following chapter. Through the use of different methods I was able to examine the phenomenon of losing a baby to adoption from different perspectives and thus achieve rigour through methodological triangulation.

Finally, investigator triangulation was achieved through involving all the participants involved in this research as coresearchers. I maintained contact with them throughout the research, asking for their verification of the transcripts and seeking feedback on my analysis. Two other participants, whose role I shall address in more detail in Chapter 6, were the transcribers of the taped material. Their comments contributed to my understanding of "what is going on here" during the transcribed sessions.
In order to examine discourses from competing disciplines and eras, to integrate the past with the present, and the personal with the social, I concluded that one method was inadequate for the collection and analysis of the myriad sources of information. Hence I have employed what Shulamit Reinharz (1992:197) refers to as “feminist multiple methods research”, whereby she noted that noted that

"(j)ust as feminist research often draws on multiple disciplines, so too it often draws on multiple, rather than a single, method in a particular project...The use of multiple methods in a single study has earned its own name - triangulation" (Reinharz, 1992:197).

Similarly, as feminist research recognises the multiplicity and diversity of women's voices, there is no one method which might adequately allow all of those voices to be heard, if at all.

There are five main methods which I have used to collect and analyse information in this research: discourse analysis, semiotic analysis, narrative analysis, collective reminiscing and memory-work. While they may share some similarities in terms of meaning being reducible to text, there are also some subtle, and not-so-subtle, differences. I used discourse analysis to uncover meanings within the symbolic order, and semiotic analysis, narrative analysis, collective reminiscing and memory-work within the semiotic order. I will describe each method in more detail in the subsequent chapters prior to presenting the results.

**Discourse analysis**

Because I intended to uncover the meaning of losing a baby to adoption I regarded it important to study those voices which had spoken on behalf of the invisible women who were the objects of research into unmarried motherhood, relinquishment and adoption. I found these particular voices within the hegemonic discourses of medicine and its analogues - nursing, psychiatry, psychology and social work as well as in the discourses of the media, politics and the law - and I embarked on a discourse analysis to study those voices. The method of discourse analysis which informed my research is described below and the results of the analyses are contained in Chapters 7 to 11.

Drawing on the work of Michel Foucault to which I have referred in Chapter 2, I used the method of discourse analysis to expose the power relationships within the hegemonic
discourses of the symbolic order and between the counterdiscourses of the semiotic order. A Foucauldian discourse analysis has been summarised as one which “has intimate connections with how subjects are formed, how institutions attempt to ‘normalise’ persons on the margins of social life, how historical conditions of knowledge change and vary…In short it is intimately bound to the field of politics” (McHoul & Grace, 1997:41).

I have chosen discourse analysis as a method because it focuses on the social, cultural and political contexts in which written text occurs and is reproduced, and identifies the discursive construction of the subjects and their power relationships.

**Method**

In each of the chapters, I followed a similar process in order to analyse the discourses of the symbolic order:

- **Historical, politicolegal and popular discourses** which informed adoption practices between the 1950s and 1970s were organised according to their genealogies;

- **A corpus of work for each chapter which I determined as being representative of adoption practices was selected from these discourses;**

- **The recurrent themes in each corpus as they sought to substantiate or interrogate adoption’s metanarrative through the discursive construction of unmarried mothers in particular, and women’s sexuality generally, were identified.**

In order to investigate the historical influences on adoption I analysed the politicolegal discourses on which adoption practices were based, and have addressed these in Chapter 7. In Chapter 8, I examine the structure of the family as it impacted on society’s embrace of adoption’s metanarrative as a means of maintaining family normality. In Chapter 9, I analyse medical and nursing discourses as they constructed the unmarried mother as "mad or stupid", a discursive construction which informed hospital practices. The unmarried mother was also constructed as "a bad girl", and in Chapter 10 I analyse the discourses of social deviance which contributed to that construction. Representations of adoption in the print media (see Appendix 4) which informed and reinforced public approval of adoption are analysed in Chapter 11.

Additionally, in Chapter 12, I analyse discourses of popular culture to which young women themselves were exposed and participated in during the time that their sexual activity resulted in untimely pregnancy.
Semiotic analysis

In Chapters 2 and 3 I introduced Julia Kristeva's notion of the semiotic order, that is, the space located within the personal which, through counterdiscourses, confronts the symbolic (social) order and its hegemonic discourses. For more than fifty years the hegemonic discourses of the symbolic order had assigned various epithets to women who had lost babies to adoption according to the dominant medical and social ideologies of each era. Although these discourses had spoken about women who had untimely pregnancies which resulted in their babies being taken for adoption, they had described unmarried mothers in terms of their physical, mental, emotional and social attributes.

I was dissatisfied with these epithets and the identities which had been constructed for women in the hegemonic discourses. Occasionally I recognised myself in these discourses; more frequently I wanted to shout, "No! That is not me whom you are talking about!" Consequently I sought to discover whether other women felt as I did.

In order to uncover how the women themselves regarded their own identities in terms of these discursive constructions, I turned to the semiotic order wherein women's voices were speaking. In this section I will describe the method, semiotic analysis, which I used to elicit and analyse this information. Chapter 14 presents the results of this analysis where I will show how women who lost babies to adoption expressed resistance to the names by which they had been constructed in the hegemonic discourses and consequently ruptured the symbolic order.

Method

From the terms appearing in the hegemonic discourses of the symbolic order (in Chapters 7 to 11) used to describe mothers who had lost babies to adoption, I devised a survey instrument (see Appendix 11). For content validity I initially distributed the survey to a group of six women who were members of a mothers' support group. On the basis of their recommendations the survey instrument was refined and the final survey was sent to thirty women who had agreed to participate in the study.

The survey research participants

Twenty-four women responded to the request to complete the survey. In addition, the survey was completed in a workshop by eighteen New Zealand women who were attending the International Conference on Adoption and Healing (June, 1997) in Wellington, New Zealand.
Both groups of women were asked to examine this list of names and write the meaning or image which each name invoked for them. They were also requested to give the reasons for their first and last preferences. In accordance with feminist praxis, the results of the survey were discussed with the participants who agreed that they had been represented fairly. A consequence of this survey and the broad acknowledgment it has generated within current adoption discourse, is that women who have lost babies to adoption are now referred to as "mothers" rather than the previously used terms which appear on the survey form in Appendixes 12 and 13. The anonymous responses to the survey were collated and analysed, and the results are presented in Chapter 14.

Narrative analysis
The Belgian-born postmodern feminist, Helene Cixous (1981:251) exhorted women to "break out of the snare of silence" and write "her self" individually: women are body. More body hence more writing" (Cixous, 1981:257). Helene Cixous (1981:250) believed that only by writing her individual story could a woman "return to the body which has been more than confiscated from her". Through writing, women could also shatter history with their entry into the symbolic order (Cixous, 1981:250)

From my extensive reading of more than two hundred mothers' stories from secondary sources (Gediman & Brown, 1989; Harkness, 1991; Howe et al, 1992; Inglis, 1984; Jones, 1993; McHutchison, 1986; Shawyer, 1979; Swain & Howe, 1995; Wicks, 1993) I began to perceive some recurrent themes relating to the circumstances surrounding the loss of their babies to adoption. While not disregarding these secondary accounts, I wanted to hear first-hand from mothers who had experienced a loss similar to that expressed in these stories, and similar to my own. I read and heard these accounts when twelve women chose to tell me their stories voluntarily. Their voices are heard, for the first time, in Chapter 16. My voice appears in the method of narrative analysis where I have identified and analysed the familiar themes reiterated in the secondary sources.

Method
I asked the mothers who had agreed to participate in this research to write their stories as a "stream of consciousness", recalling the events of and surrounding the loss of their babies to adoption. Writing their stories was consistent with what Julia Kristeva (1990:10) refers to as a "semiotic practice that facilitates the ultimate reorganization of psychic space". I believed that in their writing, mothers would be able to return to "the body which has been more than confiscated from her" (Cixous, 1981:250), and might be able to heal
their "psychic space"; some mothers, however, found that it was necessary for them to experience the pain of a reopened wound before the healing began. Reading their stories was a more intimate and less intrusive way for me to enter these women's lives than, for example, in interviews.

**The mother research participants**

Following publication in the media of my personal account along with details of this study (see Appendix 5), several mothers contacted me to share their stories and expressed a wish to be involved in this research. They openly felt that they had 'permission to speak' as a result of my very public disclosure in the press and on national television. In appreciation I sent them a copy of the book, “Looking for Lisa” (Harkness, 1991) which contained my story, a primary narrative source, as well as that of my son.

The mothers who told their stories to me about their experiences of losing a baby to adoption did so without solicitation. Women contacted me voluntarily to share their stories, first through a support group newsletter and secondly, after they had seen several media appearances in which I had disclosed my own experience. One response was from an adopted woman whose mother had agreed that she could share their story with me. Women contacted me initially by telephone and then by letter in which they enclosed their stories, either written or spoken on cassette. One woman, Kerry, contacted me via e-mail after I had posted to a qualitative research group e-mail listing asking for information about adoption. She told her story to me in five e-mail instalments.

The women's responses were assigned a number at first and then a pseudonym to protect their identities. Their pseudonyms and non-identifying personal details are contained in Appendix 6.

I met the second group of mothers though an Internet support group across which I stumbled inadvertently while "surfing the ‘Net". These women who live in the United States, Canada and New Zealand corresponded with me on e-mail over a period of six months, either through the support group list or personally, or spoke with me by telephone. Their details and the pseudonyms which I assigned to them are included in Appendix 7.

Some mothers sought to express the loss of their babies in poetry and painting. Their expressions are included in Chapter 15 (see also Appendixes 14 and 15) as their voices rupture the symbolic order.
Collective reminiscing

To gain an insight into the hospital practices which surrounded the taking of babies for adoption, I was keen to speak to midwives who had worked in maternity hospitals during the decades when these practices were at their peak. Initially I proposed to conduct semi-structured interviews with individual nurses who had practised as midwives at maternity hospitals during this period. I intended to include academic nursing colleagues who had worked in the area and knew my personal story. From informal preliminary discussions these midwives seemed particularly enthusiastic to share accounts of their experiences. However, possibly because of the close working relationship I shared with many of these potential research participants, some of the them were reluctant to be involved.

Through networking, I was directed to a retired midwife, Jan, now working in a professional organisation who, I was told, would be able to give me the information I sought. I met with Jan and another midwife, Rose, whom, Jan assured me, knew more than she did. The one hour interview with both was taped and field notes written (see Appendix 8). At the end of the interview Jan invited me to return to an informal gathering with another seven former and currently practising midwives who would be willing to share their stories with me in what I have called “collective reminiscing” after the term used by Morphett (1984-1985) in her paper about her experience at a maternity hospital in the 1920s.

Method

There is no mention of collective reminiscing as a research method in the literature. Although the method could be seen to share some similarities with focus groups, there is considerably less structure and the participants are encouraged to express themselves freely, allowing one idea to lead into the next.

The sessions with the midwives were taped and the audiotapes were transcribed. From the transcriptions, themes which had been discerned from analysis of the hegemonic discourses of the symbolic order were identified in the midwives’ reminiscings. I will discuss the midwife research participants and the data collection process in more detail below.

The midwife research participants

A total of nine midwives were recruited from a professional organisation. Each midwife completed a brief questionnaire about her areas of practice and signed an Agreement to Participate in the research. Each midwife’s details of her years and areas of practice were
coded with a number against which she was assigned a pseudonym. The midwives' practice occurred from the year 1946 to the present, with the years of experience ranging from 3 to 42 years (X=19 years, 9 months). All the midwives had practised at some time in their careers, for differing periods of time, at hospitals where mothers frequently gave birth to babies which were taken for adoption. These research participants’ details are presented in Appendix 9.

The data collection process

I transcribed the first interview with two midwives, Jan and Rose, and sent a copy of the transcription to Jan for verification and validation. I also sent some copies of journal articles and a copy of the book "Rachel Weeping" (Smith, 1991) which I thought might be valuable for the organisation's archives. My reciprocity was not only an attempt to win their trust but also to increase my credibility.

The second session, three hours in duration, of collective reminiscing with nine midwives was taped and transcribed. Aware of the difficulties inherent in transcribing a session where many research participants are speaking simultaneously or in quick succession, I kept field notes as each speaker took her turn, and noted the change of speaker according to the codes I had assigned them and the change of topic. These notes would provide guidelines for an accurate transcription of the tapes and facilitate the transcriber's otherwise difficult task. Themes drawn from other discourses of adoption and relinquishment were used to analyse the midwives' reminiscences. The results of this analysis are included in Chapter 18.

Memory-work: theory and method

According to the German socialist feminist, Frigga Haug (1992), who devised the method of memory-work, memories are characterised by contradictions and silences. Contradictions serve the purpose of "non-recognition, denial and repression" of past experiences which memories may invoke, while silence is "another way of coming to terms with the unacceptable" (Haug, 1992: 22-23).

At any point in time, reflection on what has happened before is a memory. Some memories are more significant than others; some are too painful to bring into consciousness; others have become submerged under layers of experience. What seems common to memories is that their nature changes over time and with revisiting. Through sharing memories collectively research participants are able to rework their own individually, and find meaning in what may have been either previously
incomprehensible or taken-for-granted. This is, literally, a 'common sense'. The richness of experience retold through memory-work is further enhanced by collective participation, as the meaning of formerly inexplicable events unfolds.

The use of memory-work as a research method in general, and in nursing research in particular, is relatively recent. Frigga Haug (1987) has described `memory-work' as a "bridge to span the gap between `theory' and `experience". However, memory-work differs from the usual modes of social-scientific inquiry (and must not be confused with the discredited therapy which recovers repressed memories) in that it is not merely another method of data collection but explores "the ways in which individuals construct themselves into existing social relations, thereby themselves reproducing a social formation" (Haug, 1987:35) through the recording, analysis and meta-analysis of personal memories within a feminist context.

Unlike June Crawford and her colleagues (Crawford et al, 1992) who decided, first, on the method (memory-work), and, second, the topic (emotion) in their study of emotion and gender, I deliberated on the choice of method which would be appropriate for my research into the meaning of losing a baby to adoption, being mindful of Frigga Haug's caution (1987:72) that "it (memory-work) cannot moreover be applied at random to any given topic".

**Previous research**

To date accounts and results of research using memory-work have been scant (Crawford et al, 1992; Haug, 1987, 1992; Ingleton, 1994a, 1994b; Koutroulis, 1992, 1993). Other research (Davies, 1992; Davies & Harre, 1991; Stanley, 1993) which uses the principles of memory-work without explicating the formal method has been encouraging and provides some alternative ways of approaching the use of memories as data.

**Method**

Memory-work is not simply another method of data collection. Based on the recommendations of Frigga Haug (1987), the method of memory-work follows specific guidelines (Crawford et al, 1992:44) for a process consisting of three iterative phases of writing and rewriting memories, interspersed with collective theorising. As the memory-work collective continued to meet, it was able to refine the method and incorporate those refinements into the emerging process. I expand on the iterative method of memory-work in Chapter 17 and analyse the collective's findings and theorisations about women's sexuality in the 1960s.
The collective met in each other's houses at ten day intervals, sharing food and wine, and the conviviality of each other's friendship. It was important that the meetings were a choice, not a chore: that "it is fun" (Crawford et al, 1992:1). The group discussed the written memories, the initial texts, which they had brought with them and agreed to reappraise them before the next meeting, thus writing new memories. The memory-work worksheet devised by Haug (in Schratz & Walker, 1995:46) was used to analyse the written memories. The meetings were taped and transcribed and each member received copies of the tapes, transcripts and subsequent analyses for verification of authenticity. Identifiable and occasionally “incriminating” names on the tapes were obliterated in order to maintain confidentiality.

The memory-work collective research participants

Setting up a memory-work collective is no easy task. Originally I had planned to form a memory-work collective of mothers who had lost their babies to adoption. Two other women and myself met on two separate occasions but the structured process of memory-work was too painful for us to continue. Nonetheless, I reflected on the clarity with which we remembered our experiences of losing our babies, and the frankness and honesty with which we shared our memories. We were still trying to unravel our experiences in order to make some ‘common’ sense of it, and in doing so it became apparent how we had rewoven the fabric of our lives. The actual events, while not unimportant, were less significant than our memories of them. Instead of pursuing the use of memory-work in this context, I incorporated the transcripts of the memories of the other two participants, Anne and Lee, into the mothers' stories which appear in Chapter 16.

Because I was excited by the prospect of engaging in this innovative research method, and also because I believed that it was essential that methodology should be congruent with the theoretical framework, I decided to set up another collective to explore a less distressing topic than the personal loss of a baby to adoption. Thus I came to the conclusion that, through memory-work, a group of women might be able to reconstruct women's sexuality during the 1960s as a counterdiscourse to the discourses of popular culture which I analyse in Chapter 12.

The personal details of the memory-work collective are included in Appendix 10 and are further described in Chapter 17. Each member of the memory-work collective also completed an Agreement to Participate in Research as per Appendix 3.
Critique of memory-work

As with many new paradigms memory-work will not be without its critics, however the newness of memory-work as a research method has meant that little critique has yet been documented (Koutoulis, 1993). In justifying the place of memory-work as social scientific method and anticipating criticism, Frigga Haug (1987:35) has described memories as "the empirical element" of research. Consequently, she demands "the right to use experience as a basis of knowledge".

One of the advantages of using a method such as memory-work is that it is still revealing itself through implementation and is flexible enough to permit variations and re-working. Memories are also layered over not only by events but also by other experiences as are memories evoked by music or art, either because of their associations with the past or the images themselves.

On the other hand, one of the dangers in memory-work is the threat to people's stability, as members of the collective work over of events which have been repressed, obliterated or forgotten: this is the power of the past over our present lives. Feminist research is based on a trusting and egalitarian relationship among research participants and a commitment to non-exploitation of individuals or, in this case, their memories. It would be unrealistic to presume that memory-work could be unproblematic. Haug (1987) found that the most resistance came not from the collective but from the within the memories themselves when "an infringement of the boundaries of the forgotten and the repressed created a psychically difficult situation". One of the ways the collective overcame this problem was to "curtail analysis and allow others whose personal stability did not seem to be endangered to take up the threads" (Haug, 1987).

I do not intend to address issues of bias, validity and reliability in memory-work, since the arguments have been aired in the copious literature on qualitative methodologies in general and feminist research methods in particular (Reinharz, 1992; Stanley, 1991). However, two areas where a critique of memory-work might be anticipated are subjectivity and generalizability.

Subjectivity

Criticism of memory-work on the grounds that it is 'too subjective' implies that "individuals' accounts of themselves and their analyses of their worlds are not to be trusted (because) they are coloured by subjectivity". However, memory-work is concerned precisely with
issues of subjective significance which influence individuals' sense of present-self, their sense of being-in-the-world.

**Generalizability**

If memory-work can be criticised for being too subjective, it could also be criticised for lacking generalizability. Frigga Haug (1987:44), however, asserts that if "a given experience is possible, it is also subject to universalisation"; that is, what we perceive as individual and personal modes of adaptation to social structures are also potentially generalizable. It is only within the broader collective of social structure that individual experience is possible. Memory-work allows individuals to challenge the supposed uniqueness of their experiences through confrontation, challenging and common sense making.

**Constraints of memory-work**

Because of the complexity of the process, it is essential that the members of the collective are sufficiently literate to be able to not only understand the instructions but also to contribute to the writing and revision of the memories. I also discovered that the members of the group needed to have a commitment to the task. This might not necessarily be a commitment to the project per se, in the way that June Crawford and her colleagues (1992) were committed to the production of a book which would advantage them in their academic work, but it might just as easily be a commitment to friendship with the researcher and her academic endeavour, a desire to help a friend, the vagaries of whose doctoral research they had been privy to for some years.
Chapter 6
ETHICAL CONSIDERATIONS

In this chapter, I will address the ethical issues which warranted particular consideration in this thesis. First, I will outline the ethical principles which have guided this research; second, I will discuss the ethical considerations specific to each group of research participants; third, I will uncover some of the ethical challenges to researching sensitive topics; and finally, I will reflect on the process involved in gaining approval for this research from a university ethics committee.

Ethical principles
According to Roberts and Taylor (1998:191), the ethical principles which underpin research are beneficence, respect for human dignity, and justice. The principle of respect for human dignity incorporates the issue of the participants' informed consent, while the principle of justice refers to anonymity and the right to confidentiality (Roberts & Taylor, 1988:194-202). In this section, I will address these ethical principles as they affect the participants and methodology in this research.

Beneficence
The principle of beneficence refers to "doing good" (Roberts & Taylor, 1998:191), whereby the outcome of the research should benefit society or individuals. This research, drawing on feminist activism in which beneficence is implicit, would benefit society in that past adoption practices would not only be recorded but would also be exposed. Such exposure can allow a society to acknowledge its lack of beneficence in past practices, and contribute to its maturity as occurred with the inquiry into the 'stolen generation' of Australian aboriginal children.

Individuals who would benefit from this research are, first, the mothers who have had an opportunity to recount their stories, often for the first time; second, the midwives whose practices have been neither examined by themselves nor subjected to the outside scrutiny of a researcher.

Non-maleficence
The principle of non-maleficence is incorporated into beneficence, and means literally "do no harm". In the case of this research, the vulnerable participants are the mothers, and I was acutely aware that their telling their stories might open old wounds and cause unnecessary distress. To ensure that support was available in the event of such distress, I advised the mothers of the existence of two support groups for women who had lost
babies to adoption, Origins and Mothers for Contact, and a government funded agency, the Post-Adoption Resource Centre.

**Respect for human dignity**

Within a research context, the principle of respect for human dignity refers to ensuring that peoples' consent to participate in research is informed and given freely. The researcher has an ethical obligation to disclose to all prospective participants the purpose and nature of the research, as well as any potential benefits or risks (Roberts & Taylor, 1988:194). In addition, the research must not be covert or deceptive, whereby participants are intentionally misled about the research (Minichiello, Sullivan, Greenwood & Axford, 1999:87). Participants, in turn, have a right to refuse to participate or to withdraw from the study at any time. By disclosing this information, the researcher can ensure that the participants' consent is informed. Similarly, participants must not be coerced nor subjected to duress to cooperate in the study, thereby assuring that their consent is freely given. I take up the issue of consent further on in this chapter with relevance to research participants.

**Justice**

The ethical principle of justice in the conduct of research refers to two components: anonymity and confidentiality. Although the latter share many similarities, there are some subtle differences which I will address.

**Anonymity**

According to Parker and McFarlane (1991), "feminist researchers are particularly sensitive to how the data are interpreted and then how they are disseminated to the professional and general populations". In order to protect the anonymity of the research participants, I assigned a pseudonym to each woman. These pseudonyms were chosen randomly, without any connection with the women's own names. I also sought to avoid the inclusion of any information or characteristics which might identify an individual participant.

**Confidentiality**

Confidentiality was maintained by obliterating any reference to identifying information which was included on the audiotapes before the tapes were transcribed. Consequently, I was the only person who knew the identity of each of the research participants with the exception of the memory-work collective who knew each other, but who did not know the pseudonyms I had assigned to them.
An important aspect of confidentiality is the storage of data. Transcription of the audiotapes took place either in the office of one transcriber, or in my office at the university. Between transcribing sessions, the audiotapes were secured in a locked drawer. The transcriptions and all other written material were stored in a locked filing cabinet at my home. Coded electronic material was stored on hard disk on my personal computer and diskettes in a locked filing cabinet.

**The research participants**

The participants in this research, or my coresearchers, were mothers who had lost babies to adoption, midwives, women who comprised the memory-work collective and two transcribers who transformed the other research participants' spoken words into print. I have referred to the mothers, the midwives and the memory-work collective in greater detail elsewhere in Part 3 as well as in Chapters 16, 17 and 18 respectively. The personal details of each group of participants are included in Appendixes 6 to 10.

Although each group of research participants raised different ethical concerns for me, there were some considerations which were common to all. I shall address the particular considerations for each group first, followed by the general concerns related to confidentiality and the storage of data. Finally, I will examine the issue of researching sensitive topics as an issue for ethical consideration.

**The mothers**

In a section above, I described how the mothers for my research were recruited. There were several ethical considerations related to the inclusion of the mothers' voices in this research and I shall address each in turn.

In any research project, it is a requirement that the participants give their consent. The wording of the standard "Consent Form" posed a problem for me as I anticipated it would for the mothers whom I would ask to participate. The word "consent" is particularly loaded for women whose babies were taken for adoption, as will become apparent in Chapters 7 and 16. Consequently, a standard ethics committee requirement to obtain subjects' consent was not only offensive for these women, but also resonated with the forms which they had signed many years ago to surrender their babies for adoption. Being mindful of the insensitivity behind such a requirement, I called the appropriate form an "Agreement to Participate in Research" (see Appendix 3) I also asked the mothers to supply some background details regarding their age, marital status and the institutions in which they were confined. None declined my requests and these details are contained in Appendix 6.
I was also mindful of the Ethics Committee's concern that the mothers had some counselling facility to which to turn should they require it. I was in frequent telephone contact with the mothers, and when I believed that it was appropriate, referred them to a support group. None of the mothers expressed a belief that participating in this research was injurious to them. On the contrary, many said that the experience of telling and writing their own story was one of healing.

**The midwives**

I have described the recruitment of the midwives above and further in Chapter 8. My only ethical dilemma in my contact with the midwives was how and whether to disclose my personal experience of losing a baby to adoption.

I met with the midwives in an informal setting during which they were most keen to reminisce about their experiences of working with mothers whose babies were taken for adoption. I introduced myself, not as a midwife, but as a nurse researcher who was investigating the topic because it had received so little attention in nursing research.

At the end of the second session during which the midwives had been most generous in sharing their stories, I told the midwives my story because I believed that it would be unethical not to do so. I recalled a colleague (Coleman, 1991) who had infiltrated a Right to Life Group in her research on abortion, but who, having considered her ethical position, had withdrawn from the group before she became embroiled in its politics.

On hearing my disclosure, one midwife seemed particularly taken aback, as if she were mentally checking that she had said nothing incriminating; another said that she suspected that my interest in the topic arose from personal experience. The subsequent receipt of my hospital records revealed that she had delivered my son in 1965. I was relieved to have disclosed my position, but on reflection, believe that I would not have acquired the same information from the midwives had I done so at the beginning of the sessions. My dual roles as researcher and nurse in this instance took precedence over my role as one of “the girls”.

**The memory-work collective**

Recruitment of the memory-work collective is outlined in Chapter 17 and their details provided in Appendix 10. The members of the memory-work collective completed the same "Agreement to Participate in Research" form as did the other research participants. There were few ethical considerations which needed to be addressed with the collective. However, owing to the nature of memory-work, that it is not a forum for counselling or for
addressing individual differences, some of the members were left with unanswered questions. All of the members agreed that the process of memory-work had revived forgotten issues which they needed to resolve for themselves. Some of the collective members were able to debrief these among themselves; others felt the need to continue with the process, perhaps in the exploration of other experiences which the collective had in common. All believed that the experience had been worthwhile, although one member felt that it was not without some cost of disclosure to herself and to the others.

**The transcribers**

Frequently the transcriber of taped material is neglected as a research participant: she may be acknowledged for her technical skill but there appears to be little acknowledgment of her engagement with the stories in which she is intimately involved through listening to women's taped accounts of their lives. An exception to this oversight is Vivien Lane's (1996) account of typists' influences on the transcriptions of taped interviews with women about their experiences of having Pap smears.

Given the emotional nature of the material being transcribed in this research, I recognised that some transcribers might have difficulty in undertaking this task. For this reason, it was important that a transcriber, as research participant, shared a trusting and equal relationship with me as the researcher. In keeping with feminist epistemological principles underpinning this research, and as explicated by Stanley (1991:23), I it believed would be appropriate that a transcriber should play an active role in the research process as a participant.

Initially the tapes for this research were transcribed by a slightly older woman, Shirley, who was known to me through the university, although she did not know my story and did not know the other members of the collective. Shirley had expressed some distress at the content of the tapes from the mothers' and the midwives’ collective reminiscings, and had to take "time out" at intervals to reaffirm the normality of her own reality with her husband and family. Aware of Shirley's feelings, I asked her to write about how she was affected by being privy to very personal details about other women's lives.

Shirley's response was evasive, as if she was attempting to distance herself from the women to whose stories she was listening and about whose lives she was writing. At each meeting when I collected the transcriptions, Shirley would be keen to reassure me about the sheltered life she had led. However, her mention of different venues such as dance halls, which I knew had enjoyed unsavoury reputations, led me to believe that she was possibly overcompensating for adolescent experiences to which she would rather not
admit. I also discovered that her transcription skills were not of the calibre of which I had originally been appraised: misspelt medical terminology and numerous spelling mistakes. Moreover, Shirley frequently made her own decisions about what should or should not be included ("lots of talk about lovely babies here...didn't think you'd want that") and superimposed her own values on what was being said. When a member of the memory-work collective spoke of "the boys taking you out for a bit of a grope and fondle", Shirley transcribed this as "a group and fun day".

In desperation, I consulted another professional transcriber, Cathy, whom I had met through a mothers' support group. My choice of Cathy as transcriber was based on her personal experience and the evidence of her past transcription work of a similar nature (Inglis, 1982). Since I knew the richness of her experience I believed that it would be to the detriment of the transcriptions not to allow her the opportunity of participating. Cathy proved to be an excellent transcriber, including every pause and hesitation, as well as being able to detect who was "holding the floor" at various times when there were multiple voices speaking. However, Cathy had difficulty refraining from inserting her own incisive comments (albeit in italics), so that when I prepared to return the transcripts to the other participants for verification, I had to erase Cathy's caustic retorts.

Although the transcribers were not known to each other, Cathy felt that her reworking of Shirley's transcripts had given her an insight into how another transcriber could interpret women's experiences which, as Shirley had claimed, were alien to her. Ultimately, as I discovered, the researcher is in command of the transcripts. Although, for reasons of expediency, I had elected to have someone else transcribe the tapes, the final responsibility for their authenticity lay with me. This authenticity was achieved through my careful reading of the transcripts as I listened, and listened repeatedly, to the tapes.

**Researching sensitive topics**

According to Renzetti and Lee (1993:6), research which might be considered sensitive owing to the threat it poses to the research participants has the following features. First, it intrudes into some deeply personal and private experience. Second, the research might be concerned with deviance and social control. Third, the research topic impinges on the vested interests of powerful people, or the exercise of coercion and domination. Finally, these authors contend, the research deals with things sacred to those people being studied.

The intrusion of this research into "some deeply personal experience" is indisputable: the loss of a baby to adoption strikes at the very heart of what is personal for many people.
Likewise this research would address issues related specifically to extramarital sexuality and illegitimacy. It is likely that any research which addresses such taboo subjects and which challenges longstanding beliefs about the sacredness of adoption will invoke feelings of discomfort particularly among those who participated in or were affected by this practice. Because the mothers’ voices, silenced by the stigma of illegitimate pregnancy, had only begun to be heard comparatively recently, the view that adoption was beneficial for all continued to prevail and even enjoyed a resurgence as a solution to the purported economic burden on the state of single motherhood (Armstrong, 1995:7). This was the view which appeared to inform the Ethics Committee’s initial decision.

In so far as sensitive topics are regarded as “ones that seem to be threatening in some way to those being studied” (Renzetti et al, 1993:4), I felt less apprehensive about ‘studying’ the mothers than I did about meeting the midwives or participating in the memory-work collective. The assumptions that researching a sensitive topic such as the loss of a baby to adoption might have “psychic costs, such as guilt, shame or embarrassment” or may be “threatening because participation can have unwelcome consequences” (Renzetti et al, 1993:5) were not supported in my interaction with the mothers. On the contrary, the mothers welcomed the opportunity to tell their stories and found a release for their anger and a salve for their pain. This outcome is consistent with a prediction offered by Renzetti et al (1993:9) that

“permitting research on the private sphere might reveal in many instances, particularly in sensitive areas, research participants desire catharsis rather than sanctuary...That is, research on sensitive topics may produce not only gains in knowledge but also effects that are directly beneficial to research participants.”

Likewise, it has been suggested that another beneficial outcome of researching sensitive topics might be “imaginative methodological advances” (Renzetti, 1993:7), in this case, the use of narrative, collective reminiscing and memory-work as innovative methods.

Renzetti et al (1993) have highlighted the relevance of the use of feminist methods in researching sensitive topics. In particular they have addressed the use of the researcher’s self-disclosure or reciprocity in order to

“not only overcome participants’ inhibitions but also to place the interaction between the researcher and researched on a ‘more equal footing’”(Renzetti et al, 1993:177).

**Ethics Committee approval**

In order for my research to proceed I was required to seek approval for my proposal from the university’s Ethics Committee. I was not prepared for the Committee’s criticisms which seemed to me to be founded on populist notions about adoption rather than expert opinion. I felt that I was trying to justify a topic about which I knew a great deal to people
who knew very little. It also seemed unreasonable to me to have already identified details of the methodology and framework at such an early stage on my doctoral journey. If one were embarking on an empirico-positivist trail, using traditional scientific method, there might be no difficulty in explaining what one intended to study and how one would go about it.

I was heartened to discover that Rosemary Mander (1992) in her research into the care of relinquishing mothers had encountered similar problems to my own, and that the ethics committee in her study tended to assume a gate-keeping role. Mander's conclusion from her association with an ethics committee was that

"(i)t is apparent that the gatekeepers...drew on their own experience to inform their decisions about whether or not to approve this research project" (Mander, 1992).

In the present instance, one Ethics Committee member drew on his experience as an adopted person to obstruct my attempt to secure the Committee's approval. Claire (1995) has reported an even more precarious position for nurse researchers in that

"they are treated with contempt and derision by some ethics committees, who display a thinly veiled disregard for qualitative research".

This response may be because ethics committees tend to be composed of 'experienced researchers' (read 'scientific researchers') who

"have used only quantitative methods or have limited experience of the qualitative method (and) are likely to be anxious about what it does or does not involve" (Mander, 1992).

Although I had been involved for several years in a support group for women who had lost babies to adoption, and in this capacity had engaged in telephone counselling, I was asked by the Ethics Committee that "in the unlikely event that some participants become distressed, the participants be referred to an appropriately qualified counsellor."

Fortunately such referral was not necessary.

A consequence of my having to resubmit my proposal to the Ethics Committee, which met only every second month, was that my doctoral progress was retarded by six months.
Concluding comments

In Part 3 I have described the qualitative methodology of feminist praxis through which I have collected the information which I needed to uncover the meaning of losing a baby to adoption. I have described the principles of feminist praxis as they apply to a feminist epistemology and ontology, and also to rigour in feminist praxis. I have also demonstrated how this research subscribes to those tenets of rigour, and also incorporates the principles of research ethics. In addition I have outlined the multiple feminist research methods which I have used to gather information from various sources, within the symbolic and semiotic orders, in order to explore and expose the tensions between them and, ultimately, to uncover a meaning for the loss of a baby to adoption. This research and its methodology presented in Part 3 are merely incipient positions in what Mary Daly’s words have described as

"a feminist perspective [which] requires of women scholars, at this point in history, a radical refusal to limit their perspectives, their questioning, their creativity, to any of the preconceived patterns of male-dominated culture" (Daly cited by Levesque-Lopman, 1988:12).
"Indeed, it is in discourse that power and knowledge are joined together." (Foucault, 1976:100)
THE SYMBOLIC ORDER
Hegemonic discourses

Introduction to Part 4

As I have established in Chapter 2, the symbolic order refers to the dominant social order - patriarchy - and its attendant institutions. The term "hegemonic discourses" refers to those discourses which have been constructed by the symbolic order for its own purposes: to construct its objects, its operations, its concepts and its theoretical options (Foucault, 1978).

Hegemonic discourses

The term "hegemony" came to prominence in the work of the Italian Marxist, Antonio Gramsci and can be defined as

"the whole lived social process as practically organised by specific and dominant meanings, values and beliefs of a kind which can be abstracted as a 'world-view' or 'class outlook'" (Williams cited in Barry, 1995:164).

Hegemony refers, in particular, to the ideology which dominates a society and influences that society's members

"like an internalised form of social control which makes certain views seem 'natural' or invisible so that they hardly seem like views at all, but just the way things are" (Barry, 1995:164).

The Gramscian notion of hegemony sits with Foucault's notion of discourse as

"ways of constituting knowledge, social practice and forms of subjectivity (discourse as structure or technique of power) with a focus on discourse as language and communication (discourse as the medium of human agency)" (Wicks, 1999:25)

I have used the term "hegemonic discourses" to describe those discourses which speak to and on behalf of the dominant social, or symbolic order, reflecting its ideology and enforcing its rules. The hegemonic discourses of the symbolic order are, by definition, discourses which privilege certain knowledges and positions over others. That is, discourses which assume a scientific, rational position and subjugate other discourses rendering them speechless. Hegemonic discourses also project messages of who is in control, "who calls the shots", and who is in the firing line.

I have organised the hegemonic discourses which informed and recounted adoption practices under the headings of politico-legal, social, medical discourses and discourses of the media and popular culture. Analyses of these discourses are presented in Chapters 7 to 12.
Chapter 7

HISTORICAL TIME:
Politicolegal discourses of adoption

"The essence of the historical process is the meeting between an individual's or group's life history and the historical moment." (Hareven, 1982:335)

"History is the concrete body of a development, with its moments of intensity, its lapses, its extended periods of feverish agitation, its fainting spells." (Foucault in Rabinow, 1987:80)

Introduction

In order to provide an historical context within which adoption practices could be understood as having been constructed by the symbolic order, in this chapter I will critically analyse archival government documents, policy manuals and legislation which underpinned adoption. These I have termed politicolegal discourses. Collectively, these discourses which influenced other policies of enforced separation of children from their mothers, such as the removal of Aboriginal children and child migration, relied on the power of a patriarchal system with its roots in racism and colonialism. As instruments of hegemony, the politicolegal discourses of the symbolic order provided the guidance and legitimation for the creation of whatever type of society was deemed necessary to serve the interests of the dominant class.

In the history of the adoption of children, the essence of the historical process is the meeting between the life histories of those children and their mothers, and the points in history when the adoptions occurred. Adoption practice, in past and present historical moments, has inherited those histories and has been influenced by them at all levels: social, cultural, political and legal.

"Adoption is the legal process whereby the guardianship of a child is permanently transferred to the care of another person after the natural parent has relinquished the right to care for the child" (Castles, 1989:50).

Whereas this statement offers a rudimentary legal definition of adoption, it obscures the social and historical ramifications of a practice which has had profound impact on millions of lives. Clarification of the distinction between adoption and fostering is important because it is the very process of permanently removing children from their mothers to create other families in secret which is at the crux of this thesis.

According to social workers (Bull, 1966; Langshaw, 1966; Roberts, 1968) adoption was,
and is, a practice which is designed to give children, who might not otherwise have one, a home and family. Fostering a child should serve the same purpose as adoption and confusion between the terms has been noted (Kornitzer, 1968:31); however because parents retain the legal right to reclaim their children under fostering arrangements, it is not considered (Benet, 1976:15) to offer the same degree of security or permanence as does adoption, whereby "a child is offered the benefits of permanent parental care and the advantages of secure and lasting relationships within a family" (Castles, 1989:50).

The major factor which differentiates adoption from other forms of child placement, and on which the guarantee of security is based, is the issuing of a new birth certificate which shows the adopters as the parents as if the child were born to them as a child of their marriage. This absolute change in the child's identity by assigning a new name on an amended birth certificate has been described as the creation of "a fictionalised past biography in order to secure a more acceptable future" (Swain & Howe, 1995:137). The underlying intent of this measure was to prevent mothers from discovering the whereabouts of their children from whom they had been separated and, it was presumed, disrupting the new family conceived by adoption (Inglis, 1984:4; Squire & McDonald, 1991:13; Swain & Howe, 1995:136).

**Adoption's historical, political and legal antecedents**

Adoption, we are exhorted, has a long and ancient history beginning with the stories of Moses and Oedipus (Lifton, 1988:12; Reitz & Watson, 1992:3; Rosenberg, 1994:8)), who were purported to have been rescued from circumstances in which their safety was threatened. The notion of the rescue of children from illegitimacy, and hence poverty, and the historical events which presupposed it, provided the basis for twentieth century adoption law. Thus. the history of adoption has been interpreted as a history of the State regulation of motherhood (Wilkinson, 1986:96).

**A Western tradition**

Inasmuch as other societies have different means to care for children whose parents are unable to care for them, only in advanced Western capitalist systems are children's identities changed by law in order for them to be raised by strangers. It is only in the West that

"the primary reason for adoption is to rescue a child separated from his (sic) natural family...(and) to completely sever the links between the adoptee and his original family, and for natural parents and adopters to remain unknown to each other" (Benet, 1976:14).
The Western tradition of the adoption of children as it has been practised for most of the twentieth century, and continues to be practised, had its origins in the British Poor Laws, the first being passed in 1597. These laws, founded on Christian morality and administered by the parishes, provided for the separate incarceration of adults (mostly women) in workhouses and their children, over the age of three years, in orphanages. Harsh conditions in the workhouses acted as a deterrent to adults to avoid them; the more vulnerable children wererounded up by Poor Law Guardians and put into orphanages, service or other types of juvenile labour, or transported.

The philosophy which underpinned the Poor Laws was, according to Inglis (1984:5), "to contain and suppress the problems of poverty arising from the social upheavals of the time", a philosophy which would influence the political and legal traditions of adoption for the next three hundred and fifty years in what Benet (1976:59) has called "an instrument of class warfare". In 1834, the new Poor Law ensured that single mothers had no option but to hand over their children to the workhouse when it removed their right to legitimate their children in forced marriage or to sue for maintenance (Swain & Howe, 1995:3).

Benet (1976:15) has proposed that the reason for the tradition of adoption in the West was because, without a strong history of customary arrangements as occurred in other societies, it was necessary to frame legislation which would compensate for the break-up of the extended family occurring as a result of industrialisation and urbanisation. In a lengthy historical account, Benet (1976) has traced the development of adoption practice across several civilisations and societies. She proposed that the continued appropriation of adoption as a means of acquiring children by the upper and middle classes had its roots in ancient Rome where its popularity depended on the patrician women's aversion to child-bearing (Benet, 1976:32). Throughout the nineteenth century, children were adopted to benefit two branches of the ruling elite: the rich, to provide heirs to property and continue the family name and 'lineage', and the church, to increase and maintain it membership, particular in those religions where celibacy was imperative (Benet, 1976:55).

The Australian context: From barracks to boarding out

Although the Poor Laws were responsible for the disposal of illegitimate children and their mothers in Great Britain and the subsequent transportation of children to the colonies, during the early nineteenth century in New South Wales a parallel movement was emerging which provided a local basis for legislation. In a colony which was primarily a convict settlement to which adults as well as children had been transported since 1788,
and which was without established workhouses and orphanages, the social problems which necessitated the enforcement of Poor Laws in Great Britain were largely controlled by the military.

Throughout the 1800s, in response to the growing number of illegitimate children, more orphanages were founded under the auspices of Protestant and Roman Catholic churches as well as the State in a scheme known as the "Barrack System" which maintained children until they were 12 years old and then apprenticed them (Child Welfare, 1958:9). Many of these institutions, or asylums - "a safe place, out of depravity and temptation" - became the Reform Schools and Children's Homes of the twentieth century.

In the 1870s, when the "ripples of the great tide of humanitarian and philanthropic philosophies reached this country" (Child Welfare, 1958:11) a policy of "boarding out" children with private families was implemented. The "Committee of Ladies for the Boarding Out of Destitute Children", formed in 1879, was superseded in 1881 when Children's Relief Act constituted the State Children's Relief Board, the immediate forerunner to the New South Wales Child Welfare Department. Under an amendment in 1896, the Act provided for the boarding out of children with their own mothers, if they were widowed or deserted wives, whereas previously children were declared State wards and removed. Subsequently, Children's Protection Acts were passed which licensed lying-in homes for infants and children under the age of seven. These homes were the precursor to foundling homes, and in some instances, homes for unmarried mothers. Although the State Children's Relief Board encouraged adoption, its operations were limited because "no matter how dissolute or degraded unworthy parents may be, the law at present permits them to reclaim children who have perhaps been deserted for years and left to the mercy of strangers, until they become useful" (Child Welfare, 1958:13-14).

Describing Australia's welfare policy as "residualist" (a term which could be applied to policies in other Western capitalist economies, Inglis (1984:5) identified at its base the idea that "public care is only provided where all other sources of help in the family or neighbourhood are exhausted or do not exist". However, when public care for the children of poverty became cost-driven, the responsibility devolved to families who could afford it, and adoption was one way of encouraging this responsibility. A factor which has long been recognised is that adoption is more cost effective for governments than is fostering and paying an allowance, or maintaining children in institutions (Benet, 1976:16; Swain & Howe, 1995: Wilkinson, 1986).
Early adoption legislation - 1923 to 1938

To advance the State's commitment to adoption, the first adoption legislation in New South Wales was enacted in 1923 as part of the Child Welfare Act (Part XIV), with other Australian States and Territories following by the end of the decade. The wording of this legislation was to provide the blueprint for future legislation and adoption practice. By abolishing the earlier State Children's Relief Board, the Act established a Child Welfare Department under the Ministry of Education and promoted “the welfare of the individual child” (Child Welfare, 1958:16). In addition, it made provision for "payment of an allowance to an unmarried mother towards the maintenance of her child", a provision which was largely ignored in the implementation of the Act and did not rate mention in subsequent documents outlining the history of adoption legislation in New South Wales (NSW Law Reform Commission, 1992; Standing Committee on Social Issues, 1989).

Although the Child Welfare Act (1923) stated that "the adopted child shall be deemed to be a child of the adopting parent...as if such child had been born to such adopting parent in lawful wedlock..."(s127), its main focus was not to remove the stigma of illegitimacy but to ensure property rights of "natural" children: the Act provided for a child to inherit property as next of kin of the natural parent(s), but not as next of kin of the adoptive parents which was "limited to the heirs of the body of the adopting parent" (Law Reform Commission, 1992:9).

The other purpose which this adoption legislation served was to shift the financial burden of caring for destitute children in institutions and foundling homes from the State and impoverished charities to families: that is, from the public to the private social sector. Although 'adoption' had in earlier times referred to the placement of children with others who were not their parents, there was no legal provision for the transfer of parental rights and responsibilities to adopting parents (NSW Law Reform Commission, 1992:9).

An amendment (s126) in 1924 provided that children should take the surname of the adopting parents as well as their own "proper name". It also deemed that applications could be heard in a public court or private chambers, but included a rule "preventing publication of the names of the child and the applicant or either of them in cases in which such publication would be inexpedient" (NSW Law Reform Commission, 1992:10). Thus lay the foundation to enshrine adoption secrecy under the law.

The burgeoning bureaucracy of the Child Welfare Department found its work becoming
increasingly challenging and its functions more widespread. In addition to "classifying children according to their needs", the Department

"performed investigation work which was described as `one of the avenues which brings under notice and enables (it) to take effective measures to prevent the possibility of families being broken up'" (Child Welfare, 1958:16).

Such `investigation work' related to the "satisfactory placement" of State wards, including the legal work involved in accordance with the Child Welfare Act. It also involved investigating the domestic circumstances of mothers who had applied for financial aid, and removed their children when it was suspected that "immoral conditions existed", such as cohabitation with a man (Wilkinson, 1986:97).

In spite of the detailed prescriptive adoption legislation in the 1923 Act, a former midwife working in the 1920s at The Women's Hospital (Crown Street) recalled that

"There were no adoptions (although) I was told that some babies were handed over to another family outside the hospital" (Morphett, 1984-5)

In 1932 a Mental Hygiene Committee was established "seeking to utilise the combined knowledge of our doctors, teachers, psychologists and psychiatrists" to understand the behaviour of parents and their offspring. This professional composition of committees advising the Department on children's issues, including adoption, would prevail, their advice being accepted unequivocally. Intelligence testing of children was implemented and used unreservedly to explain children's behaviour and offer solutions for its correction (McLean, 1955). The Department's 1938 Annual Report declared that:

"Probably the outstanding feature of the administration during recent years has been the increasing application of scientific skills - medical, psychological and educational - to the individual treatment of State wards, delinquent and other classes of children with whom the Department is concerned" (Child Welfare, 1958:17).

Such invocation of "scientific skill" to support the Department's moral rescue of children, in particular "wayward girls", from their families is evident in my analysis of medical discourses in Chapter 9 and in discourses of social deviance in Chapter 10 which demonstrated that a girl's "low mental capacity" was considered responsible for her "moral delinquency" which brought her to the attention of welfare officials and justified her coming into care for moral rehabilitation (Wilkinson, 1986:99).

**Legislative change - 1939 to 1965**

In 1939 a new Child Welfare Act, "an Act to consolidate and amend the law relating to children and young persons", was passed to meet the need for

"a general tidying up of the existing legislative provisions as well as further coverage for needs and situations not yet met" (Child Welfare, 1958:18).
The projected scope of this Act would provide the legislative framework for child welfare practice, including adoption, for the next twenty-seven years.

Throughout the previous century payment for the care of destitute children had been an integral part of social welfare practice, with its origins in baby farming. The association of adoption with baby farming (Swain & Howe 1995:133; Swain & Swain, 1993:6) demanded legislation which would sanitise adoption's somewhat dishonourable reputation and the 1939 Child Welfare Act (Part XIX) was amended to include minor changes to adoption procedures such as the prohibition of receiving payment for arranging an adoption (s171).

The social dislocation of the Second World War included an increase in the number of single mothers, either as a result of desertion by or the death of their husbands, and the often forgotten casualties of war, exnuptial children. In Australia, a frequent complaint directed at American servicemen, who "literally swept Australian women off their feet" (Summers, 1981:416) was that they were "over-paid, over-sexed and over here". Whereas a woman rendered single as a result of her husband's death on active service evoked sympathy and support for her children, the mother of an exnuptial child was viewed with greater contempt than ever before, particularly if her husband was on war service. In the latter instance, married women frequently surrendered the babies conceived as a result of a war-time affair in order to save their marriages (Kornitzer, 1968:38). This trend is reflected in the adoption statistics presented in Appendix 1.

While not directly stated, post-war illegitimacy might have been "the needs and situations not yet met" to which the Child Welfare Department referred and which pre-empted the 1939 Child Welfare Act. Citing the 1941 and 1946 Child Welfare Annual Reports, Wilkinson (1986:98) noted a prediction that, owing to the absence of fathers at war, an increase in the number of children needing fostering would be expected. According to Swain and Swain (1993:15), by the end of World War II "adoption became the solution to illegitimacy, and new baby adoption had become the norm".

Up until this time, the preferred option was for a single mother and her baby to remain together, the mother being forced to work to support her child and atone for her sin: adoption was regarded as inadvisable for her as well as prospective adoptive parents (Swain & Swain, 1993:14). In 1939, only 287 (25%) of the 1,112 children adopted through the New South Wales Child Welfare Department were under 1 year of age from a total of more than 2,000 exnuptial live births (Walker: 1969:242). Section 27 of the Act made provision for assistance "to the children of a parent who, by circumstances over which they..."
have no control (such as desertion by the father), are in need of financial aid" and a special branch of the Department was set up to ensure that "applications for assistance are always finalised as speedily as possible" (McLean, 1955:21). In addition, mothers were to be advised of the Commonwealth Social Service benefits for which they might be eligible as deserted wives and, in certain cases, deserted de facto wives. Not only was the financial aid meagre, but eligibility was contingent upon the mother obtaining a maintenance order against the father if she knew his whereabouts or was prepared to name him. Some mothers under the age of sixteen, the age of sexual consent, refused to name the baby's father because of the risk of his being charged with the offence of carnal knowledge of a minor (Inglis, 1984:7).

McLean (1955:23) reported that inquiries into cases of single mothers' financial deprivation "often indicated that families were not receiving assistance to which they were entitled", a finding supported by mothers many years later when they discovered that such entitlements, of which they were not informed, existed. Given that a government allowance was paid to foster parents to care for State wards, Wilkinson (1986:95) observed that it was ironic that financial assistance was not given to the families whose children were removed. With the pursuit of fathers not only expensive but time consuming, adoption became to be seen as the best outcome "because a new legally responsible father took over" (Else, 1991:16).

As a consequence of the expansion of the roles and responsibilities of the Child Welfare Department, in 1946 a Director was appointed, giving it full departmental status rather than operating as a sub-department under the Minister of Education as it had previously. In 1956 a separate cabinet portfolio was created and a Minister for Child Welfare and Social Welfare was appointed. Branches of the Department included the Section 27 Branch after the section of the Act related to the provision of financial aid, and the Dependent Children's Branch which administered adoption services.

Adoption services "for married couples and others who desire to adopt children" was a free service which included

"the location of suitable children (mainly babies) for adoption; the placement with specially selected adopting parents and the preparation and submission of documents to the Supreme Court" (Child Welfare, 1958:30).

Most of the babies were 'located' in large public hospitals through a "special service to unmarried mothers". This service was provided by a "specialist lady District Officer" who visited the mother in hospital, in many cases before the birth of the child, and provided "assistance...in regard to waiting time, arranging confinement, employment of the
mother in such capacity as will enable her to retain and care for the child, financial assistance (under Section 27), admission of the child to a home or to State control, surrender of the child for adoption and help to obtain a maintenance against the father" (McLean, 1955:24).

If, after the lady District Officer had

"fully explained the facilities the Department can offer, when all these aids have been rejected and the mother still desires to surrender her child for adoption, the full import of surrendering her child is explained to her. Only when the mother still insists does the department's officer prepare a form of surrender" (Child Welfare, 1958:30).

Guidelines for Departmental workers called for

"the utmost patience and sympathy...when dealing with parents who desire to surrender a child for adoption. Care must be taken to fully explain all the implications of the step they contemplate. Advice is tendered regarding the alternatives, and only when a reasoned and firm decision is made, are the necessary papers prepared" (Child Welfare, 1958:58).

The impression conveyed was that mothers were not only agreeable to but insistent upon adoption, even in the face of discouragement for them to surrender their children.

Although these guidelines refer to "the parents", rarely was the father involved: his name was omitted from the birth certificate if the child's mother was unmarried and consequently his consent to adoption was not required. The outcome was that the mother only, in the majority of cases, gave her consent when a child was surrendered for adoption: she could either sign a consent form which nominated the adoptive parents, or she could give consent to the Department to select and approve adoptive parents.

A report on the prospective adoptive parents was prepared by a Departmental Placement Officer, who having visited their home twice, "then assesses by her personal contact with applicants, the type of child for whom they would be particularly suitable" (McLean, 1955:24). It was also the Placement Officer's role to "investigate the background of every baby surrendered for adoption: age, occupation, educational standard, intellectual level, general type and physical characteristics of both natural mother and father" (Child Welfare, 1958:32) in order to remove "every possible hazard" from the adoption process.

Accordingly, adoption was described as "one of the most satisfying activities of the Department's activities...(because it) is meeting the needs of both child and adopting parents in a very real manner" (Child Welfare, 1958:34). However, such attention to the matching process seems to have been merely lip service, and, according to Kornitzer (1968:101) this practice was "often perfunctory even in broad terms of class and type of employment of natural parents and adopters."

Under the 1939 Act there was no provision for confidentiality and there was no specific
provision for limiting access to copies of original birth certificates, although such access was at the discretion of the Registrar-General of Births, Deaths and Marriages and a precedent was set whereby this access was refused (Law Reform Commission, 1992:10). Private adoptions were permissible, often arranged by solicitors, medical practitioners, social workers and the clergy, where the mother and adoptive parents knew each other's identity if not personally. At the very least, the adoptive parents knew the mother's name which was disclosed on the Order of Adoption even if she did not know theirs. Consequently, although confidentiality was afforded for the adoptive parents it was not reciprocal for the mother. In addition, adopted children were still able to inherit property from the birth family, a factor which would necessitate their identities being known to each other.

Between 1939 and 1965 adoption law was expanded by two further minor amendments in 1941 and 1961. The 1941 Amendment Act reinforced the prohibition on receiving payment for adoption, while the 1961 Amendment Act (s2) further distanced the idea of commercial transactions to procure children by prohibiting the publication of advertisements for the purpose of either having a child adopted or wishing to adopt a child. These provisions were intended to control private adoption practices which had permitted unscrupulous dealings in the past and to pave the way for the more tightly regulated form of adoption of the future.

Adoption in the 1960s: the field widens and the net tightens

In Australia (as in the United States) the political and legal discourses of adoption have been established by State legislatures, and, although there are similarities and subtle differences in the various Australian adoption laws, the basic intent of this legislation was the same across State boundaries: to create a new family identity for a child who, for whatever reason, has been removed from her or his family of origin.

During the 1960s in Australia there was an attempt to bring all State and Territory adoption legislation in line with each other in recognition of interstate adoption, the result of mothers 'disappearing' across State borders to have their babies. Although statutory uniformity was not achieved, all the various legislations and their regulations shared similar characteristics (Inglis, 1984:4). They defined who could be adopted and by whom; the conditions under which adoptions could take place and those with the proper authority to arrange and oversee them; how and when a consent to adoption could be given or taken, and the time and conditions under which it might be withdrawn, revoked or even dispensed with. The
over-riding principle, however, was that "the welfare and the interests of the child concerned be regarded as the paramount consideration" (s17), a phrase which echoed the words of the 1923 legislation that "the welfare of the child now governs the situation" (Child Welfare, 1958:16).

Inglis (1984:4) recognised that "like most legislation... adoption law reflects the social mores current at the time it was drawn up." But in spite of societal change, there had been no change in adoption practice nor the legislation which governed it for twenty-eight years in New South Wales until the proclamation of the Adoption of Children Act (1965) on 7 February 1967. Incorporating some significant changes from earlier legislation, this was the first comprehensive treatment of adoption law in New South Wales and was based on a 'model' adoption Act to be followed by all Australian jurisdictions (Law Reform Commission, 1994:12).

**Who may be adopted?**

Applications for an adoption could be made by the court in favour of any person who had not attained the age of eighteen, and had been raised, maintained and educated by the applicant, or was a State ward in the care of the applicants (s18.1); a person who was, or who had been married could not be adopted (s18.4). Apart from these requirements, it would seem that any child could be adopted by strangers. The Act required that adoption would better serve a child's interests than some other order related to guardianship or custody (s19).

As under the previous legislation, there was provision (s27) for intra-family adoption to take place, either by a blood relative or a step-parent of the child, or adoption by former foster parents. In these cases secrecy was not an issue because all the parties were known to each other. But by far, the overwhelming number of adoptions were non-relative, more than 90% between in the years 1967 and 1969 immediately following the introduction of the Adoption of Children Act 1965 (Walker, 1971:889).

**Who may adopt?**

Under this new Act privately arranged adoptions (for example, by solicitors, doctors and others), or where mothers could nominate 'approved' adopters, were to be banned except within the extended family (s18), and adoptions could only be arranged by registered adoption agencies (s21) such as the Department of Child Welfare, Barnardos, the Catholic and Anglican Adoption Agencies. It was agreed that

"the responsibility of social workers generally, (was) first to channel prospective
parents to adoption agencies...to make the right selection or rejection, and then placement" (Mackay, 1966:14).

An adoption order could be made in joint favour of a husband and wife, or, a "man and woman who are living together as husband and wife on a bona fide domestic basis although not married to each other" (s19). However, with the surfeit of married couples waiting to adopt, particularly newborn babies, it was unlikely that a de facto couple would be considered, and could be rejected on the basis of Departmental or adoption agency selection criteria. The significance for including de facto couples, however, was in relation to the adoption of "hard to place" children, such as those with congenital abnormalities, for whom "a certain flexibility...in the eligibility requirements of adoptive applicants" was necessary to prevent the children from remaining in institutions (Australian Association of Social Workers, 1971:13). This arrangement would appear to be one of providing less desirable children for less desirable adoptive parents.

With the exception of religion (s21A), no criterion for preference of adoptive parents could be expressed by the mother: a consent to adoption was a 'general consent' to "the adoption of the child by any person in accordance with the law of New South Wales" (s27). Aboriginal couples could adopt, but only Aboriginal children (s19.1Ac), as also could white couples.

Adoptive parents must have attained twenty-one years of age, or, in the case of the adoptive father, be at least eighteen years older than the child, and the mother at least sixteen years (s20). The Court had to be satisfied that the adoptive parents were in good health (infertility was not considered in law) and of good repute (s21.1): these requirements were overseen by individual adoption agencies according to Regulation 73(1) that provided for the keeping of registers of

"fit and proper persons to adopt children and the order in which persons whose names are included in any such list may be selected to be applicants for adoption orders".

To be a "fit and proper person" meant having an active Church affiliation, and "opportunities for religious and spiritual development should receive full consideration in the selection of adoptive homes" (Mackay, 1966:15). Although not a specific criterion, it was understood that the mother would cease employment. While level of income often received lower priority as a criterion for adoption in favour of more worthy characteristics (Mackay, 1966:15), adoptive parents tended to be drawn from higher income groups (Walker, 1969:242)

Although it was commonly presumed that children's medical and social histories were
recorded in order to achieve a “match” between them and prospective adoptive parents, there was no legitimate premise for this belief because

“(w)hile matching for similarities of background or characteristics need not be a major consideration in the selection of a family it can be useful where integration of the child into the new family may be facilitated by physical likeness...” (Director-General of Child Welfare, 1967).

A greater emphasis was placed on

“the ability of prospective adoptive parents to accept a child as he (sic) is or as he may develop regardless of how he may develop from his new parents” (Director-General of Child Welfare, 1967).

Priority for adoption would be based on the length of time that the prospective parents had had their names on the adoption register: “queue jumping” would be effectively eliminated and any application to adopt “out of order” would need to be notified to the Court (s21.ii).

Consenting to adoption

The conditions which constituted a legal consent were clearly articulated (s31.1) and the Court could refuse to make an adoption order if it could be shown that these conditions had been breached: that the consent was not given in accordance with the Act; that it was obtained by fraud, duress or other improper means; that the consent form had been altered; and that at the time of signing, the person giving the consent was not in a fit condition to give the consent or did not understand the nature of the consent. The last condition carried particular significance since Section 31(3) provided that a consent instrument could be signed by the mother of a child

"on, or within three days after the day on which the child was born unless it is proved that, at the time the instrument was signed, the mother was not in a fit condition to give the consent".

Submissions to a subsequent Law Reform Commission (1994:48) review revealed that frequently these conditions for a legal consent to adoption were not met in spite of the political rhetoric at the time by the Minister for Child Welfare in a parliamentary debate that:

"It is an offence to exercise undue influence on a parent to sign an instrument of consent. It is required also that the person taking the consent from the natural parent shall swear on oath that the parent has understood the significance of the document she has signed" (Bridges quoted in Harkness, 1991:13)

Having a signed a consent to adoption, the mother was able to revoke it in writing within thirty days from the date of signing, or before the day on which an adoption order was made, whichever was the earlier. However, the revocation of a consent was no guarantee that her child would be returned to her, as in the case of Mace v Murray (1955) where the Court ruled that, although the mother had revoked her consent within the required period and the adoptive parents had refused to comply, the child should stay with them, since it
would be too disruptive to return him to his mother. The case was presided over by an Australian political luminary, Justice "Diamond" Jim McClelland, himself an adoptive parent. In another case (Inglis, 1984:121), when the mother returned to the adoption agency revoke her consent, she was told that her baby had been adopted already, and, in ignorance of the law, she did not pursue the case.

The consent of the ‘putative’ father, that is, the man whom the mother claimed to be the father, was not required at this time because, unless he had custody of the child under a court order, he was not regarded as a guardian of the child (s26.3A). Similarly, unless he and the mother were married, or he had made a declaration of legitimation and paternity (Marriage Act 1961 Reg 57,59, 62), his name was omitted from the child's original birth certificate. In addition, the Marriage Act 1961 provided that children born before 1 September 1963, whose parents were not married to each other at the time of their births but subsequently married each other, became, by virtue of the marriage, the legitimate children of the marriage from that date. Children born after 1 September 1963 whose parents subsequently married each other were legitimated from their birth dates. Although children were legitimated by virtue of the Act itself, the parents were still required to legitimate the birth formally (Walker, 1969:109).

In 1966 the Adoption of Children Act was amended, on the first of seven occasions, to include grounds on which the Court could dispense with a parent's consent to adoption if the child's welfare would be promoted (s32): where, after reasonable inquiry, the parent could not be found; the parent was physically or mentally incapable of giving consent; the parent failed to discharge parental obligations; the child was in a stable relationships with foster parents; or the child was the subject of an overseas adoption. However, because the Court was also concerned with protecting the rights of the mother, it was generally reluctant to make an order against her wishes (Law Reform Commission, 1994:13).

Mandatory secrecy provisions to prevent natural parents, adoptive parents and children being identified were reinforced and ensured by restricted access to court and other records (s64), closed court proceedings related to adoptions (s66), and restricted inspection of those proceedings only by an order of a court or the Director-General of the Child Welfare Department (s67), although there is no record of such an application having been made to test this section of the law (Law Reform Commission, 1992:24). Where it had previously been included, the mother's name was now omitted from the Order of Adoption. Under the Regulations of the 1965 Act all adoption workers and bureaucrats were warned that they must take any precautions necessary to maintain the secrecy of
adoption and prevent the parties becoming known to each other (c132) because

"it remains true that any breach of confidentiality unless handled very intelligently can have unfortunate consequences for the emotional adjustment of adopted children" (Director-General of Child Welfare, 1967).

The 1965 Act, based on the ‘clean break’ theory between a child and her or his mother, introduced for the first time relatively comprehensive provisions, many of which were retrospective to cover aspects of the 1939 Act, and were intended to shroud adoption in secrecy. An offence was committed by a parent who

"takes, leads, entices, or decoys the child, or counsels, causes or attempts to cause the child to be withdrawn or to abscond or detains the child, with the intent to deprive the adopters of the child of possession of the child" (s49).

Parents became, in effect, dangers to their children and were liable to criminal sanctions for attempting to communicate with them (Law Reform Commission, 1994:34). Pre-empting the implementation of the Adoption of Children Act, discussion about the "rights of the natural parents" by the Director-General of the Child Welfare Department was limited to these offences and the penalties they might incur (Langshaw, 1966:5). Although much written attention was given to "counselling for natural parents" (Langshaw, 1966:7), it would appear from the mothers’ accounts that this rarely occurred, and if it did, it was barely adequate. In reality, for the mothers, the main focus of counselling was to present the advantages of adoption as the preferred option alongside the hardships of single motherhood (Swain & Howe, 1995:141).

More adoptions, especially infant adoptions, took place in New South Wales in the 1960s than in any other earlier decade: 9,001 out of a total 10,320 adoptions, or 87% (Walker, 1971:889). In 1965, the proportion of exnuptial births, at 7.3%, was the highest on record since 1905 (7.37%) (Walker, 1969:103). Several factors could be considered responsible for this: first, the female Baby Boomers who were born between 1945 and 1950 were coming into the age of fertility; second, as young people had more disposable income and greater freedom and mobility than before they began to demand sexual autonomy (Harkness, 1991:20). Howe, Sawbridge and Hinings (1992:15) proposed that

"tolerance and the promotion of sexual freedom on the one hand, coupled with intolerance and the stigmatization of illegitimacy create a recipe for producing more children outside marriage without making it any easier for unmarried mothers to care for them. This leads to an increase in babies placed for adoption."

The Adoption of Children Act 1965, regarded at the time as "reformist and forward thinking" (McDonald, 1988:10) was instead a very restrictive piece of legislation. Babies with medical or social problems became ‘deferred adoptions’ and waited in hospitals and other institutions when, owing to the plethora of exnuptial births, adoption became a ‘buyers’ market’. Although there was an over-supply of babies,
"[n the adoption market, the best-seller is the infant who is fair, structurally intact and mechanically sound. If it carries a luxury brand-name (mother: Radcliffe; father: Harvard Medical School), the bidding will go very high indeed" (Ryan, 1976:106).

There was little indication that this supply-and-demand situation would change so dramatically within the next two decades.

From boom to bust: adoption practice in the 1970s

In the year 1971-1972, New South Wales recorded the highest number of adoptions in its history, with 4,539 (Wilkinson & Angus, 1993:17). Since the end of the 1960s the number of adoptions had been increasing steadily from 1,715 in 1968-69, 2,346 in 1969-70 and 3,275 in 1970-71: the number of adoptions in the first three years exceeded the total of the previous decade. In the following year, 1973-74 there was an equally dramatic plunge in figures from 3,315 in 1972-3 to 1,936 in 1973-74, although there was no corresponding number in the demand to adopt children. The trend in New South Wales followed the national trend, although the number of adoptions in Victoria, where abortion became legally available in 1969 and the Council for the Single Mother and Her Child was formed in 1970, began to fall significantly a year earlier in 1971-72.

Several readily identifiable reasons for the sudden decline in the number of children available for adoption in New South Wales have been proposed (Burnell & Norfleet, 1979): first, the availability of the contraceptive pill increased, with general practitioner prescriptions in 1971-72 and 1974 more than double the 1970 figure, and 90% of women admitted taking it primarily for contraceptive purposes (Siedlecky & Wyndham, 1990:45). Secondly, following the 1969 Menhennit ruling in Victoria which outlined conditions under which abortions could be legally performed, Judge Levine handed down a similar judgement in Sydney in 1972: the only ground on which a termination could be performed was the risk of continuation of the pregnancy to the mental health of the mother, including the effects of economic and social stresses (Siedlecky & Wyndham, 1990:85). Thirdly, a change in social attitudes - including the acceptance of extramarital sexual activity and the tolerance of single motherhood - has been generally suggested as another reason for the decline in the number of children for adoption (Law Reform Commission, 1994:15). This change was most in evidence from the passage of two pieces of legislation: the Supporting Mother's Benefit, introduced in 1973, and the Children (Equality of Status) Act 1976.

The Supporting Mothers (later Parents) Benefit was initiated in 1973 by the Whitlam Labor government as a direct result of lobbying by the Victorian Council for the Single Mother
and Her Child (Kiely in Baldry & Vincent, 1991:180). In the years preceding its introduction, single mothers were eligible for the same Commonwealth Social Service benefit as widowed, deserted or divorced women, and, ironically, in New South Wales at this time, unmarried mothers comprised the largest group (55%) of recipients (Walker, 1971:884). Three years earlier, although there was little difference in the actual number of unmarried mother recipients, the percentage of the total group was only 12%, with deserted wives and widows out-ranking them (Walker, 1969:238).

The second piece of legislation, the Children (Equality of Status) Act 1976 was intended to remove legal discrimination against exnuptial children, as they were now referred to rather than as ‘illegitimate’. Until the passage of this act, an illegitimate child was called, in law, “filius nullius”, the child of no-one, or “fatherless”. As Else (1991:14) has explained:

"Unless some legal process had taken place formally linking a particular man to his child, in law that child did indeed have no father”.

In 1973 the Registration of Births, Deaths and Marriages Act 1899 was amended to provide for the separate registration of adoptions and the issuing of an ‘amended birth certificate’ which showed the adopted child "as if born to the adoptive parents in lawful wedlock" according to the Adoption Act 1965 (s35). Children who had been adopted under the earlier provisions of the Child Welfare Act 1939 could now also apply for an amended birth certificate.

Whereas in the past there was no specific provision limiting access to birth records for any party, the Registration Act 1973 disallowed adopted people, even when adults, the right to obtain their original birth certificate except on order of a court (s46). Similarly, parents had no right to obtain the amended birth certificate, and could only obtain a copy of the original birth certificate (which did not contain any information of which they were not already aware) with the consent of the Child Welfare Department. Nor did adoptive parents or any other relatives of either family have any right to information about other parties. Working in concert with the Adoption of Children Act 1965, these provisions were retrospective to cover the previous statutory conditions.

According to the Registration of Births Deaths and Marriages Act 1973 (s14.1) there was no obligation for the putative father of an exnuptial child to provide details about himself, and if he disputed paternity his name would not be inserted on the child's birth certificate even where the mother had named him (s42A.4). Even the title ‘putative father’, applied to the man whom the mother claimed was the father, had a ring of doubt about it, and a hint of suspicion which deflected back on her. A former Deputy Registrar of Births Deaths and
Marriages advised (personal communication) that in his eight year's experience he had never seen an original birth certificate which included the father's name in cases where a child was given up for adoption. The Law Reform Commission (1992:13) concluded that "the rules of law and professional practice that were intended to promote secrecy in adoption appear to have been generally effective in relation to the adoption of newborn children to non-relatives. However...they were by no means always successful".

In 1976 the First Australian Conference on Adoption was held at which adoption reform, in particular the right of access for adopted people to have their original birth certificates, was vigorously discussed and options for legislative change were proposed.

In response to the call for change and the desire of adopted people to find their parents and vice versa, in 1976 the New South Wales Department of Youth and Community Services (formerly the Child Welfare Department) established the Adopted Persons' Contact Register under the administration of the Family Information Service whereby mothers and adoptees over the age of 18 years were entitled to register their names. If there was a 'match' contact could be arranged between the parties. Although access to original records was not permitted, it was now possible for the parties involved to receive non-identifying social information about each other. This was the first step towards openness in adoption practice in New South Wales.

The following year another step was taken towards more openness in adoption. Although the literature and social work practice had been advising adoptive parents since 1960s to inform adopted children of their status (Bull, 1967), in 1977 a Departmental policy was instituted whereby all prospective adoptive parent were required to sign an agreement that they would inform the adopted child of her/his adoptive status as a condition of approval for adoption (Standing Committee on Social Issues, 1989:4). Since that time adoptive parents have been encouraged to supply non-identifying information and on-going reports about the child for the benefit of the birth parents, but this is not a legally binding arrangement and one which depends on the adoptive parents' generosity of spirit.

**The changing face of adoption: the 1980s**

In the 1980s with values and assumptions underlying the 'clean break' model being challenged (Law Reform Commission, 1992:14), several attempts were made to reform adoption legislation and practice but with limited success. The Adoption of Children (Amendment) Act (1980) aimed to set up an adoption tribunal but this was not proclaimed. An advisory committee, set up in 1984 to review adoption policy and practices, released its findings in 1985 in a report, the Marshall Report (cited in Standing Committee on Social
Issues, 1989:5) which recommended retrospective and unconditional access to original birth records for adoptees. In response, the Minister for Youth and Community Services, in September 1985, tabled a paper entitled "Adoption: Options for Reform". Among these options, this paper recommended many changes, for example, the recognition of the rights of fathers, and addressed, for the first time, the iniquities surrounding the adoption of Aboriginal children. However, no alterations to the prevailing system were made, and following a change of government, adoption reform was no longer a priority.

The Adoption of Children (Amendment) Act 1980 made several changes to the previous Act in relation to inheritance rights of adopted people. No longer "filius nullius", the adopted person could under Section 68B inherit from the natural parents, but only if the property was first transferred to the Director-General for dispersal to the adoptee (Law Reform Commission, 1992:13), as well as inheriting from the adoptive family.

At the 1982 Third Australian Conference on Adoption mothers were becoming more vociferous and speaking out about the injustices which had been inflicted on them in the previous years when their babies had been taken from them for adoption (Lee in Swain & Swain, 1993:18) and the Association of Relinquishing Mothers (ARMS) was formed. No longer content to be invisible and silent, mothers "at almost every session strongly, often fiercely, put their views, expressing their grief at the loss of their children and their anger at the social pressures which had forced them to place their children for adoption" (McDonald, 1988:12).

Their anger resulted in discomforting feelings among those present, particularly the social workers who had personally witnessed the mothers' consents, and the adoptive parents who had acquired their babies. A landmark study (Winkler & van Keppel, 1984) revealed that the effects of relinquishing a baby for adoption were profound and life-long and that the assumption that a woman could "put the experience behind her and get on with her life" were erroneous. Acknowledging that some of "the worst cases of moral coercion and injustice" had taken place, McDonald (1988:12) stated that this was now a time for "redressing the balance of past neglect and lack of understanding". In what could be construed as a 'panic response', and as a possible insurance against the perpetuation of past hospital practices which had come under scrutiny, the Health Commission of New South Wales issued that State's first policy on adoption (Health Commission of New South Wales, 1982). This policy document noted that "a number of practices have been identified which occur in some public hospitals in relation to adoption matters which are contradicted on either mental health or legal grounds".

Some of the practices which it identified for concern were the undue pressure being
placed on unmarried women to surrender their babies for adoption; unwillingness of hospital personnel to grant to women considering surrendering their infants for adoption, the same rights of information and contacts with their babies as other women; unwillingness of hospital personnel to respect a mother's wish and right to choose a name for her baby; insufficient attention to matters of privacy and confidentiality; a refusal by hospital staff to provide adult adoptees with non-identifying medical and social information to which they were entitled; and the continuing practice of advising infertile couples to adopt a child without exploring the range of alternatives with them (Health Commission, 1982). Although the Health Commission was unsure about the extent of malpractice, it admitted that the "nature of the problem is an attitudinal one", as well as a "problem of ignorance" and attempted to redress this through the provision of comprehensive information to hospitals. However, this policy was a case of "too little, too late": in 1980 only 356 newborn babies were placed with adoptive parents as opposed to thousands in earlier years when these practices were rife.

As a result of the decline in babies for adoption, by the 1980s infertile couples sought other means of family creation including reproductive technology. According to McDonald (1988:11), by 1982 the number of children born by artificial insemination exceeded the number of children placed for adoption and comparisons were drawn between the two processes suggesting that there were lessons to be learnt from past adoption practices (Brandon & Warner, 1977; Harper, 1982; Meggit, 1992).

The adoption of children from overseas was also becoming more popular as another way to acquire children. Beginning with the first air lift of children from Vietnam in 1975 (Harvey, 1982), overseas adoption mostly involved children from Asian countries and some from South America, the process being strictly controlled by the Commonwealth government under the Immigration (Guardianship of Children) Act 1946 as well as State legislation (Wilkinson & Angus, 1993:4). One government report (Parliament of New South Wales, 1985:18), stated that while recognising that "the impetus to adopt children from overseas arose out of a humanitarian wish on the part of a small number of families to offer a home to destitute children in Third World countries", the focus of the program was still to meet the needs of Australian couples unable to adopt locally. It has been suggested that the popularity of overseas adoption is due to the "comforting distance...to separate the adopting families from the possibility of contact with the natural parents of their children" (McDonald, 1988:13), an opinion seconded by Phyllis Chesler quoting Lifton's description of infants "harvested by the ingenious rich in the fields of the demoralized poor" (Chesler, 1988:127). By 1985 overseas adoptions had overtaken local placements in New South
Wales, in spite of the time and expense involved in adopting a child from another country (McDonald, 1988:14).

Institutions had all but closed down with the exception of those for children with `special needs' arising from a physical or intellectual disability who had formerly been called `hard to place' or `unadoptable'. Adoptive parents were as reluctant as ever to adopt these children - only seven were placed in 1987 (McDonald, 1988:13) - in spite of attempts to reach prospective adoptive parents through the media. With the emphasis in Australian adoptions moving further away from healthy white babies and towards the adoption of older, different-abled children in a climate of openness and contact, the adoption of children from overseas held a certain appeal.

By 1984 only two of the original eight private agencies in New South Wales remained in the adoption business, and although the Department of Family and Community Services had a waiting list of 2,000 couples, adoption services had slowed. From a free service to adoptive couples in the 1950s, agencies began to charge a fee to compensate for amount of work involved. Whereas receiving payments for adoption services and the publication of advertisements to make arrangements for adoption had been prohibited under previous legislation (Law Reform Commission, 1992:10), these practices were changed and the Adoption of Children Act amended (s52) in 1987 to accommodate the changing circumstances of children.

Throughout the 1980s the adoption community in Australia was becoming familiar with changes in legislation and practice in the United Kingdom (Howe et al, 1992) and New Zealand (Shawyer, 1979). There had been a groundswell of opinion in the United States calling for the unsealing of adoption records (Sorosky, Baran & Pannor, 1989), and, in the light of the Baby M case and the surrogacy debate, a questioning of the abuse of the rights of mothers (Chesler, 1988; Lifton, 1988). When the Freedom of Information Act was passed in Australia in 1988, documents connected with adoption were specifically excluded, although hospital records related to the mother's confinement, her social work record and her baby's nursery record before the adoption took place were accessible.

In 1989 with the mood becoming more receptive to adoption reform, the New South Wales government established a parliamentary Standing Committee to examine the issue of adopted adults and their parents receiving identifying information about each other with the possibility of meeting (Parliament of New South Wales, 1989). At this time there were 8,000 names on the Adopted Persons Contact Register, but the rate of reunion was only about 14% (Law Reform Commission, 1992:16). From this response and the 443
submissions received by the Standing Committee, there was a clearly a mandate for legislative change. That change arrived the following year when the Adoption Information Bill was debated in parliament.

Australian legislation was slow to follow similar legislative change in the United Kingdom and New Zealand. However in the United States from where most of the research findings and personal accounts of adoption had come, the policy of sealed adoption records has remained in force in all but six states, imprisonment being the ultimate penalty for curiosity.

**Lifting the veil - 1990 and beyond**

The Adoption Information Bill received unqualified support from all sides of parliament with the exception of one independent pro-Life member who, in speaking against the Bill, "took up the cause of a small group of adoptive parents" but could find no seconder for her proposals (Squire & McDonald, 1991:9). During the debate, a Labor member of parliament, Judith Walker, provoked by these proposals, disclosed in an emotive account that she had lost her four children to adoption. The effect of Walker's disclosure, and the intense media coverage it received, was to draw public attention to the Bill at the same time as giving other mothers permission to speak out as they revealed the long-term effects for them of the relinquishment process.

With the topic of adoption now firmly on the political and social agendas, the Bill was passed and the Adoption Information Act 1990 came into effect on 2 April 1991. Faced with the option of finding their adopted-away children, or the prospect of being found (and found out), mothers began to speak more openly about what the experience had been like for them: they wanted to let their children know that they had not been abandoned and forgotten (Harkness, 1991). Whether women had lost babies to adoption, as recently as five or as long as fifty years ago, in the light of new information available to them they began to reappraise the options they had at that time and the choices they made: they were attempting to find some meaning for the present in terms of the past.

The Adoption Information Act 1990, "an Act to allow greater access to information relating to adoptions and for other related matters", provided an absolute right for adopted people when they reached the age of eighteen to obtain their original birth certificates which bear their mothers' names (s6), and of parents to obtain the amended birth certificates of their children which contain the adoptive parents' names and address at the time of the adoption (s8). Relatives of birth parents or adopted people, including adoptive parents, would not be permitted to receive identifying information while the other parties were alive,
although the Director-General could release this information following their deaths (s7). Relatives could, however, place their names on the Reunion Information Register which incorporated the earlier Adopted Persons Contact Register. Provision for adopted people and birth parents to protect their privacy could be achieved through the placing of a Contact Veto, the breaking of which would incur a fine of $2,500 or six months imprisonment, or both.

Two government bodies and one quasi-government organisation were given the responsibility for the implementation of the Adoption Information Act. Administration rested with the Family Information Service (FIS), a division of the Adoptions Branch of the Department of Community Services which was deemed responsible for receiving and recording contact vetoes, maintaining the Reunion and Information Register, counselling and mediation in some cases, accessing Departmental records and issuing prescribed information and recording statistical information. Responsibility for issuing birth certificates, recording contact vetoes on certificates, conducting searches and issuing information about searching and vetoes was vested in the Registry of Births, Deaths and Marriages.

Under the Freedom of Information Act 1988, mothers had been entitled to a copy of their hospital records and the nursery records of their babies, but were unaware of this provision until discussion surrounding the Adoption Information Act enlightened them. The New South Wales Department of Health prepared a policy document (Circular 91/20) advising hospital personnel of the protocol which they should follow to release information and outlining the main principles of the Adoption Information Act.

In the event of hospital staff not being able assist an inquirer, the Health Department advised the latter to contact the Post Adoption Resource Centre (PARC). Funded by the Department of Community Services, and staffed by social workers (some of whom had been actively involved in taking adoption consents), PARC was established as a direct result of the Act to carry out the tasks of personal and telephone counselling, mediation and outreach, and disseminating adoption information. In 1995 its role and functions were reviewed, and funding from the Department of Community Services continued.

The latest statistics available from FIS (as at 31 January 1996) indicate that there are currently in excess of 20,000 names on the Reunion Register, including more than 6,000 mothers and 11,000 adopted people. Since 2 April 1991 when the Act came into effect, there have been more than 14,000 applications for either original or amended birth certificates, in equal proportions of adopted people and mothers. Of these only 510 have been issued subject to a contact veto although almost 4,000 contact vetoes have been
registered. To date, there has been no recorded breach of a contact veto which would incur the penalties.

In the absence of conclusive statistics, figures for the number of adoptions in New South Wales since 1923 have been estimated between 80,000 and 100,000 (Parliament of New South Wales, 1989:1). Since the introduction of the Child Welfare Act 1939, an estimated 65,000 adoptions have taken place in New South Wales alone, using average figures for those years when statistics were not available (1940-1961) or not recorded (1985-987). One estimate for the number of adoptions Australia wide has been put as high as 250,000 (Inglis, 1984:14). Presuming that the 11,000 adopted people on the Reunion Register are different from and in addition to half of those people who have applied for birth certificates, that is 18,000 adopted people in total, then about 30% of adopted people can be said to have expressed an interest in their families of origin and 20% of mothers are interested in contacting their children. These figures are dependent on adoptees people knowing that they are adopted, the numbers of people, in particular mothers, who are still alive, and do not differentiate between intra-family and stranger adoptions, or cases where a mother may have surrendered more than one child.

In 1995 the Adoption of Children Act 1965 was reviewed by the New South Wales Law Reform Commission, with the new legislation anticipated by the end of 1999. A review of this Act was deemed necessary for several reasons: the changing nature of the family, change in the roles and status of women, the changing nature of adoption itself, and the unwieldiness and irrelevance of the 1965 legislation given the number of amendments which had been made to it.

The changing nature of the family meant that, whether by divorce, death of a spouse, or choice, the traditional nuclear family had changed, with a greater proportion of families headed by single mothers than ever before, or else had become ‘blended’ families. As a result of the formation of new families following divorce and remarriage, it was predicted that there would be an increase in step-parent adoptions (Law Reform Commission, 1994). Certainly, in these cases, the parties would be known to each other and secrecy would not be an issue. Open adoption of this kind was being promoted by agencies as the ideal form of adoption but without the protection under the law to make it viable.

With changes in the roles and status of women, the image of the single mother had also changed, although a new stereotype of the single mother as Social Security recipient has emerged as the 1990s scapegoat. As acceptance of de facto relationships, both inside and outside the law, has increased, so has the acceptance of exnuptial children; and since
de facto relationships could also be homosexual relationships, the issue of adoption by same-gendered couples has also been floated.

Given the relevance of adoption issues to those surrounding the many variations in family relationships occurring as a result of reproductive technologies and surrogacy, it was postulated that new adoption legislation should possibly consider those issues in a package of reforms. Parallels between the different types of family creation were apparent in terms of secrecy, loss of a baby and inheritance rights of the child.

The changing nature of adoption itself also prompted the need for a change in the legislation. With fewer newborn babies available for adoption, and more parents aware of their rights, legislation needed to account for the adoption of children with special needs in a more comprehensive way. Similarly, the 1965 Act was inadequate to meet the adoption of children from overseas countries, particularly in the light of Australia's ratification of the United Nation's Convention on the Rights of the Child in 1990 and the association of overseas adoption with baby-trafficking (Raymond, 1994:141). In consideration of past practice with indigenous Australians and the incompatibility of Aboriginal law with adoption, it was questioned whether White law should address Aboriginal adoption at all as the 1965 Act had done.

The evolution of New South Wales adoption law away from the original notion of a model jurisdiction in 1965, and indeed, as a result of several amendments, the decreasing resemblance to the 1965 Act itself, suggested that, after thirty years, it was now "time for a change". The New South Wales Law Reform Commission considered these issues in a discussion paper in 1994 following which it received written and personal submissions from the public at a series of hearings, the results of which were presented to the New South Wales parliament for incorporation into the Adoption of Children Act 1995.

**Social parallels: Stolen children and child migrants**

Although I have given greater prominence thus far to the origins and evolution of adoption practices in New South Wales in the broadest context, other similar developments which were largely ignored by society were taking place during the same era: the systematic removal of Aboriginal children from their families, begun in the 1820s, continued until the repeal of the Aboriginal Protection Board in 1967 and the child migration schemes which had began a century earlier also persisted. The malpractices which were perpetrated against children from these groups were allowed to flourish behind a veil of ignorance and apathy as the satisfying social-work practice of the adoption of babies to create families for
married couples overshadowed other areas of child welfare.

In 1980 indigenous Australians founded an organisation, Link-up, to try to locate their relatives who had been fostered, adopted, raised in institutions or in any way separated from their families of origin. The release of the “Stolen Generation” Report in 1997 finally brought this tragedy to the attention of the Australian public and, amid calls for reconciliation between black and white Australians, raised the collective consciousness of most Australians. A shameful example of one Australian who refused to accept this stain on Australia’s colonial history could be found in the person of the conservative Prime Minister, John Howard.

Coincidently, during the 1980s survivors of the child migration schemes from the 1940s to the 1960s were also beginning to tell their stories of separation and sorrow, of being transported as young as six years of age to Australia from Great Britain on the promise of a new life in the sun, only to spend their lives subjected to systematic abuse in institutions (Bean & Melville, 1990; Moore, 1990). One of the likely reasons why child migration was unchallenged, if not embraced, in Australia was because Australia's history was founded on colonisation by the poor, the destitute, and the illegitimate in a criminal if not in the social sense. Migration had been an accepted part of Australia's history, and child migration could be interpreted by Australians as giving to others the privileges of living in this country as they had themselves enjoyed. Having been brought up on an educational diet of images of England as wet and cold and cramped, Australian's were conditioned to believe that they were doing English children a favour by having them here.

There have been many accounts (Moore, 1990) of children receiving loving care in foster families until, once they reached the age of fourteen, they were recalled by Barnardo's to be either transported overseas or retained in Britain as sources of cheap labour. Their childhoods over, they were too expensive to keep and their labour was too valuable not to be used. The ongoing influence of Barnardo could be detected many decades later in the adoption service which carried his name.

**Concluding comments**

Some common themes have surfaced in many of these histories which had their roots in different eras and countries. All have been part of misguided schemes to create societies which, in their refusal to be created, have produced personal confusion, private distress and public anger. Hegemonic discourses offered a legal and political framework for the taking of babies for adoption which was prescribed by the symbolic order and informed its
practices. This analysis of the politicolegal discourses of adoption in historical time has defined the background against which mothers lost their babies between the 1950s and 1970s, and were reunited with them in the 1990s.

In Chapter 8 I will examine the discourses of social praxis within family time as they pertained to the creation of the nuclear family and disruptions to family life course. These discourses framed the social climate which made adoption an attractive option for both unmarried single women and infertile married couples.
Chapter 8
FAMILY TIME
Discourses of social praxis

"It is the family, in the comforting sameness of its image, replicated a million times across the barriers of wealth and class, that can transcend and overwhelm the significance of the other structures and institutions in which ordinary lives are caught." (Heron, 1985:5)

"The family is not an isolated unit and the outside world keeps breaking in." (Kornitzer, 1968:123)

Introduction
In this chapter I will show how the life course of the family was affected by adoption in accordance with the features of life-course analysis explicated by the historian, Tamara Hareven (1978b:5): that is, the synchronisation of individual transitions with family transitions; the interaction between life-course transitions and historical change; and the cumulative impact of earlier life-course transitions on subsequent ones. In addition I will show how discourses of social praxis, namely of adoption, informed the roles which family members assumed and afforded an understanding of those roles providing "important insights into the process of decision-making within the family" (Hareven, 1978b:5).

In Chapter 7 I noted that Benet (1976:15) attributed the disintegration of traditional family structures to the impact of industrialisation and urbanisation. One effect of the industrial revolution was that impoverished mothers and their children were separated, the latter group being exploited as a source of cheap labour in arrangements which frequently masqueraded as adoption (Jackson, 1986). Hareven (1978a:58), on the other hand, suggests that the notion of the family as passive in its disintegration is erroneous and that, instead, the family fostered social change and facilitated "the adaptation of its members to new social and economic conditions". This argument is only partially upheld when applied to the adoption of children, since many of the participants in adoption were far from active in the historical events which determined their fates, even when their passivity could be interpreted as active resistance.

Because the adoption of children from different ethnic backgrounds produces different ruptures in the life-cycles of the child's family of origin as well as in the adoptive family, it is not addressed in this thesis.
Family time and the life course

Coinciding with historical time from which politicolegal discourses emerged (as discussed in Chapter 7), is family time, the concept of which

"designates the timing of events such as marriage, birth of a child, leaving home, and the transition of individuals into different roles as the family moves through its life course" (Hareven, 1978a:59).

Family time, represented by life-course transitions, differs from historical time which has been defined by Hareven (1978a:59) as "a linear chronological movement of changes in a society over decades or centuries". Family time does not follow a chronology; nor does it equate with 'life-span', a biologically determined developmental process, although life-course transitions and life-span milestones may intersect. Whereas a life-span approach addresses age patterns in family roles, a life-course approach based on family time refers to the family members' roles and relationships and cycles of time which underpin the ordering of these roles and relationships: it "encompasses individual development as well as the collective development of the family unit" (Hareven, 1978b:5). It is through charting the history of the family, contends Hareven, that "human intimacy" is reintroduced into historical research. In other words, the family and its evolution in family time provides the human face to historical time.

As Elder (1978:45) has indicated, the demarcation of stages across the life span - marriage, births of the first and last children, age-graded status transitions such as school entry, departure of the eldest and youngest children from the parental home, withdrawal of one or both parents from the work-force and marital dissolution through a spouse's death - ignores the timing and order of individual events because life-span depends on a "normative schedule on the timing and arrangement of marriage and births" (Elder, 1978:45), whereas it is the differential timing of events which marks transition points in the life course.

Central to the understanding of family time and life course is the notion of career which

"refers to a sequence of activities or roles through social networks and settings...a career line (being) equivalent to an individual's history in each role domain, such as marriage, parenthood, consumption, and worklife" (Elder, 1978: 23).

The family unit, continued Elder (1978:55) is "portrayed as a set of career lines" which are either synchronous or asynchronous with each other depending on the timing, duration and arrangements of events, although timing, as Hareven (1978a:59) noted, "has often been a major source of conflict and pressure in the family, since 'individual time' and 'family time' are not always in harmony". Accordingly, a life course approach to the study
of the family "focuses on the meshing of individual careers over time" (Hareven, 1978b:5). The prescriptive and proscriptive nature of a career, determined by age and role differentiation, is maintained within its normative boundaries through the imposition of social sanctions. When careers conflict, role strain results.

At any given point in their careers, members of the family occupy different but simultaneous roles and relationships, recognised by the titles ascribed to them. Such roles and relationships - child, spouse, parent - are regarded as unambiguous and sequential, and, above all, taken-for-granted. Thus an individual's life course can be described as "multidimensional since movement through successive life stages entails the concurrent assumption of multiple roles...One's life history is thus a product of multiple histories, each defined by a particular timetable and event sequence" (Elder, 1978:26).

Any life event occurring outside the normative timetable which dictates a preferred sequence of events may be regarded as deviant, the effects of which, according to Elder (1978:29), are "contingent on its timing, (and) on the temporal phase of life course in which it occurs".

Within the context of historical time, family time depends not only on how individual family members view themselves and each other, but also how they are seen from outside the family. Consequently, the family strives to maintain a normative framework of internal consistency and integrity as well as an outward appearance of structure and cohesion. This is achieved through the reinforcement of the prescribed roles and responsibilities for each family member in accordance with "normative determinants (which) take the form of social expectations that specify appropriate times and arrangements for life events and transitions" (Elder, 1978:28) and which may be imposed either from within or without the family.

Throughout the life course of the family, individuals move in and out of different roles and social institutions according to the family units with which they find themselves connected, the timing of which affects not only the individual member but also the collective family unit (Hareven, 1982:166). To illustrate this point Hareven (1978b:6) has offered the example of an individual who, on marrying, leaves her family of origin to become part of a family of procreation as well as part of her husband's kin network. The subsequent bearing and raising of children also influence family dynamics through the transformation of the family members' roles, such that "individuals can be members of their family of origin and their family of procreation" (Hareven, 1978a:60).
Whereas in earlier eras the timing of family events was controlled by involuntary forces (for example, famine), it has now shifted to voluntary forces (Hareven, 1978a:63), such as in the exercise of choice in family planning to regulate not only how many children to have but also when to have them, if at all. However, Hareven (1978a:67) has noted a paradox: this greater degree of choice in the timing of family roles has brought with it a greater degree of rigidity and uniformity in the timing of family transitions.

Family time and the life-course of the nuclear family

Traditional Western family life courses have been presumed to follow a predictably linear course of "an hypothetical average nuclear family" from the birth of family members through to their death punctuated by "certain crucial events", such as marriage, the birth of children, and the death of a spouse (Tilly in Hareven, 1978b: xii). Hareven (1978a:61) has described a life course which she claims has been uniform for the majority of families for most of this century: early marriage followed soon after by childbearing which produces in quick succession an average of fewer than three children. According to Gittins (1985:12), most women

"will have stopped having children by their early thirties, if not before, and thus have the prospect of perhaps a further forty years free of childbearing."

The result of this life course, claimed Hareven, is that the husband and wife spend a longer period of their lives together of which a small segment is devoted to child-rearing, and frequently they survive until grandparenthood, this cross-generational overlap between grandparents and grandchildren being a twentieth century phenomenon (Hareven, 1978a:63). In addition, increased longevity, particularly of women, raises the chances of middle-aged women inheriting the responsibility of caring for an ageing parent or spouse (Gittins, 1985:11).

With the introduction of compulsory schooling, the period which constituted childhood was longer and more clearly defined. As urban middle-class families began to make the connection between social mobility and education (Gittins, 1985:143) the emphasis was to contain children in school for longer periods and consequently keep them dependent on and in the family unit (Gilding, 1991:21). The departure from school marked the end of childhood and the transition into the workforce or a career, marriage and leaving the family of origin to form a new family (Hareven, 1978a:67).

The model of life course for many young women during the 1950s and 1960s was defined within middle class aspirations, as privileged women regarding themselves as "special":

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“I was a special girl, who would become a special student, who would become a special woman, who would marry a special man and have several special children. This was my destiny. Life was going to be comfortable and rewarding...I was not destined to be one of those ants on the anthill.” (Maslow in Breines, 1992:5)

In the 1950s, note Ehrenreich, Hess & Jacobs (1986:28), fewer adolescents than previously left school to help support their families, “making teenhood more distinct from adulthood as a time of unemployment and leisure.” By the end of the 1950s, 70 per cent of all women were married by the age of twenty-four (Breines, 1992:50).

To speak of the "normal" nuclear family is to conjure up an image of an immutable social entity - a mother, a father and their children, which Hite (1994:347) suggested is derived from the Judeo-Christian image of the "holy family" of Jesus, Mary and Joseph. This image may not only be misleading but may also be founded on some rather false premises. Heron (1985:5) is correct to speak about the "comforting sameness" of the family's image because it is that very image, rather than the reality, which has driven adoption: the image has exerted a powerful influence on social policies and practices as well as an effect on the very actors it seeks to describe. Sutherland (1984:21), posing the question, "What model of 'family' do social workers carry around in their heads?" responded that it is the model of the male breadwinner supporting his dependent wife in her roles as homemaker and mother, that is, the nuclear family, and that this "has continued to be used by social workers against which to measure the deviance of others or those in need".

If the family is considered to be the foundation of society (Gittins, 1985:1) and parenthood the basis of social structure (Malinowski, 1966:25), then in Western capitalist societies the nuclear family is the mainstay of society, both systems being dependent on patriarchy for their integrity and cohesiveness. Unquestionably this is the model of the family which informed politicolegal discourses of adoption (see Chapter 7) dating from the Poor Laws and which Smart (1992) has described as

"quite clearly operating to maintain a particular family structure through the implementation of punitive sanctions against...women" (Smart, 1982:133).

Such generalisations about the life course of the nuclear family obscure the range of individual experiences which occur within families and thus render the notion of the nuclear family as problematic.

The nuclear family as problematic: disruptions to life-course

According to Hareven (1978a:59), "motherhood preceding marriage is considered a violation of social norms in most societies". In a nuclear family which regarded its transitions as marked by childhood and adolescence followed by the subsequent
separation of adult children into marriage, an exnuptial pregnancy had no place. The return into the family of an unmarried female member with a child demanded a re-ordering of roles and responsibilities not only of the woman but of her parents and siblings.

**The unmarried mother and her family of origin**

Most families do not plan for an exnuptial pregnancy, even going so far as Rosenberg (1994:9) has suggested "not to welcome children born of unwed mothers". Consequently an exnuptial pregnancy disrupts the synchronicity of the individual, usually a daughter or sister, within the family life course and the family's plans. For example, although still a child, dependent on her parents for care and control, when a female reaches the life-span milestone of menarche, she becomes physiologically capable of conception and pregnancy. On the other hand, conception, pregnancy and possibly motherhood may be incompatible with her life-course transitions within family time and disrupt the normative pattern of family life.

Whereas the senior woman in the family may have been looking forward to a time `to herself', and which may involve a return to the workforce, she may now be either called upon, or else see it as her responsibility, to `babysit' the new grandchild. While many senior women undertake this responsibility voluntarily, as a transition in their own lives, the unexpectedness of an exnuptial pregnancy may be regarded by her as an imposition on or disruption to her plan for how she intended to spend her middle years.

Stratton (1992:139) has proposed that

“[h]istorically the elaboration of the family as the site of social order, and the elaboration and deployment of an ideology of the good family, has counterpointed the argument that unruly young people are the product of bad family situations.”

Consequently it has been the non-nuclear or single parent family that has been judged as problematic and the site for delinquency of its children, attributed to

“failings in the family background of the young person which, in turn, was measured against the generalised and reified bourgeois family ideal” (Stratton, 1992:139).

In recent times, the rejection by single mothers to choose adoption as an option has been viewed as socially irresponsible, even to the extent of inviting sanctions against the bearing of more than one exnuptial child (Armstrong, 1995).

Society, then, had a vested interest in promoting the nuclear family as unproblematic and as the ideal to which all its members should aspire in order to maintain social integrity. The efforts to which media discourses would go in promoting this ideal will be discussed in Chapter 13.
The adoptive family

In Chapter 7 I addressed the politicolegal issues pertaining to adoption, including the selection criteria for those wanting to adopt children. In this section I will address the social aspects of family formation by adoption, in particular how the adoptive family attempted to acquire the status of a nuclear family, thereby maintaining the outward appearance of a normal life-course.

Adoption as normalization

Adoption has been employed as a means of promoting a normal life-course for parents who have been unable to construct families through their own procreation. Infertility as a rupture to family life-course could be smoothed out by the addition of children acquired through adoption "as if born to the adoptive parents in lawful wedlock" (Adoption Act 1965, s35). Christa Hoffman-Riem (1986) described adoption as "a chain of normalization processes" which could be divided into life course sequences: a shift from what couples defined as the "normal" starting point of marriage, to the desire for a child, to deviation when child-bearing seemed impossible, and, finally, to an attempt to reconstruct normality through adoption. "Biographical denormalization" beginning with suspicions regarding fertility (Hoffmann-Riem, 1986) was as the process by which couples moved progressively away from the cultural script of family creation. However, following the decision to adopt a child, couples could begin to move closer towards a normal life course.

With the employment of "matching" techniques which were presumed to minimise the physical differences between adoptive parents and adopted children (Cadoret in Brodzinsky & Schechter, 1990:29), adoptive families could be as "normal" as biological families. However the fictional family created by adoption was not as unproblematic as adoptive parents had been assured, or as they themselves might have hoped. A review of the abundant literature on adoptive families which I have presented elsewhere (Farrar, 1997) is beyond the scope of this thesis, however I shall draw on some of the seminal work in the area to illustrate my argument. From the literature, I have selected the following themes through which to examine the problematic nature of the adoptive family: the myth of The Chosen Baby, acknowledgment and rejection of difference, and adoption as a "cure" for infertility and reproductive loss.
The story of *The Chosen Baby*

According to Hartman and Laird (in Brodzinsky & Schechter, 1990:231), the story of the "chosen baby" is central in the life of the adoptive family in order to give meaning to them for the adoption process. It was believed that this story would mollify adopted children who might otherwise feel abandoned or rejected by their birthparents, while simultaneously intensifying their importance to the adoptive parents (Winkler, Brown, van Keppel & Blanchard, 1988:87). In the absence of information about their origins, the story was often expanded by adopted children to include "fantasies that they were saved from incompetent or bad birthparents, that they must be grateful to their adoptive parents for having been saved, and that they must please their adoptive parents in order to be grateful" (Winkler et al, 1988:87).

Indeed, as Nichtern (1983) noted perceptively, "adoption provides fertile soil for the construct of the fantasy family". Similarly, it has been suggested that the secrecy surrounding adoption has contributed to tensions and psychological stress within adoptive families (Andrews, 1980).

The success of the "chosen baby" story depended on the denial of adopted children's birth and contributed to the secrecy of their origins. Such romanticising of adoption reinforced acceptance of adoption as a natural form of family creation not only for adopted children but also for adoptive parents. The noble sentiments on which the story depended made any refutations or challenges difficult since they would imply a lack of humanity on the part of the challenger. The story could also allay any anxiety which adoptive parents might have about discussing the general topic of human reproduction with their adopted children which would, in turn, remind them of their own infertility (Kraft et al, 1980).

According to adoption researcher, Paul Brinich, adopted children have been over-represented in samples of psychiatric patients, their referral for psychiatric help having been attributed to their *not* having been told of their adoption as much as to their having been told (Brinich in Brodzinsky & Schechter, 1990:42). Notwithstanding either explanation, Brinich (in Brodzinsky & Schechter, 1990:43) has suggested that the genealogical bewilderment which adopted children experience can be connected to the myths surrounding their dislocation from their families of origin and recounted in stories ranging from that of Moses to Peter Pan. The contemporary story of the "chosen baby sits comfortably among them."
The story of the "chosen baby" has been published in many formats since its original publication in 1939 (Brinich in Brodzinsky & Schechter, 1990:231), and is recounted below, in an almost identical version thirty year later, as *The Adoption Story* (1969).

The politicolegal discourses of adoption which I have analysed in Chapter 7 contradicted the myth of the chosen child as presented in the above story. On the other hand, this was the story which underpinned many of the media accounts of adoption which are presented in Chapter 11. It was also the version of adoption which many adoptive parents had convinced themselves and their adopted children was the "real" story behind the creation of the adoptive nuclear family. Worthy of note is the emphasis on the most desirable baby for adoption, a fair-haired, blue-eyed boy (Zelizer, 1994:193), while those babies that deviate from this ideal are discarded.

Nowhere is the adoptive family as the bourgeois ideal of the nuclear family played out more graphically than in the story of the chosen child. This is a sanitized story on many fronts: the sexuality of both the adoptive parents and the child's own parents; the deserving adoptive parents' right for a child versus abandonment by the undeserving mother; the dynamics of the adoptive family; gender stereotyping; and the process of allocation of babies for adoption. Notwithstanding the instruction that this was the version of adoption which should be imparted to young children, it was also the version that appeared to be internalised by many adoptive parents themselves as well as by social workers (Child Welfare, 1958:34). As a result, adoptive parents found themselves in a state of confusion when the reality of raising an adopted child presented problems for which they had not been prepared.
"Once upon a time there was a Mummy and a Daddy, and they lived in a pretty little house with a garden at the front and a lovely big yard at the back. But Mummy and Daddy were very sad because they had no little children. Then one morning Mummy woke up very early with the most wonderful idea. She was so excited she had to tell Daddy.

"Let's adopt a baby!" said Mummy.
That really woke Daddy up. He sat up so fast he nearly went through the ceiling.

"That's a wonderful idea!" he said.
So the very next morning Mummy and Daddy sat down and wrote a long letter to the Adoption Agency. They waited and waited - and then one day there was a knock at the door, and there stood a very nice lady. The lady looked over the house to make sure that it was big enough, and asked lots of questions to make sure they were special enough. At last she said:

"Do you want a baby boy or a baby girl?"
Mummy said: "We'd like a baby boy called Tony, and a baby girl called Jane."
The lady smiled. "We'll see," she said. "Suppose we start looking for Tony. I think we should be able to find him for you." Just when they were giving up hope, the telephone rang. It was the lady from the Adoption Agency. "There are some baby boys up at the hospital," she said, "I think one of them might be Tony."
Mummy and Daddy were very excited. They raced to the hospital, and the nurse took them to the room with the baby boys in it. They went to the first cot, and there was a sweet little baby boy with red hair and green eyes and a pale smooth skin. But Mummy and Daddy looked at each other and shook their heads. They went to the next cot, and there was a sweet little baby boy with black hair and dark brown eyes and dimples. But Mummy and Daddy looked at each other and shook their heads. Then they went to the third cot. And there was the dearest little baby boy you ever saw, with fair hair and rosy cheeks and big blue eyes. And Mummy and Daddy knew at once.
(The same scenario is recounted when Mummy and Daddy go to the hospital to choose Jane, a little baby girl with fair hair and blue eyes.)
They all went back to their pretty little house, and when Tony got bigger he would play in the front garden and talk to Daddy while he mowed the lawn. And when Jane got bigger she would play in the back yard and talk to Mummy while she was hanging out the washing. And they must be just about the happiest family in all the world."
Acknowledgment of difference / Rejection of difference

According to sociologist, David Kirk (1983), the ways in which adoptive families coped with adoption could be divided into two categories: acknowledgment of difference or rejection of difference. Kirk, an adoptive parent, based his theory of adoptive parenting on the sociological concept of role strain, whereby adoptive parents found themselves caught in a dilemma. Should they acknowledge that their adopted child is different from them, and hence over-emphasise adoption and the possible alienation of the child? Or should they reject any notion of difference and hence maintain the illusion of the "natural" family into which the child could be easily and invisibly incorporated? Kirk (1983) concluded that the former path was the less problematic in the long term: eventually adopted children would discover their status (even if they did not hitherto suspect it) and be less distressed by the discovery. In addition, Kirk contended, acknowledgment of difference was predicated on honesty and trust between adoptive parents and their adopted children. On the other hand, rejection of difference was based on a myopia which, while helping adoptive parents think of the child "as their own", also kept them from recognising the uniqueness of the child (Kirk, 1983: xiv).

According to Hoffmann-Riem (1986), one way in which adoptive parents attempted to minimise the difference between their family and the "normal" family was through the process of emotional normalization. Whereas in biological families the emotional bond between parents and their children is taken for granted as automatic, in families where the "principle of biological filiation" has been violated adoptive parents were concerned that the emotional bond might also be adversely affected (Hoffmann-Riem, 1986). However, the younger the child at the time of the adoption, the less likely the adoptive parents were to emphasise the principle of biological filiation for an emotional relationship. Emotional normalization was described as having been acquired when adoptive parents no longer thought of the child as an "adopted child" but as "our child", and themselves as a "normal family" (Hoffmann-Riem, 1986).

Rejection - or acceptance - of difference of adopted children appears to have been invoked by adoptive parents according to circumstance along the lines of the 'nurture versus nature debate (Sorosky, Baran & Pannor, 1978). When an adoptive family's life course assumed a trajectory similar to that of the normal nuclear family, the reasons were attributed to the nurturing role played by adoptive parents. Alternatively, adoptive children's disruption of the adoptive family's life course was often rationalised in terms of "bad blood", or the genetic influences of the child's birth parents (Reitz & Watson, 1992:161).
Consequently, adoptive parents were able to locate themselves, or be located, in a positive light, whatever the disruption to or outcome of the adoption.

In order to pass as "normal", adoptive parents would need to assume Kirk's "rejection of difference" position (Kirk, 1984). By not disclosing their adoptive parent status they would not have to confront their infertility, nor acknowledge their adopted children as not biologically related to them. Conversely, revealing their status has been reported as increasing adoptive parents’ feelings of difference rather than contributing to their feelings of adjustment (Miall, 1989). However, adoptive parents could find themselves in a bind: those who acknowledged difference were more likely to have successful relationships with their adopted children than those who rejected difference (Kirk, 1983). On the other hand, if they rejected difference, and, instead, emphasised the emotional normalization of their relationship with their adopted child, they would more closely approximate the norm of the nuclear family (Hoffmann-Riem, 1986). With the protection of a legal system which promised adoptive parents on-going secrecy surrounding the origins of their adopted children, many adoptive parents chose the latter course, objecting vociferously to any legislative change which would expose their status (Baran, Pannor & Sorosky, 1974; Law Reform Commission, 1992).

"Why don't you try adoption?"

The solution to infertility and reproductive loss

As early as 1916, the suffragist, Leta Hollingsworth, recognised certain "social devices for impelling women to bear and rear children" among which she included the establishment as a societal norm "the woman whose vocational proclivities are completely and naturally satisfied by child-bearing and child-rearing, with the related domestic duties" (Hollingsworth, 1916). In a social climate which venerated the nuclear family and its parenting imperative, women who were unable to bear children believed that a stigma of infertility was imposed on them (Whitford & Gonzalez, 1995; Woollett, 1985). Kraft et al (1980) found that this perceived stigma extended to other areas of identity such as body image and parenting ability, as well as contributing to marital disharmony.

Prior to the 1980s when family creation through reproductive technologies became an option for infertile married couples, the only alternative solution was adoption. In addition, adoption was often recommended in cases of reproductive loss due to miscarriage, stillbirth or the death of a child (Cain & Cain, 1964). Adoption was also seen to have the magic of a "fertility charm", whereby couples who had been unable to conceive previously
might be able to do so following the adoption of a child (Andrews, 1970), although this strongly-held belief has been proved to be fallacious (Humphrey & McKenzie, 1967; Lamb & Leurgans, 1979). With reference to the 10% of cases where adoptive parents subsequently bore children, it was suggested that their infertility was psychogenic (Humphrey & McKenzie, 1967).

Although adoption had been viewed as a panacea for infertility, some authors (Reitz & Watson, 1992:107; Renne, 1977) have suggested that successful adoption would not be possible until adoptive parents acknowledged the grief and mourning which accompanied their infertility. Failure to accept the reality of infertility could predispose to adoptive parents' inability to accept the differences between them and their adopted child, thereby contributing to the fantasy that the real adopted child and their imagined biological child were one and the same (Brinich in Brodzinsky & Schechter, 1990:46): "adoptive parents may act as if they were the child's biological family, and reject the idea that they are not" (Hoffman-Riem, 1986). Adoption may have created a family but it did not, in most cases, 'cure' infertility.

Whereas infertility and childlessness have been imbued with their own form of stigma (Woollett, 1985), in a society which emphasises "natural" families the stigmatisation of adoptive parent status has also been recognised (Miall, 1987). Factors which Miall (1987) elicited as responsible for the stigma of adoptive parenting related to lack of biological tie, adopted children perceived as "second-rate" and adoptive parents not seen as "real" parents.

Discussion

In Hareven's work (1978a; 1978b) as in other discourses on the family (see for example Engels, 1985; Greer, 1984; Hite, 1994; Smart, 1982; Thorne, 1991; Zaretsky, 1976), the adoption of children has not been addressed, or else has received cursory mention (Gilding, 1991); the exceptions have been works which related specifically to the family and adoption (Benet, 1976; Rosenberg, 1994). I suggest that the reason for the exclusion of adoption from discourse on the family is because adoption was either presumed to be a 'normal' part of family life course, 'taken-for-granted', and therefore did not rate exclusive mention, or else it was so deviant that it belonged elsewhere, perhaps in discourse specific to adoption. The continuing invisibility of adoption in discourses of the family reflects the secrecy within which the adoption of children as a practice has occurred.
The 'normal;' nuclear family was the model to which families affected by adoption aspired. The mother of an exnuptial child, supposedly relieved of her shame through relinquishment, could return to her family of origin as a single woman and resume her life course as predicted, marrying and having `children of her own'. The child, `filius nullius', the child of no-one, was adopted by a married couple under legal sanction to become the child of someone, `as if born to them'. The adoptive parents, no longer childless, were on their way to family formation either through further adoption or, as frequently occurred, through bearing their own children (Blum, 1959: Kornitzer, 1968).

Adoption was a convenient way to support the illusion of the nuclear family because this model became the only legally endorsed type of family for the receipt of exnuptial children. Emphasis on the nuclear family as the pinnacle of security and permanence meant that:

"the few remaining ties - those between husband and wife, parents and children - are closer and more intense than ever before" (Benet, 1976:15).

But, by its very attempt to create and maintain an illusion of the nuclear family, adoption ruptured family time. In many instances, the actors did not participate in this disruption willingly, even where adaptation to the disruption might have occurred.

Adoption's disruption to the family of origin and the creation of a fictional identity was more widespread than its immediate effect on the unmarried mother herself and contributed to genealogical discontinuity. Grandparents were deprived of a grandchild, frequently their first; the mother's siblings were separated from their nieces and nephews, and their children from cousins.; where a mother bore subsequent children they were often unaware that they were not her first born, nor that they had half or full siblings elsewhere. In addition, adoption denied hundreds of years of family history and ancestry to an adopted away child and her or his own children as a result of this broken genealogical link.
Chapter 9
CONSTRUCTING THE UNMARRIED MOTHER:
Medical and nursing discourses

"...a very immoral, a very stupid, a very deviant or perhaps a very exploited girl to make such a disastrous mistake as to have an illegitimate child."
(Pope, 1967:555)

In Chapters 7 and 8 I have shown how adoption was constructed by the hegemonic symbolic order within historical time and family time as a legitimate and desirable form of family creation. However, this end could not have been achieved without constructing the unmarried mother as undesirable and deviant as I will demonstrate in Chapter 10.

In this chapter I will show how medical discourses (and other discourses such as nursing which subscribed to the medical model of illness) pathologised women who became pregnant outside marriage, attributing to her the characteristics of mental illness.

Since the publication of one of the earliest works on unmarried motherhood (Fisher, 1939), discourses of the symbolic order have addressed the unmarried mother as either a medical, psychiatric or psychological problem: it was she who was responsible for her out-of-wedlock pregnant state, with causes for and solutions to her predicament having been proffered.

Citing a study (Stewart, 1971) on female promiscuity, Laws (1979:216) outlined the four categories to which physicians assigned women who requested abortion: stupid (young women with little knowledge of contraception or sex education), careless (women who had “forgotten” to use contraception), made a mistake (where a woman regretted an unsuitable choice of partner) and promiscuous (women who engaged in sex for fun rather than love, rejected marriage and contraceptive advice, and had more than one partner). The last group was regarded as being “undesirable” patients and accordingly, unlike the other three groups, was either refused an abortion or referred to an incompetent practitioner.

Recounting social work entries recovered from the discarded records of an adoption agency, Shaw (1983:41) found that those lacking "the wit to be wicked" were referred to as "silly, headstrong or stupid".

Although Benedek (cited in Gedo, 1965:352) declared that “the term `unmarried mother’ refers to a social status and not a psychiatric diagnosis”, frequently a combination of mad, bad and stupid’ was proposed, with the interpretation of the unmarried mother’s behaviour
as pathological, influencing the medical and nursing care she needed and the social welfare she received. Without detracting from or diminishing the situation of unmarried mothers from other populations (such as women of colour), in this thesis I have confined the study of unmarried motherhood to Caucasian women in Western societies, the literature having been drawn from the United States, Great Britain, New Zealand and Australia.

Through a review of the literature spanning almost sixty years, I will show how the unmarried mother has been constructed by medical discourse as "mad", but whose rehabilitation was secured through therapy, and by social discourse as "bad", but who redeemed herself by surrendering her baby. I will also show how the construction of the "good" unmarried mother, who gave up her baby for adoption became a blueprint for relinquishment. Finally, in recent times, when mothers have begun to speak out about the experience of surrendering their babies, the literature has focussed on the psychological effects and the grief of relinquishment. Owing to the extensive body of literature on adoption from medical and social work discourses, those works which are representative of the major trends in research and opinion have been included.

My reasons for selecting literature which spans such a large period are, first that it informed past as well as recent adoption practices; secondly, it has, through an accumulation of research, continued to influence societal perceptions of single mothers; and thirdly, it provided the framework for legislation - the Child Welfare Act 1939 and the Adoption of Children Act 1965 - which has been responsible for the adoption of children in New South Wales up to the present time. Owing to the emotional and value-laden nature of adoption, earlier work cannot be dismissed as having been superseded since its effects have continued to be felt. In keeping with the literature, I have retained the terminology consistent with the different eras so that the mother is referred to as the "unmarried", "unwed" or "relinquishing" mother, and pregnancy and birth as "out-of-wedlock", "illegitimate" or "exnuptial" according to the work cited.

In this chapter I will analyse those discourses deriving from medicine, psychiatry and psychology which sought to pathologise the unmarried mother as either mad or stupid. I will also examine the discourses of nursing practice which drew heavily on discourses from other disciplines in the construction of the unmarried mother. In Chapter 10 I will take up analysis of social science discourses which constructed the unmarried mother as deviant or bad.
Medical discourse: constructing the mad mother

The captive unmarried mother came under the medical gaze in one of two ways: first, she could either be referred for psychiatric consultation because she had exhibited some behaviour which necessitated treatment; secondly, she coincidentally happened to be resident at a hospital or maternital home, some providing practice training for psychiatrists (Bernstein, 1963) and obstetricians (Swain & Howe, 1995:88), or in contact with a welfare agency, when unmarried mothers were recruited for research. The difference between these two populations of unmarried mothers was postulated by Bernard (in Cattell, 1954:342) that the "sickest" were those who were referred for psychiatric consultation, whereas the "healthiest" were those who were selected at random from maternity homes or agencies.

Among the conditions for which the unmarried mother was referred for treatment were her flawed character (Bonan, 1963; Clothier, 1943; Kasanin & Handschin, 1941); lack of ego control (Kravitz, Trossman & Feldman, 1966); depression (Gedo, 1965; Heiman & Levitt, 1960; Millen & Roll, 1985); and requesting an abortion (Naiman, 1971). In some of these studies, the client's having lost a baby to adoption was not the primary cause for her referral, but was disclosed during the course of therapy.

Mothers were recruited from maternity homes and agencies for investigation into personality defects (Cattell, 1954; Eysenck, 1961; Horn & Turner, 1976; Jacokes, 1965; Kogan, Boe & Gocka, 1968; Kogan, Boe & Valentine, 1965), intelligence (Pearson & Amacher, 1956); ego identity (Fincke, 1965; Floyd & Viney, 1974); and depression, death and separation (Greenberg, Loesch & Lakin, 1959).

In an attempt to differentiate between "keeping mothers" and "giving mothers", a large body of research studied mothers' decision-making (Bracken, Klerman & Bracken, 1978; Burnell & Norfleet, 1979; Fradkin & Krugman, 1956; Grow, 1979; Reed, 1965; Tennyson, 1988; Wherley, Hauser & Anstett, 1989; Yelloly, 1965) and the factors related to keeping their babies versus giving them up for adoption (Festinger, 1971; Leynes, 1980; Martin, Mazurkewich & Fischer, 1976; McLaughlin, Pearce, Manninen & Winges, 1988; Steel, Elliott & Bransby, 1957; Steel, Elliott & Hammond, 1960; Straker & Altman, 1979; Wilson & Smith, 1974); comparison with married mothers (Levy, 1955; Naiman, 1966; Loesch & Greenberg, 1962); and psychosocial outcomes after relinquishment (Cushman, Kalmuss & Namerow, 1993; Lampereilli & Smith, 1979).
In more recent times, the long-term effects of losing a child to adoption have slowly become acknowledged as unmarried mothers have been investigated in terms of their psychological responses to the experience of relinquishment (Anderson, Sharley & Condon, 1985; Burnell & Norfleet, 1979; Condon, 1986; Connolly, 1987; Field, 1990; Deykin, Campbell & Patti, 1984; Field, 1992; Howe; 1990; Lancette & McClure, 1992; Mander, 1991; Mander, 1995; Millen & Roll, 1985; Pannor, Baran & Sorosky, 1978; Polsby, 1968; Rynearson, 1982; van Keppel & Winkler, 1982; Watson, 1986; Wells, 1993; Winkler & van Keppel, 1984).

Her flawed character

Any deviation from what had been determined `normal' behaviour was attributed to some intrinsic flaw in the mother's personality or character in addition to her unmarried status. Kasanin et al (1941) cited the experience of a psychiatrist colleague who expressed bewilderment at the large number of unmarried women, aged 19 or 20, who did not conform to the previously held stereotype of the unmarried mother, that is, "feebleminded". Instead:

"She would be a girl of a good family, a good student in high school or university, shy and not known to have any dates, who would suddenly announce that she was pregnant, or, possibly not be aware of it until one of the family recognized her condition. This occurred very often in homes of fine families where the girl was properly brought up" (Kasanin et al, 1941:68).

Using this description as a guide, Kasanin et al (1941:70) selected other unmarried mothers who were of normal or superior intelligence, not psychotic, white and American born, from families without severe social or economic pathology, and not living with the father of their child to investigate why such "good girls" would become pregnant. The authors concluded that these women were acting out unresolved Oedipal conflicts, and since this could be considered an invalid reason for having a child, they suggested that

"no special effort be made to make it possible for the child to remain with the mother since the child does not necessarily mean the same thing to her as it does to the average woman" (Kasanin et al, 1941:83)

Influenced by the emerging Freudian school of psychoanalysis, Clothier (1943) described the unmarried mother as narcissistic and "acting upon rape phantasies for the sake of the masochistic gratification inherent in it". Although she insisted that all women, to a greater or lesser degree, harbour such phantasies (sic), it

"is the extremely masochistic unmarried mother who so often insists on keeping her child and grimly continues to suffer in order to do her duty by him" (Clothier, 1943:543).

While not suggesting directly that the more stable mother would give up her child (for, according to Clothier, a stable `normal' woman would not find herself in this predicament in
the first place) the seeds of the negative image of the unmarried mother who would keep her child were beginning to be sown: keeping one's child and raising her or him was seen as analogous to self-imposed suffering.

Helene Deutsch (1945) in her psychoanalytic interpretation of the psychology of women, divided unmarried mothers into two main groups: the immature woman, whose struggle to keep her baby "is a struggle for possession, not very different from that for a desired toy", and the more mature woman who recognizes and tackles "real difficulties" but also in order to keep her child as a possession! Deutsch's work is fraught with contradictions: although she acknowledges the life-long emotional sequelae of separating a mother from her baby, she supports adoption and advocates the active intervention of an "external authority" to make the decision on the mother's behalf (Deutsch, 1945:376). Notwithstanding this position, Deutsch (1945:392) sought protection in the disclaimer that "we never know how a decision that seems wise and in harmony at the beginning will work out later...One should not try to adjust the woman to reality by making her yield to outside compulsion and renounce her child."

Continuing to draw on the work of Freud, Bonan (1963:328) in a study of fifty-one women, "for whom illegitimate pregnancy was antithetical to their cultural and social expectations", provided further evidence of "character disorder" in unmarried mothers. He asked "Why did these particular girls act out in the particular way they did...to the extent of becoming pregnant (original emphasis)" (Bonan, 1963:323). He concluded that it was their narcissistic character structures which led to their not having sought an abortion and "expecting to carry their babies to term, they come to an agency asking to place them for adoption".

Bonan, a consultant to the Children's Aid Society which had been responsible for the migration and transportation of children in earlier times, expressed indignation at the mothers who, having said that they wanted to surrender their babies for adoption, as a gift to the social worker, "right after the delivery they decide they want to keep their babies" (Bonan, 1963:328). Such ambivalence, for Bonan, reinforced that these mothers were suffering from "narcissistic character structures": they were only concerned for themselves, self-absorbed and unable to love others. The "healthy resolution of her problem", then, would be to continue with arrangements for adoption. Through early writings such as these, the relationship between the "good" unmarried mother, her flawed character and the surrender of her child for adoption was becoming established.
Lack of ego control

Reviewing the work of Kasanin et al (1941), Clothier (1943) and Bonan (1963), Kravitz et al (1966) described some of the characteristics of 83 unwed mothers who were referred to a psychiatric clinic in its first year of operation: over 50% of the mothers were aged between 18 and 22; 71 had some religious affiliation and 31 had achieved higher education. Of the total sample, 57% surrendered their babies for adoption, while "the more disturbed unwed mothers need to keep the baby as an emotional prop" (Kravitz et al, 1966:457).

Having formed the opinion that "the very fact that a girl finds herself pregnant and unwed in our culture is indicative of underlying problems", Kravitz et al (1966:461) stated that their "implicit attitude was that in our society adoption is the most realistic solution for both mother and baby" and although they denied using coercion, they were not "passive" in their advice. Nonetheless, they found that the mothers who continued in therapy were more likely to give up their babies for adoption. Rather than prolonging a decision to surrender, the authors felt that an adoption should be effected quickly and the mourning dealt with in therapy (Kravitz et al, 1966:459). Although not stated explicitly, there appeared to be a direct relationship between what occurred in therapy sessions and adoption, however vehemently this might be denied.

Defects and disorders in personality, self-concept and intelligence

A tautological relationship existed between unmarried motherhood and the mother's psychodynamic state: either conclusions could be drawn about her becoming pregnant in terms of her mental condition, or extrapolations could be made from her mental state about her potential mothering ability. In other words, she became pregnant because of some mental or emotional defect, which, in turn, would predict unfavourably towards her keeping her baby. If she kept her baby this was indeed evidence of her instability; on the other hand, if she gave her baby up for adoption, any mental aberration could be viewed as temporary until she regained her 'good sense'.

In a study of 54 mothers, aged between 15 and 39 years, referred by social workers from a maternity home to undergo psychiatric consultation, Cattell (1954) diagnosed 31% as schizophrenic. The remainder were diagnosed as having either a "character disorder" (56%) or "neurotic reaction" (13%). Although Cattell (1954:341) noted that "the unmarried mother, especially in adolescence or early adulthood, has manifest evidence of personality difficulty, usually with other more chronic problems", 111
he proposed that many of these problems, which he attributed to the mother's dysfunctional family relations or inappropriate choice of partner, could be resolved with adequate psychotherapy. The father of the baby was

"often a casual acquaintance...or an older man, often married, who fulfilled the role of understanding father...(but who) lost interest in the patient with pregnancy, or proposed continuation of the relationship after the child had been placed for adoption" (Cattell, 1954:338).

The baby's father was simultaneously a gentleman and a cad, was never seen as contributory to the pregnancy or the mother's distressed mental state, and "only in exceptional cases" offered support. Cattell attributed many of the characteristics of the putative father, that is, the man whom the mother claimed to be the father, to her psychopathology: her acting out of the fantasy of the ideal father in a relationship with "unconscious incestuous connotations" and her inability to "see through a facade of tender devotion and deep interest in (her) welfare" (Cattell, 1954:339). In instances where rape had occurred, it was suggested that the mother may have invited it. Descriptions and expressions such as these reinforced the image of the unmarried mother as unreliable, untruthful and manipulative and, above all, mentally unstable.

From this study, Cattell found that the majority (70%) of the non-schizophrenic group, who "demonstrated much more flexibility in coping with reality despite variable disturbances in the nature of character disorder or neurotic illness" (Cattell, 1954:338), surrendered their babies for adoption "after a period of ambivalence during pregnancy". The schizophrenics, on the other hand, "were pressured by (their) not too healthy mothers to bring the child home". Owing to the heavy case-load and time constraints, social workers participating in this study were encouraged to limit the goals of treatment: a quick solution, again, would be early adoption as Kravitz et al (1966:459) later suggested. The plan proposed by Cattell (1954:341) was to have more unmarried mothers enter psychotherapy: ipso facto, more babies would be surrendered for adoption.

On the basis of psychological testing, several studies attempted to draw a relationship between unmarried motherhood and personality type or development, and self-concept (Eysenck, 1961; Horn et al, 1976; Jacokes, 1965; Kogan et al, 1968; Kogan et al, 1965). Using a personality inventory administered by labour ward nurses to 200 mothers (both married and unmarried), Eysenck (1961:424) found unmarried mothers to be more extraverted: they tended to complain of more severe pain during labour, and were described by midwives as "troublesome" because they were "likely to be noisy or hysterical and disrupt the labour ward, making deliveries harder for others." Eysenck
concluded that it was most likely that their extraverted personalities contributed to the unmarried mothers' pregnancies because:

"Girls who are sociable and mix easily and readily with people are more likely to meet many boys and go to parties etc where opportunities for intimacies could present themselves" (Eysenck, 1961:425).

One reason given for the unmarried mothers' anxiety and hence neurotic behaviour were the stories told by the unmarried mothers who had already had their babies and who "being so predominantly extraverted tend to exaggerate the horror of the event", an exaggeration which Eysenck (1961:423) deduced was "indeed very gross", because introverts find pain harder to tolerate than do extraverts. Anxiety producing factors such as the unmarried mothers being alone, or subjected to judgemental attitudes from the nurses collecting the data, as evidenced by their comments, passed unacknowledged or unchallenged.

Eysenck (1961) also found unmarried mothers to be more neurotic than the general population on questions such as "Does the sight of blood make you sick?" and "When you experience pain of any kind, do you `go to pieces'?" and "Were you ever, during labour, really afraid?", the last question being "clearly...a matter of neuroticism". Eysenck (1961) concluded that the unmarried mother was both highly extraverted and/or neurotic which "seems to blend in well with impressions given by the staff of the Moral Welfare institutions we visited. They speak of the `really difficult girls' who moan and complain constantly, are very sociable (but often constitute a bad influence on the rest of the girls), hypochondriacal and generally create a trying atmosphere. We would expect this type of girl to be extremely extraverted and neurotic".

In an attempt to explain why "not all the girls were highly neurotic", Eysenck (1961:426) cited Eilenberg's (1960) comment that

"this natural and depressed worried state in (some unmarried mothers) is characterized by a relative absence of previous mental illness; the pregnancy is unwanted and a temporal relationship exists between the pregnancy and the affective disorder. In effect, the psychiatric illness is predominantly reactive."

From these results it could be inferred that the "good" unmarried mothers, those who were compliant and did not make a fuss, were less neurotic than the others, and their current affective state was a temporary reaction to their pregnancies.

Subsequent studies (Horn et al, 1976; Kogan et al, 1965; Kogan et al 1968; Jacokes, 1965; Lewis, 1965) sought to describe self-concept and personality changes in unwed mothers and identify a personality profile. Two of these studies used the Minnesota Multiphasic Personality Inventory (MMPI), although Jacokes (1965:280) had found that the MMPI was an unreliable instrument for predicting behaviours in this group. All these
studies were conducted with white Anglo-American women experiencing their first pregnancy: two groups (Kogan et al, 1965; Kogan et al, 1968) had decided during their pregnancy to surrender their babies while resident at a maternity home where surrender was a prerequisite for admission, while another group (Horn et al, 1976) had already given up their babies for adoption.

Lewis (1965) divided unmarried mothers into three groups: the adolescent "whose needs and problems are particular to this age group"; the "slightly older girls with better ego-adaptive patterns and capacity for growth"; and "those girls with more severe personality resulting from early severe deprivation, plus the intellectually dull girl". Apparently drawing on (but with no specific reference to) earlier studies of unmarried mothers (for example, Bonan, 1963; Clothier, 1943), Lewis (1965) concluded that adolescent girls became pregnant because of their narcissistic personalities, their conflict with authority, violent mood swings and lack of inner control, the latter leading to "acting-out delinquent behaviour". In addition, old, unresolved Oedipal conflicts and sexual phantasies could be re-awakened at a heightened level (Lewis, 1965). For Lewis (1965), causes of out-of-wedlock pregnancy were "rooted in family relationships, particularly the mother-daughter relationship", and "motivated by unconscious hostility towards [the adolescent's] parents": any reference to sexual intercourse as the cause of pregnancy was carefully avoided.

Lewis (1965) identified three categories of "unmarried mother's choice of putative father" which corresponded with the above categories of mothers. First, the adolescent mother usually chose "one of her peer group - an equally disturbed person - with whom she forms an intense, overwhelming relationship" (Lewis, 1965). Second, "the older girl...very often chooses a man much below her personal standards: one who would be described by herself as 'inferior' to her" (Lewis, 1965). Finally, "the intellectually dull" girl "sees in her relationship a Spice of Danger - a moment of excitement when they are alone - in the dark" (Lewis, 1965). Again, the association of pregnancy with intercourse is circumvented, as Lewis (1965) uses euphemisms such as "the dating situation [which] becomes intense".

Replicating an earlier work (Kogan et al, 1965) with 25 unwed mothers, Kogan et al (1968:4) studied another group of 32 mothers whose average age was 16.5 years on admission, comparing their self reports of changes in self-concept with reports by staff members, including social workers, nurses, housemothers and a teacher. Using factor analysis, the Interpersonal Check List instrument was administered in both studies to the mothers shortly after admission to a maternity home and again one week after they had delivered their babies. On the same instrument, the staff members described the mothers.
The results yielded information about how the mothers viewed themselves personally and in relation to others, as well as the perceptions of the staff members about changes in the mothers' personalities between pregnancy and delivery.

While staff members continued to report a low opinion of the mothers before and after delivery, the authors found that the mothers

"with the birth of the child and decision not to assume responsibility for it, find their social environment is generally a warmer, friendlier place" (Kogan et al, 1968:8).

Although they viewed themselves as being different from other teenage girls in terms of self-reliance, at the same time the mothers felt they had become more like "what (their peers) and their parents would like them to be" (Kogan et al, 1965:9), and having "moved towards improvement of personal feelings of coherence and comfort, perhaps at the expense of appearing more self-indulgent to others" (Kogan et al, 1968:10). From these results, it could be construed that, in their contrition, once the mothers had decided to surrender their babies for adoption, they felt that they were rewarded with less prejudice from staff members than before the birth and also perceived that they themselves were once again socially acceptable in what Kogan et al (1965:10) described as "better adjustment".

From a sample of 249 mothers who surrendered their babies and 47 who kept them, Horn et al (1976) attempted to show that using the MMPI, three subgroups of unwed mothers could be described. Subgroup A mothers, who surrendered their babies were found to have "healthy profiles" whereas the MMPI scores for Subgroup C mothers, who did not surrender, were found to reveal "very deviant" profiles (Horn et al, 1968:32). The Subgroup B fell between these two, however they were described as "delinquents who can be expected to grow out of their troubles", or with remediation, might be expected to make a "satisfactory adjustment" (Horn et al, 1968:32).

Pearson and Amacher (1956:18), using both Stanford-Binet and Weschler-Bellevue instruments, tested the intelligence of almost 4,000 mothers in contact with welfare agencies of whom 95% had surrendered their babies for adoption. The mothers were aged between 13 and 47 years and Caucasian, women of colour ("Negroes and American Indians") having been eliminated from the sample. In an era when intelligence testing of many different populations had assumed an importance in what would be regarded in later years as exaggerated, Pearson et al (1956:17) believed that the intelligence testing of unwed mothers was particularly important, "apart from the academic interest", because of the "implications for social agencies dealing with unwed mothers", presumably so that
babies could either be matched with comparable families (Horn, Loehlin & Willerman, 1979) or placed with families who would counteract their negative inheritance (Dumaret, 1985).

Although the results yielded a "notable excess of observed cases in the defective range", consistent with earlier impressions of unmarried mothers as "feebleminded" (Kasanin et al 1949), Pearson et al (1956:18) were surprised to find an excess of mothers in the "bright normal to superior range together with a deficiency in the number of cases observed in the dull normal range". They concluded that

"unmarried mothers of defective mentality may come to the attention of child placement agencies by reason of their inability to manage and care for an illegitimate child and that those of bright normal intelligence frequently place their children for adoption through fear of stigma and social ostracism while those of dull normal ability frequently keep and rear their illegitimate babies because their social milieu is more accepting of such arrangements" (Pearson, 1956:18).

Thus it could be construed that, according to these authors, the more intelligent mothers surrendered their babies for adoption while the less intelligent kept them; the other group who lost their babies did so because their limited intelligence inhibited their mothering ability. Linking multiple pregnancy with intelligence, Pearson et al (1956:19) stated that it was safe to conclude

"that women who become illegitimately pregnant two or more times are likely to be somewhat lower in intelligence than those who give indication of profiting from their first experiences",

in spite of their finding that the IQ of the "repeaters" was higher than other studies had reported for unmarried mothers in general. This study also attempted to estimate the incidence of personality disorder as a cause of illegitimate pregnancy. Using social workers' reports, cases were classified as having a normal personality, being neurotic, psychotic, sociopathic or psychopathic, or having primary mental deficiency (considered as a separate group in spite of "serious emotional maladjustment"), and miscellaneous neurological disorders, the last group including mothers with

"cerebral palsy, epilepsy and birth injury which were presumed to have an important influence on personality development or otherwise to have a direct bearing on premarital sexual activity" (Pearson, 1956:19).

According to Pearson et al(1956), only 27.4% of mothers could be shown to have any evidence of personality disorder prior to their pregnancies, thereby undermining later suggestions (Pope, 1967:555) that unmarried mothers were both mad and stupid.

In the same era Fradkin and Krugman (1956) established a profile of desirable mothers, as well as proffering criteria on which the "selection" of their babies should be based for
adoption as soon after birth as possible. The mothers, resident in a maternity home, were mostly aged between 19 and 22 years, of superior intelligence and had known the "alleged" father for periods ranging from 4 years to having met a few times (Fradkin et al, 1956:579). It was important that the mother was "seen as a not too severely disturbed person, and the solidity of the desire to surrender her child for adoption" was unequivocal. The mothers who were rejected from the study, and hence whose babies were rejected from early adoption, were those who had the "most casual relationships with the putative father" (Fradkin et al, 1956:580). The criteria for selecting the babies related to the mother's lack of ambivalence regarding an adoption decision, full information about the babies' parents "with emphasis on health, intellectual and emotional histories free from gross deviation", a normal infant born without medical complications and an uneventful and "medically negative" pregnancy and history in the post-natal period (Fradkin et al, 1956:579). To justify the early adoption of a baby these authors concluded that the mother "was motivated towards early relinquishment of her child by visualizing a sense of early freedom from the problem which the child represented...She could also re-establish herself more quickly in the community, as was generally true of this particular group" (Fradkin et al, 1956:583).

An additional commentary supporting the authors' opinion stated that

"where adoption is indicated, both the mother and her child are far better off emotionally if she gives up her child as soon after the birth as possible. The best way to help her reach such a firm conclusion is to provide her with active and intensive casework help as early in her pregnancy as possible" (Fradkin et al, 1956:591).

In other words, when an "ideal" mother was identified she should be encouraged towards an adoption plan early in her pregnancy, and when her "ideal" baby was born, she or he should be removed as soon as possible.

Almost twenty years later, Floyd and Viney (1974) on the basis of conflicting findings in the literature, attempted again to explain the unwed mother in terms of her personality and identification as "an adequate feminine person". In one of the few Australian studies, they selected 32 unwed mothers aged between 15 and 25 years, who, although resident in church or charity-based maternity homes, could be considered from higher socioeconomic classes. While some of the mothers were university students, the majority were office workers having left school aged 15 or 16, all their own mothers being described as "fully occupied with domestic duties". The descriptions of these samples does not seem inconsistent with the general female population of the time. Although the mothers had all discontinued contraceptive precautions before becoming pregnant, only four had considered abortion and only three regarded their relationship with the fathers of their babies as `casual' (Floyd et al, 1974:279).
From a list of 50 adjectives, the women were asked to classify a word according to whether they regarded it as a positive or negative quality for a woman and then arrange the cards in descending order of how the adjectives best described themselves. The aim of this exercise was to determine how congruent the mother's "ego ideal" was with her "ego identity". The authors found that unwed mothers showed "greater ambivalence about their ego identity" and had "less adequate feminine identity" associated with being a wife and bearing a child (Floyd et al, 1974:278).

Using the Thematic Apperception Test (TAT) to test hypotheses related to poor feminine identification, hostility to their own mothers and a greater need for `something to call their own' generated by earlier research, Straker and Altman (1979) studied 27 white South African women aged between 17 and 25 years who were unmarried, primiparous and from lower-middle socio-economic backgrounds. Of the group, fifteen decided to keep their babies with them while twelve were placing their babies for adoption. The authors supported previous findings that the hypotheses were upheld for those mothers who kept their babies while the mothers who gave their babies up for adoption differed markedly, although they asserted that

"unwed pregnancy, regardless of whether or not the mother keeps the baby, is symptomatic of deep-seated unmet needs and...represents a rather severe form of pathology" (Straker et al, 1979:58).

The practical value of this study according to Straker et al (1979) was that mothers who showed lower feminine identification, greater hostility towards their mothers and a greater object need should receive on-going intensive counselling "to make an appropriate decision", which, given their negative opinion of single motherhood, would appear to be in favour of adoption. However, the authors cautioned that:

"Counselling mothers to give up their babies, without having first worked through their inner needs, is probably a vital factor leading to the commonly reported phenomenon of recurrent unwed pregnancy" (Straker et al, 1979:58).

Particularly disturbing was the method of this study: the TAT was administered by a psychology student on the mothers' fifth and sixth post-partum days, a time when, the authors stated erroneously, the risk of testing coinciding with the depression which sometimes occurs on days three and four would be avoided. It was in this latter post-partum period when consents to adoption were taken.

By the 1980s, then, a description of the unmarried mother which had been intimated in the earlier literature - white, middle-class, educated and only slightly mad - was beginning to
appear as the type who not only would, but who perhaps should, surrender her baby for adoption.

**Depression, death and separation**

In a study of 31 unmarried women resident at a "foundling home", whose mean age was 20 and who had decided not to abort their pregnancies for religious reasons, Greenberg et al (1959:299) associated the mothers' "earlier object losses" (such as loss of a parent through death or divorce, a previous pregnancy through miscarriage, or "other (life) events producing depressive reactions" such as surgery or serious illness) with their present out-of-wedlock pregnancy. Pondering why, in spite of "promiscuity", conception did not take place for some mothers, Greenberg et al (1959:309) postulated that a significant object loss might be a precondition for conception, and that "a state of hyperfertility attends depressions that follow or are precipitated by an object loss". This was one implied reason for women becoming pregnant after they had adopted another woman's baby, as a "fertility charm" (Andrews, 1970:73). Many years later it would be shown that psychogenic infertility rather than being `cured' by a significant loss, would actually be precipitated by it as evidenced by an incidence of 34% unexplained infertility in women who had lost babies to adoption (Deykin, Campbell & Patti, 1984).

On the basis of a "battery of psychological tests" including the Thematic Apperception Test and "drawing a fetus", Greenberg et al (1959) suggested that because the baby was "perceived and described with the characteristics of an inanimate object" (in much the same way as the baby is described by medical discourse as "it" and "the fetus"), the mothers became pregnant as a result of consequence rather than desire, demonstrating an inability to see the baby as an individual. Greenberg et al (1959:309) were keen to point out that, in spite of the suggestion "that most of these pregnant women were preparing throughout the pregnancy for subsequent separation from their offspring",

"(m)ost of the subjects did not want to give up their infants for adoption following delivery. They protested that the were `giving up part of themselves' and perceived themselves as having gone through a period where they had `complete possession' and now must again sustain a loss".

The authors clearly saw this as evidence that the mothers' ambivalence and inability to separate from their babies were indeed pathological.

Among the subsequent authors who attempted to link out-of-wedlock pregnancy and depression, Heiman and Levitt (1960) presented case studies of four women and Gedo (1965) described "a paradigmatic single case study" experiencing unmarried motherhood. Heiman et al (1960:166) associated the experience of separation from or death of a loved
one with depression, which was "dynamically linked" with the subsequent out-of-wedlock pregnancy. The unmarried mother, they asserted, was in a "severely disturbed" relationship with her own mother; thereafter followed events linking together separation, depression and pregnancy (Heiman et al 1960:167). Although the authors acknowledged that, whatever the motivation for out-of-wedlock pregnancy, "the baby is looked upon...as a baby, and its mother as a mother", in cases where depression and separation have preceded the pregnancy, "the motivation is to find a replacement for the lost object, either to ward off a depression or to counteract a depression" (Heiman et al, 1960:172).

Gedo (1965:357) supported previous findings (including those of Greenberg et al, 1959) that, although the "understanding of one case does not permit the building of any generalized hypotheses", the pregnancies which the single subject of his study experienced "proved to be reactions to the anniversary of (her) father's death" (Gedo, 1965:357). Introducing an unsubstantiated gynaecological factor, Gedo contrary to Greenberg et al (1959:309) suggested that the woman's "pregnancy wishes were at their peak during the ovulatory phase of the menstrual cycle" during which she allowed herself "to be impregnated by a complete stranger" (Gedo, 1965:353). Gedo (1965:355) concluded that the woman's behaviour was pathological for three reasons: first, she became pregnant without regard for the consequences; secondly, she refused to get married; and third, she demonstrated a need to give up the child for adoption.

In all these cases, despite the mothers histories having been taken following the surrender of their babies, their depression was attributed to prior circumstances rather than to the loss of their babies, and the loss of their babies to adoption was provided as further evidence of their psychopathology. Heiman et al (1960:171) have summarised this association of factors thus:

"The severe depression which at times precedes the pregnancy and which is kept in abeyance by the pregnancy is still held at bay as long as the young mother has access to her baby, only to reappear with renewed intensity when the baby is surrendered" (Italics mine).

Comparison with married mothers

The impact of feminist consciousness has not been felt in the study of unmarried mothers as it has in the study of motherhood in general (Gerson, Alpert & Richardson, 1984) and consequently past research has objectified the unmarried mother as "Other" compared with a traditional maternal stereotype. What was regarded as 'normal pregnant behaviour' in married women, such as seeing the baby as an extension of herself or wanting a child to love, "a baby girl to dress...or a son to be proud of" (Kornitzer, 1968:77), was regarded
as suspiciously pathological in the unmarried mother (Deutsch, 1945; Friedman, 1975) whose wish for a baby was interpreted variously as evidence of being "chronically, unloved and deprived" (Kravitz et al, 1966), acting out (Kasanin et al, 1941), oedipal conflict (Clothier, 1943), narcissism (Bonan, 1963), and self-punishment (Gedo, 1965).

In comparing the difference between married and unmarried mothers' responses to the pain of childbirth, Eysenck (1961) found that unmarried mothers were "more neurotic" because they were apprehensive about delivery and ignorant about childbirth although both groups were experiencing their first confinements and had undertaken prenatal classes.

Naiman (1966:469) found, in comparing similar groups of white Protestant Canadian-born women between the ages of 18 and 25, that unmarried mothers had "a greater degree of impulsivity and a poorer ability to form stable relationships" than did married mothers. One of the measures of stability for a married woman was not marrying a man "other than the one who had impregnated her" (Naiman, 1966:467). However, unmarried mothers "waited a shorter time after beginning to date a man before having sexual intercourse...(and) changed boy-friends more often", leading Naiman (1966:468) to conclude that they had "poor control of sexual impulses"

It appears from this literature that problems associated with everyday living in general and pregnancy in particular reside with circumstances surrounding those problems in the case of married mothers; in the case of the unmarried mother, she is the problem. Intercourse and conception, which had belonged to medical discourse when associated with married women, was reassigned to the social as exnuptial pregnancy was declared to be a result of family conflict, or the loss of a father figure, or attention-seeking behaviour (Lamperelli et al, 1979:25). As Solinger (1994:289) noted:

"Psychological explanations transformed the white unwed mother from a genetically tainted unfortunate into a maladjusted woman who could be cured"

Whereas Deutsch (1945:376) suggested that "both the unmarried and the married mother can enjoy the proud feeling of productivity and tenderness despite unfavourable conditions", such unfavourable conditions were held out as valid grounds for the unmarried mother to surrender her baby.
A stupid girl!
If madness offered inadequate explanations for exnuptial pregnancy, then as a last resort, it could be concluded that the woman was "just plain stupid", particularly in more recent times when legal abortion and contraception have been widely recognised and accepted. Nonetheless, failure to procure an abortion, mismanaging contraception or an ignorance of reproduction, even if these behaviours predicted unfavourably for a woman's intellectual capacity, have been viewed as preferable to having her psychological and moral capacities undermined.

In that magical thinking which accompanies a sense of immortality in young women, many simply did not believe that they could become pregnant. Finck et al (1965:227) proposed that "most girls try to believe that they become pregnant by accident since they thought it could never happen to them." Such denial may be one explanation for single mothers' late presentation for ante-natal care. On the other hand, the assertion by Finck et al (1965:227) that young mothers "are generally quite resistant to consider that there might be a subconscious reason for becoming pregnant" finds little support in the later literature.

"Why didn't she have an abortion?"
Whereas psychiatric reasons had been proposed for exnuptial pregnancy up to the 1960s, in the 1970s the same reasons were permitted as legitimate grounds for termination of pregnancy. Consequently, if an unmarried pregnant woman did not avail herself of that provision, she was considered to be lacking in intelligence rather than mental competence. Naiman (1971) studied a group of 15 unmarried women of different ethnic backgrounds and aged between 18 and 25 years who were referred for therapeutic abortion on "psychiatric" grounds. (It must be borne in mind, however, that this criterion for abortion says more about the legislative requirements than it does about the women.) The educational level of the sample was described as "fairly high", with five women being school teachers. Naiman found (1971:1088) that although three of the women "had poor impulse control in sexual matters and a poor ability to form stable relationships", the remaining 12 had psychodynamic characteristics similar to those of married women. He concluded that the main distinction between unmarried mothers and other pregnant unmarried women was that the second group chose to either terminate the pregnancy or to marry (Naiman, 1971:1088).

With the ready availability of abortion, Burnell and Norfleet (1979) attempted to clarify why some women carried their babies to term and surrendered them for adoption. The authors studied a group of 80 women of whom 40% had a history of depression and 93% had not
planned the pregnancy; they were mostly under 30 years of age, with 44% under twenty and of equal distribution of religious backgrounds. The majority (74%) of the women were unmarried and only 13% had not completed high school. Unfortunately, Burnell et al did not answer their original research question, but confounded it with discussion about the method and presented results describing the psychological effects of relinquishment. These will be discussed elsewhere.

In an Australian study (Beighton, 1978:57), 338 unmarried female university students (comprising virgins, sexually active and currently pregnant women) were asked what choice they would make if they became pregnant: have an abortion, surrender the baby for adoption, or marry. Not surprisingly, a strong religious faith correlated with an anti-abortion stance, except for the 51 women who were pregnant at the time of the study: in these cases there was no significant relationship between religiosity, sexual activity and abortion with 84% stating that they would have made or would be likely to make that choice. The same group also rated adoption more highly than did the other groups with 45% in favour, leading Beighton (1978:58) to conclude that "they were more not willing to face the very difficult situation of first bearing an illegitimate child, and then interrupting or ending their education to rear it".

This finding supports others: that women who surrender their babies for adoption have a higher educational standard than women who keep their babies; however this may be due as much to circumstantial factors as the mothers’ innate intelligence.

In recent times the association between abortion clinics and black-market adoption in the United States as well as in developing countries has been documented (Baker, 1978; McTaggart, 1980; Raymond, 1994; Zelizer, 1994) but less openly acknowledged. Indeed, attention in the research literature to this relationship is as underground as the practice, and the question of refusal of abortion in order to promote adoption is barely addressed.

Although pressure on mothers to surrender their babies for adoption has been either circumvented or strenuously denied by social workers, there is evidence of pregnancy counselling services which have refused to refer women for abortions and instead encouraged adoption as the preferred resolution for unplanned pregnancy (Allen, 1978:62; Australian Broadcasting Corporation, 1996; Pincus, 1985:78). Masquerading as a ‘service for pregnant women’ with titles such as "Pregnancy Help" and telephone listings next to abortion services, these organisations have been exposed as thinly disguised adoption promoters with links to Right to Life political representatives and adoptive parent groups, and have openly advocated the closure of women-centred clinics, non-payment of medical
benefits for abortions and education which discourages abortion (Squire & McDonald, 1991:9).

**Use, misuse and failure of contraception**

One study of why university students became pregnant refuted commonly held beliefs that the woman who found herself in this situation was ‘stupid’. Cole (1978) in a study of 51 unmarried university students found that the most important reason for their pregnancy was “a failure to appreciate that natural methods of contraception are difficult to use”. He concluded that:

“The majority believe that they are behaving in a responsible manner. Unfortunately their sources of information are inaccurate” (Cole, 1978:56).

Among the sources of inaccurate information were peers and parents. Cole (1978:54) found that even "women in faculties where human fertility was discussed did not use better contraceptive methods", and, that in analysis of physiology and gynaecology text books the information was often inaccurate or incomplete.

Laws (1979:204) asserted that “attitudes toward contraception seem inextricably intertwined with attitudes of sexual morality and sexual stigma”. Ambivalence regarding not only the choice of contraceptive but whether to use contraception at all, and run the risk of appearing sexually aware, was prevalent among many single women during the 1960s and 1970s.

**Moral luck**

In speculating why some women became pregnant and others did not, Howe, Sawbridge and Hinings (1992:25) drew on the concept of "moral luck" whereby "not only do people experience luck, either good or bad, but they are then judged in the light of that luck". Whereas of the many unmarried women who were sexually active a number would become pregnant, there would be a further percentage who through not miscarrying or having an abortion would carry their babies to term. Thus it would be the visibility of pregnancy which would draw attention to these women’s sexual activity. Under the model of "moral luck" an unmarred pregnant woman’s behaviour would be judged in terms of her condition and thus be available for clinical and social scrutiny. As such Howe et al (1992:26) contended that:

"Once her condition is defined, the definition determines the way she is treated, the way she experiences that treatment and the way she views herself."
Midwifery discourses of adoption

According to Mander (1992) practising nurses, including midwives, have usually acquired information in several ways: from reading specific nursing literature, through educational opportunities such as in-service programmes, and from reflection on both occupational experience and personal experience of loss, motherhood and even adoption itself. In the era when the midwives in this study were practising, the era when more babies were taken for adoption than in any other, access to information was limited to hospital libraries, frequently the domain of the medical rather than nursing staff, and to prescribed textbooks, often outmoded. One midwife, Daphne, described their knowledge acquisition in one word: “inefficient”. As a result, most midwives would not have read the literature discussed below, and if they became aware of the research findings they would have received this information second or third hand. Under the influence of the dominant discourse of medicine, nursing curricula at that time gave greater attention given to the physical and technical dimensions of obstetrics rather than to the psychological, emotional and social (Mander, 1992).

The importance for nurses and midwives of reading professional literature, even if it was accessible, was not emphasised prior to the 1980s: of even less significance for Australian nurses was the necessity to publish accounts of their practice. Hence, the epistemological foundations of nursing practice were communicated frequently by word of mouth either within one institution or among several. In the case of prestigious institutions, such as The Women’s Hospital (Crown Street, Sydney) which had responsibility for the training of many pupil midwives, traditions of practice became enshrined as part of the hospital’s culture but were disseminated to other institutions as its graduates took employment elsewhere, “passing on experience from neighbour to neighbour and mother to daughter” (Ehrenreich & English, 1973:3) as had women healers for centuries.

In one of the earliest articles published in the widely read American Journal of Nursing, Clark (1967) discussed adoption as a solution to “the crisis of adolescent unwed motherhood”. Although she mentioned adoption as one option - the others being long-term foster care and keeping the baby - the general tenor of the article, the purpose of which was to provide guidelines for nurses caring for adolescent unwed mothers, “the girls”, was a message which assumed that adoption was the best, if not the only choice. This message was achieved by emphasising the difficulties encountered by single mothers in a society which “identifies the family as the core institution through which society is perpetuated” (Clark, 1967:1465). Clark (1967:1466) recounted excerpts from a taped
interview with “an eighteen year old high-school dropout...eight weeks from term...living with two girl friends and working as an assistant beautician”. This image of the adolescent unwed mother was contrasted with the interviewer, a nursing student who was depicted as a caring professional. Although there was little difference in age between the interviewer and interviewee, the mother’s dialogue was recounted as flippant to indicate that she was not ready for the responsibilities of motherhood; the nurse, on the other hand, could be excused for errors in communication because her “responses are those of a learner, not of an expert”. To redress what Clark saw as a deficit in mothers’ knowledge of pregnancy and labour, she suggested that nurses “conduct group discussions for expectant girls (sic) in homes for unwed mothers” (Clark, 1967:1469). She concluded that the “nursing problems” and “nursing needs” related to the crisis of adolescent unwed pregnancy could be resolved by effective communication with the nurse to help the mother reach a “mature decision, her own decision” about her baby (Clark, 1967:1469).

Daniels (1969), writing in the same widely read journal as Clark (1967), also suggested the formation of nurse-led discussion groups for unwed adolescent mothers. However, she advised that before nurses could participate in such a program they would first have to “overcome their own unspoken - and often unacknowledged - moral distaste for out-of-wedlock pregnancy and particularly out-of-wedlock pregnancy in young Negro girls, a situation they often equated with sexual promiscuity and lack of moral standards” (Daniels, 1969:332).

Under the guise of promotion of tolerance and understanding, the odious comparison between nurses and “the girls” pervaded this article: nurses found themselves frustrated by the mothers’ lack of participation in health services offered to the lower socio-economic groups: “poor clinic attendance, lack of interest and a marked lack of response to (the nurses’) well-intentioned information giving” (Daniels, 1969:332). Information about birth control to unwed mothers was withheld because it “gives tacit approval to sexual intercourse outside marriage - or even encourages sexual promiscuity” (Daniels, 1969:335). Frustration with the mothers’ ignorance led one nurse to “plaintively” report “They don’t know anything at all about their own bodies! Where to begin to help them?” (Daniels, 1969:334).

“These girls from impoverished homes seem trapped in a maze of almost bizarre and frightening fantasies about pregnancy” read the caption underneath a roughly drawn sketch of a group of seven young Caucasian women (Daniels, 1969:333). Most of these fantasies appeared to be related to the mothers’ fears about labour and delivery and the associated nursing procedures, such as pubic shaving, which the mothers believed to be strongly punitive. As Kirkham (1983) discovered in a later piece of research, many mothers as well as midwives, shared such apprehensions about “prepping”. Examples of
the belief in “old wives’ tales” (sic) have been ridiculed as evidence of the mothers’
stupidity consistent with their marital and socioeconomic statuses (Daniels, 1969:334).
Justification for the graphic descriptions of the “drab” and “impoverished” environments
from which the mothers were purported to come was provided for the nurses’ benefit
because

“only when nurses can truly accept these girls with all their limitations, as the victims of
their environment...can they begin to meet them ‘where they are’” (Daniels, 1969:333).

Not only did Clark (1967) and Daniels (1969) reflect the societal values of the 1960s, but
they also provided some insight into the past and present attitudes of midwives attending
unmarried mothers, whether they kept their babies or lost them taken to adoption.

A decade later, midwifery discourse was beginning to acknowledge having a baby taken
for adoption as a “profound loss” (Harvey, 1977:24). Referring to the mother in terms of the
relinquishment process rather than her marital status, Harvey (1977:27) explicated certain
essential nursing interventions which she recommended be implemented and which
included vastly different practices from earlier years. In spite of her recognition that “a
mother’s decision to relinquish her baby is a very difficult one”, Harvey operated from the
premise that the mother’s choice was voluntary and informed and that relinquishment was
analogous to other forms of bereavement.

Also in the 1970s, Lamperelli and Smith (1979), writing in a psychiatric nursing journal,
described the grief reaction to losing a baby to adoption, again in terms of the Kubler-Ross
bereavement model. As in the previous literature, relinquishment was viewed as voluntary
and an acceptable solution to exnuptial pregnancy. However, reverting to referring to
mothers as “the girls”, in spite of their ages being between thirteen and twenty-five years,
the authors appear to have missed a more recent debate regarding so-called “causes of
unmarried motherhood”, and cite a superseded work of 25 years’ earlier (Young, 1954).

Devaney and Lavery (1980), in the Journal of Obstetric and Gynecological Nursing,
reiterated some of the concerns of earlier authors. They echoed Daniels’ (1969) earlier call
for the nurse to “come to grips with her own feelings about out-of-wedlock pregnancy” and
confront her beliefs about the mother as promiscuous, heartless or stupid. Devaney et al
(1980:376) suggested that such feelings, possibly the result of nurses projecting
themselves into the same situation, could intrude into the delivery of compassionate,
supportive nursing care. Nonetheless, the adoption imperative remained unquestioned,
and many of the trite explanations such as “if (the mother) relinquishes her infant she can

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probably resume her previous lifestyle” (Devaney et al, 1980:376) continued to be proffered.

Given that the midwifery text books provided scant information about losing a baby to adoption I was curious regarding the source of their knowledge. I found, as did Reinharz (1988) when she sought information about miscarriage, that references to loss through adoption were usually absent from midwifery and nursing text books. If the topic of "relinquishment" was addressed at all, it was subsumed under the more general heading, "adoption".

During the 1980s maternity nursing and midwifery text books began to address the issue of relinquishment for the first time. In Australia, the peak period of adoption had been over for almost ten years. Jensen, Benson and Bobak (1981:725), Bobak and Jensen (1987:949) and Bobak, Jensen and Zalar (1989:880) continued to site relinquishment and adoption within the context of adolescent pregnancy in spite of the wider range of mothers' ages. Given that these three texts were written by various combinations of the same authors, that similar information is contained therein is not surprising. This reproduction of the same information under different covers ensured a wide reach to many nurses while conveying the impression that the views and values of the authors were dominant and authoritative. This in turn implied credibility of the information and contributed to the shaping of a midwifery culture and its discourse.

Jensen et al (1981:725) provided examples of dialogue from a newspaper article in order to indicate the lack of preparedness, and hence unworthiness, of young mothers for the role:

“"The mother smiled, puffed on her cigarette, and said she could hardly recall much of her moments during childbirth. 'I remember the patients helping me walk. I remember there were some nurses and technicians and a doctor at the end. And I remember a baby too. That was nice' she said.” (San Francisco Chronicle Nov 17, 1976, p 24 cited in Jensen et al, 1981:725).

Bobak et al (1989:880) have accompanied this text with a photograph of a smiling young woman standing in a kitchen and whom they describe as a “late adolescent carrying pregnancy to term”. The outward looking gaze of the subject, engaging with the spectator, indicates a certain pleasure in her pregnant state rather than shame which might be considered more appropriate and less defiant. The photograph is supported by the additional directive to the reader to “note wedding ring”, the small detail in a photograph which Roland Barthes (1993:42) calls the “punctum”, and without which the photograph would have a different meaning. If this photograph, with all the hallmarks of a family snapshot, were removed from this context, it could be interpreted as one of a woman in
her twenties, married and basking in the glow of her impending motherhood and domestic bliss. Quite the opposite of the intention of the authors.

All three texts emphasised in italics that “releasing a child (for adoption) is facilitated if one grieves for an actual loss rather than a fantasy one”. They also stressed the importance of the mother having the “right to make to make her own choice” not only concerning the adoption of her baby, but also regarding whether she wished to see it or to know its gender. The grief of relinquishment is acknowledged as displaying “all the symptoms of grief one would expect at the death of the newborn” as represented by the recounting of a nurse’s observation:

“She is only 15 years old, but she loves the baby. Her parents won’t take it, so she has to give it up. Her grief was heart-breaking. On the day she went home she came into the nursery to hold her baby for one last time” (Bobak et al, 1987:949; Bobak et al, 1989:880; Jensen et al, 1981:725).

Adoption was advanced as a positive, albeit difficult, resolution to adolescent pregnancy and the belief that “it is for the child’s good” was promoted. The three texts advised that “(t)he grief of the young parent at her loss has to be balanced with the need of her infant for continuing care and nurturing”, as if the needs of the mother and baby were mutually exclusive and immutable. There was little recognition of the mother’s increasing maturity: she would remain, forever, the unmarried adolescent, “the girl”.

The two later texts (Bobak et al, 1987; Bobak et al, 1989) addressed the issue of the adopted-away child seeking in adult life to find her or his mother, and advised the mother to leave information regarding “psychosocial ‘successes’ in his or her biologic family”. Whereas the possibility of a reunion was inconceivable in the earlier literature, it was cited in the late 1980s as evidence of the supposed attempt at increasing openness in adoption practice.

Ladewig, London and Olds (1986) made the dubious association of relinquishment with unwanted pregnancy (rather than unplanned: my emphasis) and suggested adoption as a solution to “the potential for parenting problems” in “families with unwanted children”. The authors (Ladewig et al, 1986:643) recommend that

“(w)hen the relinquishing mother is admitted to the maternity unit, the staff should be informed about the mother’s decision to relinquish the infant...After the delivery the mother should be allowed access to the infant; she will decide whether she wants to see the newborn.”

Although Ladewig et al (1986:643) admitted that the mother’s ambivalence towards adoption may occur just before delivery, they concurred that “when the mother sees her
baby, she may feel strong attachment and love”. To counter such ambivalence and possibly a change of mind, the authors advised that

“the nurse needs to assure the woman that these feelings do not mean that her decision to relinquish the child is a wrong one” (Ladewig et al, 1986:643).

In accordance with previous work, Ladewig et al (1986:643) as well as reiterating another of the pro-adoption discourse’s familiar phrases that “relinquishment is often a painful act of love”, recommended that “seeing the newborn often aids the grieving process”.

Taking a different approach, Griffith-Kenney (1986:301) did not view relinquishing mothers in the alien terms described by earlier authors, but recognised that

“the woman who has decided to relinquish her child for adoption may have the same physical and emotional reactions to pregnancy as other women”.

Instead, she advised that nurses needed to be particularly sensitive to the mother’s feelings of “self-doubt, guilt and anger over the situation that is forcing her to give up her child” and that they “should not assume that the mother has no feelings toward this infant”.

In contrast to other literature which compared the grief of relinquishment with bereavement, and implied a resolution, Griffith-Kenney (1986:302) recognised it as on-going whereby

“(m)any women who relinquish their infants hold lonely vigils on the child’s birthday year after year. These annual personal vigils encompass both celebration and sadness - celebration for the young life that exists because of the maternal commitment to life, and sadness because that life was entrusted into another’s care”.

Beischer, McKay and Purcal (1987) and Beischer and McKay (1988) considered adoption as one of the “social aspects of pregnancy”, but in the course of their discussion made several unsubstantiated or previously discredited claims: that a mother electing to keep her child is sometimes herself the product of a “broken home”; that the absence of a father figure, if the mother remains single, may result in a more dependent, less masculine child, if a male. The mother was described as “usually young, single and disadvantaged” and, as elsewhere, referred to as “the girl”. The sub-text is that single motherhood is hazardous, and can be avoided through adoption.

Among the recommendations for care of the mother proposed by Beischer et al (1988:80) were that “(her) record should be marked that the baby is to be considered for adoption: this will obviate remarks by attendants that could cause distress to the mother”. The authors also advised that the labour ward staff should “be aware of the situation” because

“the mother may need advice on seeing and holding the baby after delivery, assuring herself of its normality, and perhaps obtaining a photograph” (Beischer et al, 1988:80).
Whereas, Beischer et al (1988:78) identified that “(u)sually pregnancy makes the woman more passive and dependent, and that with inadequate support, a crisis situation may arise”, they further suggested that during such “crisis periods in the pregnancy (usually in the antenatal period, and then at delivery and the early puerperium)”, help which “will enable a speedier return to social well-being” (Beischer et al. 1988:77) should be provided by a social worker for the mother regarding her decision to keep or surrender her baby. The authors failed to make the connection between the mother’s passivity and dependence and her signing of a consent form in “the early puerperium”, that is at six days post partum, but suggested that “she is likely to be upset at the loss of the baby, and psychological and social support will be helpful...” (Beischer et al, 1988:80).

Although the only authors to address the legal aspects of adoption, Beischer et al (1987:129) and Beischer et al (1988:81) provided inadequate, and thus misleading, information, although acknowledging that adoption legislation varies between and within countries. They concluded that “it is preferable that the child is adopted as early as possible, so that a mutually satisfying relationship can be established”, thereby endorsing the practice of infant relinquishment and its attendant difficulties and, by now, openly identifiable effects.

As did Ladewig et al (1986), so Janowski (1987) and Ritchie (1989) continued to promote the message of adoption as an unselfish decision and “an act of love, not one of abandonment”. Writing, again in the popular American Journal of Nursing, Ritchie emphasised the "often overlooked role of nurses in adoption":

“It is a nurse who is there in the physician's office when a young woman seeks prenatal care, or a nurse who is there when the young woman visits the school health office, when she enters the hospital to give birth” (Ritchie, 1989:1156).

Because of the nurse’s high visibility, she was considered by Ritchie to be in a valuable but under-utilised position to influence a mother’s decision to surrender her baby. In order that the nurse’s influence could be maximised, Ritchie provided “tips for counselling a pregnant young woman” and a check list of “how to assist a woman choosing adoption” (Ritchie, 1989:1157). In this article adoption was never considered as just a possible option: it was, as far as Ritchie was concerned, the only option.

Nursing discourse on adoption changed direction with the work of Rosemary Mander (1991; 1992; 1993a; 1993b; 1995) who, from her clinical practice, identified marked discrepancies between the midwifery care of mothers who had lost babies as a result of perinatal death and those who had lost their infants to adoption. The midwives in Mander’s study believed that their care of the relinquishing mother had been constrained by three
main factors: the lack of suitable accommodation for her, hospital policies which inhibited the midwives' decision-making autonomy, and staffing difficulties due to the pressure of the work (Mander, 1991:138).

“Where to put her” posed a problem for midwives caring for mothers who had lost babies as a result of stillbirth (Hughes, 1987) and miscarriage (Reinharz, 1988). The issue of hospital accommodation also provoked a dilemma with mothers who had lost their babies to adoption. Midwives were concerned that if she were placed in a maternity ward with other mothers and their babies, she would be distressed; on the other hand, single room accommodation was inadequate and allocated according to hospital policy (Mander, 1991:138-9)

The issue appeared to be one of providing the mother with choices, although it would emerge that “exercising choice” by the mothers would depend what the midwives believed an appropriate choice should be, thus leading Mander (1993b:373) to conclude that midwives “appear to have been using their autonomy in order to deny any to the mothers”. Mander (1993a:25) identified three categories of “choice” for relinquishing mothers: choices which midwives considered should only be made by them and for which they assumed responsibility (such as hospital accommodation); choices which midwives would be happy to negotiate with mothers (such as the length of hospitalisation); and choices which midwives strenuously avoided discussing with mothers (such as contact with the baby).

Because decisions about accommodation were regarded as mundane by the midwives, and of even less concern for the mother, they did not consider it necessary to consult with her on issues such as this. On the other hand, the midwives believed that the relinquishing mother should have a choice regarding how much contact, if any, she should have with her baby (Mander, 1991:140), but did not discuss the options with her (Mander, 1993a:25). Nonetheless, midwives were keen to maintain the illusion of choice for relinquishing mothers regarding their nursing care, extending even to the decision-making process regarding adoption itself (Mander, 1991:140; Ritchie, 1989:1157). The evidence that choice for relinquishing mothers may be little more than notional has been supported by Mander (1993a:24) in that:

“choices are only as good as the information on which they are based, which in turn is only as good as the research on which it is based.”

Mander (1991:140) has suggested that the midwives’ inconsistency regarding choices in decision-making for mothers may be related to their lack of confidence in their knowledge,
and hence research, base. For example, although it had been shown in the literature (Devaney et al, 1980; Harvey, 1977; Lamperelli & Smith, 1979) that relinquishment predisposed to grieving which could be ameliorated through the mother’s contact with her infant, midwives were loath to encourage such contact.

By 1992, midwifery discourse had begun to recognise the special nature of bereavement following perinatal death (Brown, 1992), and nursing guidelines to assist mothers through the grief process were proposed (Hughes, 1987). Midwives, however, were still reluctant to accord the same considerations to mothers grieving infants lost to adoption. Lauderdale and Boyle (1994:215), in their study of the experience of infant relinquishment, found that birthmothers could recall very few situations where they were treated like “real mothers”, and valued those nurses who did. Advice continued to be meted out to mothers in the form of the same cliches and platitudes: “Pretend the adoption is a miscarriage” and “You’ll forget all about it when you have another baby” (Lauderdale et al, 1994:215). In accordance with Mander (1993a), Lauderdale et al (1994:217) concluded that

“(b)irthmothers need information that will help them make informed choices... (b)irthmothers choosing relinquishment should be counseled, supported, and helped to grieve appropriately for the loss of their infant. In these activities, nurses can play a significant role”.

Bond, Keen-Payne and Lucy (1995) canvassed the opinions of prospective relinquishing mothers in a maternity home regarding their expectations of intrapartal nursing care. Owing to the absence of supportive partners or family during the birth, the mothers identified nurses as their “expected constant companion” and “voiced appreciation for those actions taken by their nurse” (Bond et al, 1995:156). A profile of the ideal nurse for the relinquishing mother emerged: she would be knowledgeable and competent, accepting and caring, and “a continuous, supportive presence”. Nursing activities which were identified as important included relieving pain, keeping the mother informed of events, promoting comfort and “using touch to establish presence” (Bond et al, 1995:158). The authors suggested that nurses might acquire such skills through case management combined with staff educational programs “familiarizing nurses with the expressed needs and desires of specialized populations” such as relinquishing mothers, at the same time as providing them with “access to the same prenatal preparation as other pregnant women” (Bond et al, 1995:160).

Mander (1995:191) concluded from her study of mothers grieving babies relinquished to adoption that

“the mother’s decision-making both in terms of her pregnancy and her care is strongly influenced by those around her, if and when she is offered any opportunity to be involved in decision-making”. 133
Nurses in general, and midwives in particular, were and continue to be in a unique position to influence the standards of care for vulnerable women, and, as Mander (1995:190) has suggested such standards should be the benchmark for the care of all mothers. However, their influence on the care of mothers who would lose their babies to adoption does not seem significant from the literature: principles of nursing practice appeared to derive more from erroneous assumptions based on populist opinion rather than from the research literature.

Notwithstanding the inaccessibility of most of this literature to midwives during the peak period of adoptions in the 1960s and 1970s, its current availability should provide midwives with the opportunity to reflect upon and reappraise past practices in the light of more recent research into the nursing care of mothers who have or who might lose their babies to adoption.

In 1982, the Health Commission of New South Wales (henceforth referred to as the Health Commission), possibly in response to the incipient disquiet being expressed by mothers whose babies had been taken for adoption in the preceding fifteen years, issued their Policy on Adoption (Circular 82/297). Social workers, bureaucrats and adoptive parents contributed to the formulation of this policy: mothers were conspicuously absent. In this policy document the Health Commission (later known as the Department of Health) acknowledged that there were

> “a number of practices occurring in some (original emphasis) in relation to adoption matters which are contra-indicated on either mental health or legal grounds”.

Among these practices, the policy document cited the undue pressure which was being placed on unmarried women to surrender their infants for adoption (an offence under the Adoption of Children Act 1965, s.51) and the on-going practice of advising infertile couples to adopt. Health personnel were also accused of being unwilling to grant the same rights of information about and contact with their babies to mothers who were considering surrendering as were accorded to other mothers, as well as an unwillingness to respect mothers' wishes and rights to name their babies. The document also charged that inadequate attention had been paid to mothers' privacy and confidentiality while, on the other hand, non-identifying medical and social information had been withheld from adult adoptees.
Although this Health Commission policy document seemed to indicate that illegal adoption practices were a recent discovery, the Catholic Family Welfare Bureau had recognised such irregularities thirty years earlier in 1965:

"Many agencies in this country have punitive, illegal and harmful rules regarding the unmarried mother's inalienable right to physical contact with her child, when she has decided on adoption. Some agencies refuse to allow the unmarried mother to see her child, nor do they tell her the child's sex. While this may be done from the best motives, these misguided people should look more carefully into the situation." (Lewis, 1965).

The Health Commission concluded that the basis for these practices was “in part, an attitudinal one”, but also the result of ignorance, more so in country hospitals than in major obstetric hospitals. To rectify this, it was suggested that the

“resources centred in specialist obstetric hospitals - in the form of knowledge and experience of personnel - should be shared with personnel in general and country hospitals” (Health Commission, 1982).

In 1979-1980, the Health Commission stated that it was not possible to determine how many of the 356 mothers who lost babies to adoption had had “unhelpful experiences while hospitalised”, but albeit small, the problem was described as “persistent”. Included in the changes to adoption practice proposed by the Health Commission were the provision of “information, counselling (and) support to allow women to reach a tolerable solution” to an unplanned pregnancy, referral to an adoption agency if requested with ongoing liaison, support and care, and the furnishing of a “legal declaration by a medical officer certifying the fitness of the biological mother to consent”.

An appendix to the original policy which addressed the “rights of parents planning to surrender a child for adoption and the hospital practices in regard to such parents” acknowledged that, even with the “tendency for patients to be more assertive”, these parents were “particularly vulnerable”. Consequently, the provision of counselling continued to receive prominence along with the caution to hospital staff against comments or actions which could be construed as pressure to persuade a mother to place her baby for adoption.

In what might be considered as falling just short of an admission of malpractice, the Health Commission addressed the existence of earlier policies based on “commonly held views” which prevented mothers from seeing their babies. It suggested that these policies had been largely superseded by more enlightened ones which recognised that “it is neither feasible nor healthy to protect a person from his/her grief” and that “contrary to common belief, experience suggests that there is no negative relationship between a mother seeing
her child and signing a consent to adoption or revoking such consent”. However, the policy’s erroneous assumption that the practice of taking a baby shortly after birth to a nursery away from the mother seemed to be in line with the needs and desires of most mothers considering adoption had no foundation in the literature and appeared to serve no function except to allow hospital personnel to maintain past practices if they saw fit.

The appendix to Circular No 82/279 laid out clearly the rights of a mother: to see her baby, to care for her baby through rooming in and breast-feeding if she so wished, to have a private room if one was available and to name her baby. At all times she should be treated with the same respect as any other mother. Obstetric hospital policy manuals, while following the Health Commission policy (1982), added their own interpretations of the recommendations related to the mother’s contact with and care of her baby (viz. Royal Hospital for Woman, 1992). Although the Health Commission policy appears to have been introduced to improve the care of mothers considering adoption, with its emphasis on legal infractions it might well have been introduced to protect hospital staff from further breaches of the Adoption of Children Act 1965.

**From givers to grievers:**
**The construction of adoption loss**

Whereas the early literature attributed unmarried motherhood (now called "exnuptial pregnancy") and the subsequent relinquishment to psychodynamic causes, more recent work established a reverse relationship: the loss of a baby to adoption was identified as a major cause of psychological disability. Until the 1970s, the literature ignored the effects of maternal-infant separation when babies were surrendered for adoption, and selectively applied theories of bonding and attachment to married and adoptive parents only. Issues such as post-natal depression, although recognised unequivocally in married women, were not addressed with mothers who surrendered their babies for adoption.

Lamperelli et al (1979) attempted to understand the "grieving process of adoption" as separation anxiety within the Kubler-Ross bereavement model. The authors studied nineteen unwed mothers recruited by letter a few months after they had left a maternity home following the surrender of their babies. In spite of the research which had been undertaken in the previous decade, Lamperelli et al (1979:25) continued to draw on a stereotype of the unmarried mother created by Young (1954), presenting her as acting out family conflict, seeking attention, and seeing the baby "as an extension of themselves who will gratify unmet needs". Without providing evidence, they declared that "most unmarried mothers pass through the stages of grief prior to delivery" (Lamperelli et al, 1979:26), a
finding not supported by other literature. The stages to which the authors referred included denial, anger, guilt, bargaining, depression and acceptance: their foregone conclusion that a mother should surrender her baby is evident in their advice that "objective nonjudgmental support is essential for the unmarried mother to give up her baby...otherwise she may choose to keep at a time when she is emotionally unable to choose otherwise" (Lamperelli et al, 1979:28). It is unfortunate that the authors have drawn such emphatic conclusions about the mother’s resolution and acceptance of surrendering a baby for adoption in only six weeks after the baby's birth. What this work does show, however, is that a traditional bereavement model developed to explain stages of loss and grief is inappropriate and inadequate for relinquishment which is more akin to chronic sorrow.

Rynearson (1982) in a preliminary study of relinquishment (correspondence with the author revealed that no follow-up study was conducted), studied a group of 20 psychiatric patients, with no previous history, who were referred for treatment of dysrhythmic disorder (12 patients), or generalized anxiety, borderline personality or dependent personality disorders (8 patients), during the course of which they revealed that they had relinquished a baby for adoption. The patients were white, middle class and aged between 30 and 46 years of age, who had relinquished their first child when they were aged between 15 and 19 years, unmarried and dependent on their families. They described the conception as "accidental", the result of sexual ignorance, and, owing to denial, did not seek confirmation of their pregnancy until past the first trimester when an abortion would have been refused had it been sought. All the women had been admitted to unmarried mothers' homes where, on entry, they agreed in writing to relinquish their babies at birth. They perceived their decision as "externally forced" due to parental pressure, societal attitudes and altruistic demands for their babies (Rynearson, 1982:339). All the women stated that they had dreaded labour, which they described as "a time of loneliness and painful panic" and delivery which was performed under general anaesthetic, one factor to which Rynearson attributed their subsequent mental illness.

Eighteen of the mothers were not permitted to see their babies after delivery, and reported that "the actual signing of the adoption papers while still in the hospital was particularly traumatic"; eight mothers were "so overwhelmed by this event that they were amnesic for it". Following the birth, all the mothers returned to their homes and "quickly re-established their former, nonmaternal identities". However their lives were punctuated with fears of future infertility coupled with a wish to undo the act of relinquishment by becoming pregnant again although their subsequent relationships were marked by sexual
dysfunction and over-protectiveness towards their other children. They also reported dreams and fantasies about their babies which were particularly acute on the anniversary of the relinquishment and their lost babies' birthdays (Rynearson, 1982:340).

Rynearson (1982) concluded that "relinquishment appears to have been a fundamentally disjunctive event" but that the mothers' symptoms instead of being regarded as dysfunctional "may be viewed as adaptive adjustments to the real and anticipated threat of the interruption of maternal attachment and maternal identification" (Rynearson, 1982:340). The outstanding significance of Rynearson's findings is that they will be shown to parallel the widespread accounts of other mothers' experiences of their pregnancy and the taking of their babies for adoption which appear in Chapter 16.

Mothers' emotional states also came under the medical gaze of mental health professionals with Winkler and van Keppel's Australian study (1984) on the long-term effects of relinquishment. Although the authors studied relinquishment within a bereavement model, comparing it with the perinatal death of a child and also in terms of a stressful life event, their research is important in that it involved the largest sample of relinquishing mothers ever studied until that time, was rigorous in its method, and has provided a basis for much research and legislative change hence. From responses to advertisements placed in a newspaper, a women's magazine and an adoption support group newsletter, 213 women who had relinquished their first-born babies when they were aged between 15 and 25 years and unmarried were selected. Data were collected through a questionnaire as well as through interview.

The major findings from Winkler et al's study were that the effects of relinquishment for mothers were negative and long-lasting, the sense of loss remaining constant for up to thirty years (Winkler et al, 1984). Consistent with Rynearson's (1982) earlier work, they found that relinquishing mothers had "significantly more problems of psychological adjustment", reporting an increased sense of loss at times such as the child's birthday and the attainment of developmental milestones, the birth of subsequent children and on Mothers' Day (Winkler et al, 1984:67), emotions which were also expressed elsewhere by other mothers (Shaw, 1983:44).

Also reporting in 1984, Deykin, Campbell and Patti conducted a survey among 334 members of a birthparent support group (321 mothers and 13 fathers) to ascertain the effects on subsequent life adjustment of having relinquished a child for adoption. Their findings indicated that having surrendered a child had "a protracted negative influence on
the lives (of the respondents) in the areas of marriage, fertility and parenting” (Deykin et al, 1984:271). Of the 280 respondents who had married subsequent to the surrender, 71% stated that the experience of relinquishment had influenced their marital interaction. The percentage of surrendering parents who had married each other (17%) were also found to have a significantly high level of marital difficulty, while others attributed their marital problems to issues such as jealousy resulting from the prior experiences of birth and surrender for adoption.

In one of the few studies to associate surrender with subsequent fertility, Deykin et al (1984:276) reported a 16.2% secondary infertility rate (that is unable to have another child) in the surrender group compared with a 6% rate in the general population. In addition, 17% had elected to remain childless, either out of loyalty to the surrendered child or because they felt unfit to become parents. Of the respondents who did have other children, “almost 80% stated that the earlier surrender of the child had exerted a powerful impact on their subsequent parenting practices”, citing overprotectiveness, compulsory worry about the children’s health, and difficulty in accepting their growing children’s independence as the most frequent negative features (Deykin et al, 1984:278). The researchers concluded that the difficulties in parenting appeared to be related to unresolved sadness over the loss of their children rather than inadequate parenting per se.

Echoing Vincent’s (1961) earlier prediction, Deykin et al (1984:271) suggested that, adoption, rather than becoming an obsolete practice, would become more prevalent as “the number of children born to single women and the proportion of such children adopted will grow as a result of complicated access to abortion, reduced welfare benefits, and a public policy which stresses adoption as the best option for young single mothers”.

The findings of Winkler et al (1984) were supported by Anderson, Sharley and Condon (1985) in an analysis of telephone interviews with 190 relinquishing mothers which showed “not individual pathology, but a common response to the then societal pressures”. Of the sample, 72% reported that they felt that they had no choice regarding the surrender of their children, while 14% claimed to have suffered repeated breakdowns, distress being the most common feature in 91% of women. Only 9% of callers said that they “felt OK” about the experience. In the intervening years 91% said that their feelings of sadness, loss, emptiness and worry increased rather than diminished, leading the authors to conclude that over half the women suffered from “severe and disabling grief reactions which are not resolving with the passage of time” (Anderson et al, 1985:23).

Anderson et al (1985:26) determined that “relinquishing mothers have been subject to powerful double bind messages” communicated by those sources of advice which, on the
one hand encouraged adoption, and on the other, abandoned them after their babies were taken. Owing to the secrecy surrounding adoption, the authors asserted that

“relinquishment is not recognised as a primary or causative problem in a range of health problems, and as a result, the health services which do exist are largely unresponsive” (Anderson et al, 1985:21),

and consequently:

“[h]ealth professionals may deal with more obvious or disclosed problems - such as infertility, or alcoholism the abuse of drugs (particularly prescribed, legal drugs) suicide attempts, relationship breakdowns, dysfunctional families, loss of memory and other forms of mental illness with specific labels. What is not acknowledged is the fact that relinquishment preceded these symptoms in these women” (Anderson et al, 1985:22).

In addition, the authors’ subjective observation revealed that a significant proportion of relinquishing mothers suffered stress related somatic illnesses such as arthritis, ulcers and cancer.

In a follow-up project Condon (1986) studied 20 women recruited from a support group who had surrendered babies for adoption during the 1960s when they were in their late teens or early twenties in order to investigate the level of chronic emotional disability in relinquishing mothers. Using the Middlesex Hospital Questionnaire, a valid and reliable instrument for assessing chronic psychological disability, Condon (1986:118) found that relinquishing mothers rated significantly higher on measures related to free-floating anxiety, phobic anxiety, obsessionalism, depression and psychosomatic symptoms than did an age-matched control group. In Condon’s opinion, “The medical profession cannot be considered entirely blameless for the trauma which many of these women experienced in less enlightened times” (Condon, 1986:119). Again, as Vincent (1961) and Deykin et al (1984) warned, Condon (1986:117) predicted that the demand for babies would continue to remain high in a climate of dwindling supply, a situation which could result in subtle pressure on mothers to relinquish their babies for adoption in the future.

Millen and Roll (1985) attributed the epithet “Solomon’s mothers” to women who had surrendered children for adoption. In a study of 22 such women attending psychotherapy for problems including depression, alienation, sexual difficulties and psychosomatic complaints, the authors described the ways in which the bereavement process had been distorted and delayed following the relinquishment of a child. They concluded that

“the experience of a mother relinquishing her child is similar to pathological mourning, including feelings of intense loss, enduring panic, and unresolved anger; episodes of searching for the lost child in waking life or in dreams; and a sense of incompleteness” (Millen & Roll, 1985:418).
Considering the psychological reactions of birthmothers from a feminist perspective, Weinreb and Murphy (1988) stated that they had “often been struck by the excruciating and recurrent pain experienced by women who have surrendered their babies for adoption”. In a pilot study of in-depth interviews with five white, middle-class women aged between 18 and 24 years and unmarried when they surrendered their babies during the 1960s, the authors identified the dimensions of depression and loss, choice and passivity, secrecy and shame, responsibility and guilt, and repression and anger as those which would assist women to come to terms with their loss. As Condon (1986) had proposed, Weinreb et al (1988) suggested guidelines for health professionals to follow in their therapeutic work with women who had lost children to adoption. Reinharz (1988) has addressed the psychological distress of mothers who had lost babies through miscarriage, comparing their grief with that of mothers who had delivered stillborn babies or those whose babies had died shortly after birth. She concluded that “a physiological depression could follow miscarriage” and that “women who have miscarried may experience long-term loss” (Reinharz, 1988:91), but she did not acknowledge the similar effects following the loss of a baby to adoption. Indeed, her omission of this loss in an otherwise insightful discussion of maternal grief responses to the perinatal loss of a baby is important in that it illuminates the lack of acknowledgment in the feminist literature of the loss of a baby to adoption.

On the other hand, Howe (1990) drew some similarities between mothers who lost babies as a result of perinatal death and those who lost them to adoption. Although Winkler et al (1984) had used a bereavement model to describe relinquishment, such a comparison having been refuted by Condon (1986), Howe (1990) expanded on this model by proposing three additional factors which disturbed and distorted the relinquishing mother’s ability to grieve: shame and guilt for an extramarital sexual relationship resulting in pregnancy; responsibility for the voluntary loss of the baby to adoption; and the continued existence of the child in spite of adoption practices which deny her motherhood.

In a postal survey of 444 New Zealand mothers who had relinquished children between 20 and 30 years previously, Field (1990) reported that 70% received little or no emotional support at the time they became pregnant, and 60% felt that they had little or no choice in the adoption process. The sample was almost evenly divided between mothers who had subsequently had reunions with their children and those who had not, however at least 50% reported still feeling a strong sense of loss regarding the event regardless of the reunion. In a follow-up, study Field (1992) found that there were no differences in general psychological well-being between the groups of mothers who had, or had not, experienced
renewed personal contact with their children. Although many mothers found the task of re-forming a relationship with their children difficult, the majority expressed strong satisfaction with the renewal of the relationship. Nonetheless, the results of Field’s (1990, 1992) studies indicate that reunion, even if successful, does not ameliorate the deleterious effects of relinquishment.

Responding to the question, “Can a mother forget her child?”, Stiffler (1991), a birthmother, concluded that “there are millions of birthmothers who will tell the world today, "No!". Stiffler cited traditional adoption practice where “once a birthmother had surrendered her child and had been given a post-placement interview, she disappeared from the social worker’s schedule”, and, consequently, her grief had been socially unacknowledged. Reviewing the literature, Stiffler cited Dudrear (in Stiffler, 1991:251), who found that, of the 64 women whom she studied, 49 had considered committing suicide and 14 had actually attempted it, one woman making 12 attempts and stopping only when she discovered that search and reunion were possible.

Lancette and McClure (1992:84) described women who have relinquished children for adoption as “both a forgotten and misunderstood population”, and suggested that regardless of whether the adoption was an open or closed arrangement, the mother experienced physical, emotional and psychological loss. In a phenomenological study, the authors interviewed five mothers, white, middle class and aged 18 to 24, who had placed their children for adoption approximately two years previously. Although the sample was small, and length of time since relinquishment was shorter, Lancette et al (1992:94) found that the experiences shared by the women in this study were consistent with the findings of Lamperelli et al (1979) and Rynearson (1982), and concluded that this sample was representative of other mothers who had lost children to adoption.

Wells (1993a) described the phenomenon of post-traumatic stress disorder (PTSD) as experienced by birthmothers as well as the children whom they relinquished. From her research with 300 British mothers, Wells (1993a:30) found that many subjects said that they split themselves off from the trauma of the relinquishment as a coping mechanism., a recognised manifestation of PTSD. Others described the symptoms of psychogenic amnesia whereby they stated that they were unable to recall important events surrounding the adoption such as the date of the baby’s birth or signing the adoption papers. Some women experienced intense psychological distress on events associated with the birth, such as family gatherings, the child’s birthday, Mothers’ Day
and the births of subsequent children (Wells, 1993a:31). Other features of PTSD which the mothers described included psychic numbing whereby mothers felt detached and estranged from others who had not been through the same experience, recurrent dreams or nightmares where the birth and relinquishment are relived, and intensification of symptoms when they were in similar situations such as the birth of another child. As other researchers had found, so Wells (1993a:32) revealed that the two most frequently reported symptoms by the mothers in her study were depression and anxiety.

In another study, Wells (1993b) conducted a survey of 262 birthmothers to find out how they felt about adoption legislation and practice. Most mothers felt that they had no choice about relinquishing their children, and had been pressured by parents and social workers to do so. They also did not want to go away and forget their children, describing the loss as a “living death”; nor were they able to make a “fresh start” because of their unresolved grief. Far from being promiscuous, one third were in stable relationships at the time of the babies’ births, and 23 couples had subsequently married (Wells, 1993b:24). In keeping with a growing body of evidence, Wells (1993b) concluded that “the stress resulting from relinquishment is profound and long-lasting”, with mothers describing their feelings as “sadness, loss, grief, numb, depressed, guilty, angry, and bitter”, with no diminution over the years since the original event.

In one of the few studies on relinquishment in nursing discourse, Mander (1995) sought to show that although the adoption of infants had declined since the 1970s, the implications of relinquishment remained for both the mothers and the midwives who attended them. Mander interviewed twenty-three mothers between the ages of 15 and 35, who had relinquished babies up to thirty years previously. She also interviewed midwives, whose experience of caring for relinquishing mothers spanned between three and thirty years. Drawn from her personal experience as a midwife, Mander's work stands out for its sensitivity towards and compassion for mothers which seemed to be lacking in earlier research from other disciplines. Mander's study demonstrated "the disempowerment of the relinquishing mother and her vulnerability to a variety of influences" (Mander, 1995:192), and she concluded that the mothers' adjustment to the grief associated with their loss was directly related to this imbalance of power between the mother and her carers.

In a recent study Cowell, Crow and Wilson (1996) found that, in spite of the positive outcomes of reunions between birthparents and their now adult children, the joy of reunion
had not ameliorated the pain of relinquishment for birthparents which had remained even if concealed or disguised. Successful reunions, it would appear, do not vindicate adoption.

**Discussion**

In medical discourse the construction of the mad unmarried mother depended on assessing her mental state during her pregnancy at a time of physical, emotional and financial stress, these factors rarely considered as having contributed to her mental state. The problem resided entirely with her. When she was assessed in the post-natal period, her mental and emotional fragility were again attributed to intrinsic qualities: that the loss of her child to adoption may have been responsible for her mental state was not considered in most of the literature for many years.

The scant literature which *did* address the effects on mothers of separating them from their babies for adoption (see Fisher, 1938) seems to have been selectively ignored. Demonstrating an extraordinarily enlightened view which might still be regarded as radical, Fisher (1938:486) in lobbying for reform through the National Council for the Care of the Unmarried Mother and her Child founded in 1918, explained:

"(W)e never wearied in our efforts to convince a not very sympathetic world that to keep together mother and child, to make it possible for both to live, for the mother to give the child adequate care, not only did not encourage immorality but tended to decrease the number of mothers with more than one illegitimate child."

At the height of the Second World War, when events in Europe dominated Western consciousness, Clothier (1943:531) noted astutely:

"How quickly illegitimacy can be converted into authoritatively approved procedure has recently been demonstrated in Germany where healthy young women are advised by their government that it is their duty to produce babies."

The "authoritatively approved procedure" which transformed illegitimacy in Western societies was called "adoption" for which healthy young women were advised by government agents to relinquish their babies.

In 1961 Vincent made the uncanny prediction that "if the demands for adoptable infants continues to succeed the supply" (Vincent, 1961:199), as was occurring in Australia at that time, then it would be quite possible that "in the near future, unwed mothers will be 'punished' by having their children taken from them right after birth", a policy which prevailed almost without exception in the 1960s and 1970s. While not explicitly labelled as punishment, such a policy according to Vincent (1961:199) would

"be implemented through such pressures as 'scientific findings', 'the best interests of the child', 'rehabilitation of the unwed mother', and 'the stability of the family and society.'"
Two additional conditions were identified by Vincent (1961) under which the implementation of this policy would be ensured: first, if it could be shown that unmarried mothers who kept their babies were those who lacked the potential for "good motherhood", that is, they were inherently bad mothers; and, secondly, if the courts continued to emphasise that the "rights of the child" superseded the "rights of the parents" (Vincent, 1961:199).

Questions must be asked why there was such interest in investigating the psychological and social profiles of unmarried mothers, apart from the academic interest they generated and which would be so valuable for adoption agencies (Pearson et al, 1956). Was there an intention to use these profiles for educational programs to reduce the incidence of out-of-wedlock pregnancy? Could they be used to develop services for mothers keeping their children? Or could they form the background to counselling services for women giving up their babies for adoption? Since none of these initiatives appears to have eventuated, and if it did, it was certainly not based on the profiles of unmarried mothers, the reasons for the numerous studies must remain open to conjecture and under suspicion. Given the concern about the mothers' character, Kornitzer (1968:58) suggested that "this in itself probably helped to keep adoption as a service for the 'good girl' rather than as a facility for the 'bad girl'" as I will show in Chapter 10.

I propose that research into mothers' personalities and character was carried out and the results communicated not only to allay the anxiety and apprehension of potential and past adoptive parents, as Kornitzer (1968:85) noted was the practice, but also to provide a profile of not "who would surrender" but "who should surrender" their babies. After all, if adoption was the last resort of family creation, having been superseded more recently by reproductive technologies, then it would seem that only the best quality babies would be suitable for such a hazardous venture.

A comfortable sense of complacency could be afforded when an explanation of emotional instability, a temporary aberration from her normal demeanour, was offered and accepted as the cause of out-of-wedlock pregnancy, since such instability could be treated with and cured by counselling and therapy. However a cure could not be effective if the mother kept her baby, because, as Clothier noted so obviously in 1938, "Pregnancy, after all, gives proof to the world that the woman has had sexual intercourse". Nonetheless, rehabilitation was at hand when, as Matthews affirmed:
"Once adoption had removed the signs of her failure, the agents of the gender order (religious welfare workers and psychiatrists) could support and help her" (Matthews, 1984:181).

Thus, unmarried mothers who could be defined as "mad" could receive support without their sexual activity seemingly condoned (Gill, 1977:302).

In the absence of an adequate rationale for the "mad and stupid" epithet conferred on the unmarried woman who became pregnant and lost her baby to adoption, another meaning of and reason for relinquishment must be sought. It begins to emerge in the stories of the mothers themselves in Chapter 16.

In the following chapter, Chapter 10, I will continue the exploration of the discursive construction of the unmarried mother as she moved from the "mad" and "stupid" construction by medical model discourses to a socially discursive space of deviance as the "bad girl". Frequently it can be seen how the hegemonic medical and social discourses inform each other as participants in the symbolic order. Often there will be overlap between these discourses since the divisions are arbitrary.
Chapter 10
CONSTRUCTING THE BAD GIRL:
Discourses of social deviance

"We are for breeding purposes: we aren't concubines, geisha girls, courtesans. On
the contrary: everything possible has been done to remove us from that category."
"The Handmaid's Tale" (Atwood, 1987:146)

Introduction

The unmarried mother came under the gaze of social workers, who, according to Vincent,
(1961:239) are generally regarded of all the health professionals as those responsible for
adoption practice. The unmarried mother was identified as the `social problem', (Crumidy
& Jacobziner, 1966; Fisher, 1939; Greenland, 1958; Lewis, 1965; Roberts, 1968;
Thompson, 1956;), with the literature advancing various theories for the causation of the
problem and providing several solutions. One study (Finck, Reiner & Smith, 1965)
concluded that the problem was that "none of the girls sees herself as having problems",
possibly because adoption was the panacea. Vincent (1961:13) suggested that white
unwed mothers posed less of a social problem than Negro unwed mothers whose children
were less in demand for adoption and who required more financial assistance.

The overwhelming picture was of the `good girl gone wrong', to be rescued and
rehabilitated. To achieve this it was necessary first, to create a picture of `the good girl' in
order to then demonstrate her downfall through construction of `the bad girl.' Vincent
(1961:12) expounded the dichotomy thus:

"To emphasise that `bad girls' are caused by poverty, ignorance or minority group
membership is to affirm that `good girls' result from material blessings, an education
and majority group membership".

The explication of `the good girl' vindicated her rehabilitation which was accomplished
through juxtaposing the new dilemma of the woman who had previously not acquired
unmarried mother status against her negative stereotype.

As a result of legislation in 1933, Fisher (1939:489) declared that "adoption is now
regularised and safeguarded", although for whom she did not elaborate. In spite of her
belief "that almost always the best hope for mother and child lies in keeping them
together", this practice should not be interpreted as concern for the child as much as it was
a punishment of the mother: the penalty for illegitimacy was enforced mothering. Fisher
was less interested in the "problem of the unmarried mother who is mentally or morally
sub-normal" than she was with "mothers who are now self-respecting citizens, not physical
or moral wrecks" (Fisher, 1939:488), providing a basis for the image which would recur throughout the literature:

"The girl was young, in her mid-twenties, quietly attractive, and well-dressed. She spoke in a soft voice with an educated accent. Except for the lines of strain on her face, she might have been any young woman making a casual afternoon call. She was an unmarried mother to be, asking for refuge of a maternity shelter until her baby could be born and a safe place found for him. She had fled from the small town which was her home to escape the shock and anger of her family, the whispers of the neighbours, the curiosity and condemnation of the community" (Young, 1954:1)

Thus begins Leontine Young's 1954 book, "Out of Wedlock", which would provide the blueprint for adoption practice for the next thirty years. Descriptions such as this, of `girls' who were basically good and decent, were necessary in order to emphasise the fall into depravity of which an out-of-wedlock pregnancy was not only symptomatic but also the cause. This is not to suggest that many women did not approximate this description, but its frequency and regularity in the early literature suggests attempts to contrive a positive stereotype. Nonetheless, as Wicks (1993:1) has stated: "'Unmarried and pregnant' is synonymous with the role of `bad girl'". On the other hand, a social worker quoted (in Arney & Bergin, 1984:12) demonstrated the existence of a confused double standard by saying:

"It's the good girls who `get into trouble'. The bad ones know how to avoid it".

Schmiderberg (1951) in a general discussion about psychosocial factors in young unmarried mothers, attempted to explain some of the reasons for out-of-wedlock pregnancy in terms of promiscuity. According to her, "many girls became promiscuous in wartime because their fathers or brothers were away" (Schmiderberg, 1951:3), presumably becoming pregnant to visiting servicemen from overseas countries. Schmiderberg (1951:3) also apportioned blame to society which

"(t)hrough moral disapproval of sex relations, implicit threats of ostracism for offenders, and by creating various real and unreal anxieties about consequences...tries to check the powerful sexual impulses bursting upon the young adolescent".

Although Schmiderberg described the case of "a prostitute, who at the age of 16 had an illegitimate child... (and) was sexually precocious from early childhood", her precocity was given as a reason for her childhood sexual abuse, causing the author to provide reassurance that "fortunately such a degree of abnormality in unmarried mothers is not the rule". Instead, she suggested that:

"Often girls become abnormal, delinquents or prostitutes because of their harsh experiences following unmarried motherhood" (Schmiderberg, 1951:6).

In order to preserve the character of "the good girl gone wrong" Schmiderberg (1951:6) recommended that:
"Adolescents who, for some reason or another, cannot live at home should have a place to go to that does not have the stigma of a reformatory, and does not compel them to mix with delinquents, prostitutes and confirmed homosexuals".

As if in response to her call, maternity homes were established which acquired their own stigma. In such institutions social workers could help to "stabilize the unmarried mother and to enable her to eventually stand on her own feet", and, according to Schmiderberg (1951:7), this demanded "immediate, pragmatic solutions (b)ecause something has to be done in a hurry". That immediate, pragmatic solution would be to effect a consent to adoption as soon as the baby was born so that the mother could `get on with her life'.

In a British study which collected data from 1953 onwards, 503 adopting families were studied primarily to investigate adoptive parents' and adoptees' understanding of what constituted a successful adoption (Kornitzer, 1968). The author did not survey mothers themselves but gained details about them from adoption agency records and questionnaires from and interviews with adoptive parents hoping that the "gaps and distortions in the picture may tell us something" (Kornitzer, 1968:33). Her work provided some revelations about the attitudes towards mothers and putative fathers held by social workers, midwives and adoptive parents in which she noted that "the bias is plain and unconcealed, and therefore calculable" (Kornitzer, 1968:33).

As if to vindicate the adoption process and their part in it, adoptive parents were found to neither know nor care about the "real feelings of the mother when the child was given up" (Kornitzer, 1968:37). Without hesitation they expressed the view "that the natural mother had not wanted her baby" even when the facts clearly suggested otherwise (Kornitzer, 1968:37), and presumed that when the baby was born, the mother had no option but to surrender her or him for adoption in what was really an act of callousness in spite of evidence to the contrary (Kornitzer, 1968:38). In addition, Kornitzer (1968:38) found that "adopters were not on the whole interested in giving a favourable view of the natural mother", and suggested that the high percentage of mothers in the upper socio-economic strata might be due to "the desire of adopters and perhaps adoption societies to put the mother’s social class in as good a light as possible" (Kornitzer, 1968:34), presumably so as not to reflect badly on the child. In spite of this reservation, Kornitzer concluded that

"the information about (the mothers') background and their material circumstances at the time of the birth suggests that upper-class families were less tolerant of daughters who had illegitimate children and were less able to make a place in the family for such children, and from the records these girls often seemed more desperate to make adoption plans than the others" (Kornitzer, 1968:35).
While the literature continued to insist on referring to mothers as "the girl", regardless of her age, and adoption agencies predicated surrender on her remaining young and poor forever, then, as Kornitzer (1968:73) found, some adoptive parents likewise harboured a notion of protracted temporality about the children whom they adopted, forgetting that "adopted babies, like others grew up".

The adoptive parents in Kornitzer's study were adamant in their specifications for a baby, some choosing to wait for a child who met these. Not only were girls preferred over boys, although one couple thought that boys "were more fun", but a definite prejudice against red-headed children was expressed (1968:78). Others felt that they were "well matched with a child, but only because they were given an attractive, 'well-bred' and intelligent child who corresponded with a view of themselves" (Kornitzer, 1968:84)

Some adoption agencies refused to accept what they considered "low-class" adopters or children (Kornitzer, 1968:53). The motives of adoptive parents might also provide cause for concern: to replace a dead child, to provide a companion for another child, often their 'own', or to induce a magic conception in what was assumed to be an infertile marriage (Kornitzer, 1968:76).

Kornitzer (1968:137) found that repeatedly in her research "the public attitude towards...the mother who placed her child for adoption was a censorious one". Promiscuous mothers appeared to be in the minority, described as either "charming but immoral" (Kornitzer, 1968:50), or, as in the case of one mother who, having had nine children by different fathers, as being "in the wholesale line" (Kornitzer, 1968:58). The majority of the mothers however were "said to have felt some remorse and regret at the time of placing, and some remembered the child for many years afterwards" (Kornitzer, 1968:37).

Many mothers continued to send money and gifts to their children for years after the adoptions had taken place. The picture of the mothers which emerged from the study was that "the child had put them in an acutely embarrassing situation full of social and economic difficulties...; and (t)hey felt concern and guilt over having had the child and wanted to make amends" (Kornitzer, 1968:39).

Some married women had conceived children as a result of wartime liaisons, surrendering their children when their husbands returned home in order to save their marriages (Kornitzer, 1968:38), with this measure often in vain. However, the study found that adopters
"seemed to identify themselves more easily with the feelings of a married woman forced by her husband to give up her child than with those of an unmarried girl" (Kornitzer, 1968:41),

with preference expressed for legitimate babies over those born out-of-wedlock (Kornitzer, 1968: 209).

The only way in which mothers could make reparation on all fronts seemed to be through adoption, and the only social work help which the mothers received was assistance with the actual placing of their children (Kornitzer, 1968:36).

From discarded records of an adoption agency, Shaw (1983) presented the verbatim reports of social workers regarding the mothers who contacted the agency and surrendered their babies for adoption between 1945 and 1963, echoing the opinions voiced in Kornitzer's (1968) work of that period. These records provided an illuminating picture of the real women behind the quantitative data in the research previously cited, and the descriptions revealed as much about the writers as they did about the women.

Between 1945 and 1950, social work records gave impressions of the mother under the headings: "physical health, character, mentality, education, relationship with her own family, interests and hobbies, and her sources of help" (Shaw, 1983:40). Although none of the mothers was more than forty years old, many hardly twenty, Shaw (1983:44) noted that they "seem to come from another world". Arney and Bergin (1984) described this era as one of dichotomies in sexuality, dominated by right-wring and moral-immoral labels in which the “problem” of exnuptial pregnancy lay with the sexuality of the mother.

Reference to the putative father was confined to the most basic details such as name, nationality and marital status except when the father was an American serviceman. The American Army administration had a standard response to correspondence from the agency when it sought help for the mother: a denial of paternity and refusal to discuss the matter further. Shaw concluded that:

"The result was a sad procession of generally teenage girls whose babies went on to adoption or were absorbed into the bosom of an already large, and certainly ill-housed, family" (Shaw, 1983:41).

Owing to the absence of details of the putative father from the records, Shaw offered the impression that "it would be easy to forget that babies being offered for adoption had fathers, so shadowy is the picture of them which emerges" (Shaw, 1983:42).
The records of the early 1950s revealed that

"the typical client was a nice girl with no idea what could have made her pregnant and nice parents who would (they swore) have nothing to do with their daughter if the forthcoming baby was not adopted" (Shaw, 1983:41).

Shaw found that vehement disapproval was directed in particular at women who had used intoxication as an excuse for "having been taken advantage of", when "the mother was too tight to know what was happening" or others who "actually displayed some knowledge of sexual matters". On the other hand:

"Sympathy was evident where the girl was a `nice type' with a `nice open face'. Less favourably regarded were those `rather heavily made-up', some in direct line of descent from Jezebel" (Shaw, 1983:41).

Reflecting the puzzlement of Kadesin et al (1941), about the lapsed middle-class girl, social workers were

"very concerned - Katie has been a Sunday School teacher and is a nice girl (original emphasis)" (Shaw, 1983:41)

whose parents were described in similar terms of glowing respectability such as "a sensible little woman", and "a man of position", concerned for the opinions of neighbours, family and friends, and whose "dominant parental aim seemed to be to avoid a scandal for themselves" (Shaw, 1983:42). Devaney and Farrell (1980) also described the women in their survey of relinquishing mothers as middle-class, and offered their social status as the reason for the greater degree of felt stigma which influenced their decision to remain hidden for the duration of their pregnancies.

Shaw (1983:42) discovered a practice during 'counselling' sessions which mothers themselves would reveal many years later: "the giving and withholding of financial help as a means of regulating clients' behaviour" which was clearly evident in these records, as was the policy of "their refusal to admit girls expecting their second or third illegitimate child". Shaw also noted "the exclusive nature of the focus on adoption", but one whereby

"the birth of a baby which was in some way imperfect, mildly handicapped or just possibly `coloured' could bring negotiations to an abrupt end" (Shaw, 1983:44).

In a particularly perceptive observation, Shaw (1983:44) predicted that

"A study of 1980-style social work 20 years from now is likely to produce similar sensations in the reader. What we are pleased to call Victorian attitudes to `fallen women' come disconcertingly close to our own, perhaps lingering on even now".

The findings from research which present a different picture of the unmarried mother as deviant offer a confounding impression: on the one hand, the recurrent image of 'the good girl in trouble'; on the other hand, 'scientific evidence' of a promiscuous delinquent. Kiely (1982) has suggested that this dualistic stereotype was accepted by the public imagination
because it fitted with the morality of the time. It also fitted with the dichotomous image of woman as "Madonna - whore", first identified by Helene Deutsch (cited in Kasanin et al, 1941) and later by Welldon (1992), and which was alluded to as part of the psychopathological make-up of the mother who, in certain cases, identified with the Virgin Mary (Clothier, 1943; Gedo, 1965)

Away from the gaze: The "Home" away from home

In one of the earliest references to maternity homes (or, as they were known in Australia, single or unmarried mothers' homes), Fisher (1939) recommended an alternative to the earlier "penitentiaries", in the form of a

"new Home where reckless or foolish or ignorant or uncontrolled girls become healthy, disciplined mothers with an awakened sense of responsibility and of citizenship, of thriving, happy and well-cared for babies" (Fisher, 1939:488).

Institutions which had their nineteenth century foundations in baby farms and foundling homes retained their historical links with charities and churches, whose moral beliefs continued to inform their practices (Lightman & Schlesinger, 1979:373; Morton, 1988:63; Nicholson, 1968:18). Kunzel (1993:17) noted that homes which began as shelters for the redemption of prostitutes shifted their focus to residential maternity care for unmarried mothers between 1910 and 1920. The distinction between both groups of women became blurred in the zealous quest of religion-based charities to outlaw overt female sexual behaviour. However, as a result of the Great Depression and an increase in out-of-wedlock pregnancies these homes were soon unable to cope with the demand.

At the same time, the acknowledgment of social work as a profession meant that many workers were seeking more lucrative employment than charities could provide and this could be found within the public sector. Social workers differentiated themselves from other workers such as maternity home matrons who were responsible for the day to day running of the institutions and their inhabitants. This differentiation took the form of "casework" which assumed a scientific approach to the care of unmarried mothers based on psychology and provided social workers with "a professional jargon comprehensible only to those trained to understand it" (Kunzel, 1993:42).

The impact on unmarried mothers was that they could now have their needs met on an out-patient basis rather than be maintained in an uneconomic institution. This arrangement suited some women, particularly the poor and women of colour who had been denied entry to mother and baby homes because they "were not considered redeemable" (Morton, 1988:70). Nonetheless, Solinger contended that
"for girls and women of both races, being single and pregnant has revealed that...their fertility can become a weapon used by others to keep such females vulnerable, defenceless, dependent and, without male protection, in danger" (Solinger, 1994:287).

However, middle-class women who found themselves unmarried and pregnant needed somewhere to hide from their peers and families to conceal their shame, and since they could afford to pay for this service, the charitable organisations were more than ready and willing to meet their needs.

In a survey of Mother and Baby Homes in England and Wales, Nicholson (1968:41) found that "the overwhelming reason for coming into a Home was adoption" and recognised that social workers rather than mothers could be more correctly described as the users of these facilities. Among the residents was a prevalent belief that coming into a Home was the quickest, the best or the only way to effect an adoption, with evidence of widespread ignorance among the mothers of other forms of care such as fostering. The mothers’ other main reasons for entering the Homes were related to social disgrace and ostracism either resulting in or exacerbated by family tensions and accommodation problems. The women wanted to avoid embarrassment and gossip, often for the sake of their families rather than for themselves.

Despite the original intention of their service, many Mother and Baby homes dropped 'Baby' from their titles, and in the 1950s, as the cost of maintaining these institutions became so prohibitive, they bowed to pressures to diversify into the adoption of babies. They had come full circle in one hundred years since the New Poor Law of 1834 (repealed in 1948) provided for the establishment of workhouses for unmarried mothers and paved the way for baby-farmers to relieve them of their children.

If, as Gill (1977:239) suggested, maternity homes in the 1950s were "daunting places" then little had changed when he visited every institution in Scotland in 1967. The homes operated within a strict religious framework: some had their own chapels on site where mothers were encouraged to attend the regular church services. All the homes had regular visits from a clergyman who "talked to the girls". Gill's assessment was that the general attitude within the homes was that "the girls had made an unfortunate 'mistake'...and they should prepare themselves for a return to the outside world equipped spiritually to avoid a repeat performance" (Gill, 1977:240) which frequently rendered them ineligible for readmission to a home. Despite an illusion of compassion, Gill found that the approach to unmarried mothers reflected the punitive attitude of the wider society:

"Outings were often strictly controlled, rigid rules for 'lights out', and the time by which the inhabitants had to return to the home were strictly enforced. Visits from boyfriends,
friends and relatives also tended to be closely supervised. Three of the homes were run with almost military-like efficiency: Door knobs and floors shone...and the atmosphere seemed hushed, rather like that of a cathedral" (Gill, 1977: 240).

For the procurement of babies, the rescue of the mothers as "essentially respectable girls who made a mistake" (Rains, 1970:220) was crucial, and maternity homes traditionally provided an environment which gave

"seclusion and support to girls who wish to hide and whose intention to place their babies for adoption were taken as correct understanding of the moral order" (Rains, 1970:220).

Weinreb and Murphy (1988:30) called the maternity home "both asylum and prison" because

"it protects the woman from social ridicule, yet simultaneously conveys that she is immoral and that society should be protected from her" (Weinreb et al, 1988:30).

While many maternity homes were funded by charities and churches, others were attached to or operated by maternity hospitals: all had more or less formal arrangements with adoption agencies. The usual procedure was for the mother to have her admission to the home arranged by a social worker for the last few months of her pregnancy. Some homes provided for outside employment in domestic work or as a 'mother's help'; others depended on the resident mothers for the day-to-day running of the home in terms of housekeeping duties. All had rules and regulations of varying strictness, and some imposed other conditions on the mothers such as a foregone decision to have their babies adopted, or prohibition to return for a subsequent pregnancy.

When labour was imminent, the mother was transferred to an associated maternity hospital for confinement, but in some institutions, confinements took place on the premises. Occasionally the mothers cared for their babies, often returning with them to the home until arrangements for adoption were secured. When these arrangements were accomplished, the mother was advised to return home to re-establish her life. This process has been described succinctly by McRobbie (1991:221) as

"a cruel practice which was common right up to the late 1960s when pregnant girls would be shunted off to mother-and-baby homes, returning home some weeks later surrounded in secrecy but with their reputations intact".

Although many studies drew their samples from maternity homes, there has been little attention paid to the homes themselves: they have been treated as covertly and invisibly in research as their inhabitants were in society. One of the first authors to describe maternity homes in the United States, Rains examined them in terms of "the part institutions play wittingly or unwittingly underwriting deviant self-conceptions" (Rains, 1970:219), and the role they played in the "moral career of the unwed mother" (Rains, 1971). Rains
found that professional staff shared a view of the mothers which was based on earlier literature proposing that an out-of-wedlock pregnancy was due to psychological factors, and that, while resident at the home mothers could form a therapeutic relationship with social workers which would help them to develop some insight into their situation and lead to their rehabilitation.

Informed by the opinion of the "moral quality" of the mothers, rules and regulations at maternity homes were directed towards secrecy, respectability, responsibility and denial. Secrecy was assured through the use of first names and elaborate subterfuges for collecting and sending mail, answering the telephone and receiving visitors. Frequently mothers were not permitted to leave the home in case they were seen, and those who expressed such a wish, were often regarded as not adhering to one of the most important principles of moral restitution.

Provisions of secrecy were designed to protect the mothers' respectability since, as the policy of one of the homes described by Rains (1970:220), insisted:

"Most are college girls. They are screened before they get here. We do not have promiscuous girls. If they are not college girls, they are still very refined girls".

Other homes, however, did recruit "the sexually promiscuous girl" but only if she was suitable for the transformation into the "girl-in-trouble": not only did the maternity homes recruit such women as suitable residents, they were also the mothers who sought out maternity homes "finding themselves among people like themselves", a reminder of what they "really" were even if they did not anticipate or initially believe this. Without funding from government subsidies, maternity homes only admitted fee-paying mothers which "shifted the direction of the services toward a middle-class clientele" (Morton, 1988:76).

Respectability was also enforced through dress codes, in some instances homes providing uniforms, the provision of wedding rings and the creation of false histories to account for absent 'husbands'. Modesty in behaviour at all times was stressed, although staff relied on the "girls' own sense of jeopardized moral status" and their good family backgrounds to provide a sense of what constituted appropriate conduct.

Rains (1970:228) identified this "sense of ambivalent moral status" as rendering the mothers particularly vulnerable to suggestions about making a decision which was consistent with the values of the homes, namely to surrender their babies for adoption. This was also seen as the most responsible decision as it acknowledged the prior irresponsible behaviour of becoming pregnant and encouraged mothers to understand the
consequences of their actions. Adoption of their babies, dependent on denial and secrecy, allowed them a "second chance" to return to their former respectable status.

One home which Rains (1970; 1971) described shared some similarities with the mother and baby homes of earlier times in that the mothers were required to care for and feed their babies until an adoption was finalised, the mothers' admission to the home not being conditional upon such an agreement as it was in other homes. However, the ethos which underpinned keeping mother and baby together was that of "normalizing the girls' experience of becoming a mother", in spite of the contradictions inherent between that sentiment and adoption which, in turn, raised problems for both the staff and the mothers: acting as a mother normally does could well jeopardise the chance of securing an adoption. Despite the home insisting that "adoptive placement was an open issue rather than a foregone conclusion" (Rains, 1970:232), the majority of the mothers surrendered their babies and staff expressed concern about the mothers who kept.

In describing homes for unmarried mothers as "producers of legitimacy", Spensky (1992:112) noted that:

"The baby would be legitimised through adoption, the childless couple would acquire more legitimacy by having a child, and the mother would come out - apparently- as if nothing had happened, cured of her pathological unconscious urges".

Unmarried mothers' homes, according to Spensky (1992:114) also served as a `clearing house' for babies since

"as there was a proliferation of adoptable babies, adoptive parents were able to be very 'choosy' as regards the quality of the child they wished to acquire. The homes, in conjunction with the redistribution of social status they performed, were able to provide prospective adoptive parents with 'good quality' babies".

Through the discriminating recruitment of mothers, as Rains's (1971) research showed, some of the hazards of selection in adoption could be eliminated because:

"Most adoptive parents not only wanted their adopted child to be healthy, but they also wanted it white and if possible from the same social class as themselves" (Spensky, 1992:115).

In spite of attempts at 'accurate matching', validated through personality assessment and intelligence testing of the mothers, adoptive parents found in favour of 'nature' rather than 'nurture' if their children did not meet their expectations later in life, supporting an implied 'bad blood' theory.

Techniques used in maternity homes to help "unmarried mothers prepare for return to the community" included role-playing and group therapy (Steinmetz, 1964) and group counselling (Finck et al, 1965). According to Steinmetz (1964:61), a maternity home,
because of its "controlled, structured and homogeneous" environment was an ideal setting for trying out group therapy techniques, the goal of which was to

"give the unmarried mother some insight into why she became pregnant, to help her to develop greater ego strength, to provide as much support as possible in facing up to her problems, and to help with her social readaptation".

This was achieved by the mothers acting out `difficult situations' such as returning to school, meeting the baby's father, handling the suspicions of neighbours, friends and family, reacting to a friend's new baby, through which the author concluded that a mother understood how others felt about her behaviour as well as how to handle her own feelings and behaviour constructively (Steinmetz, 1964:64).

Finck et al (1965:225) used group discussion to explore issues such as plans for the baby, returning home, relationships with parents and telling future husbands about the pregnancy. Although the authors described the mothers as socially and economically middle-class, they were not averse to describing individual women in negative terms:

"Linda was an extremely unattractive girl. She was sloppy, used no make-up and was almost crude in appearance...She alternated between feeling depressed and obnoxious" (Finck et al, 1965:226).

However, `Linda' redeemed herself after the birth of her baby and through group therapy when "it was obvious that there had been a definite increase in her self-esteem".

The Australian context

The Australian context was limited to information supplied by either the Child Welfare Department or prepared by social workers for their colleagues (Australian Association of Social Workers, c1950). This information, on which the following accounts are based, drew on prior research depicting `the girl' as emotionally unstable but also in need of refuge and guidance to make a decision about her baby.

The maternity homes to which mothers could be referred included the Queen Victoria Maternity Hospital which accepted "patients officially from the fifth month of pregnancy but will accept girls who are not so advanced if circumstances warrant". The atmosphere at this home was described as 'permissive' where there were no set hours, girls were allowed `out' and were allowed to smoke and receive visitors. There were no qualifications regarding age or religion, but the girls in residence were required to help with domestic duties. It was common knowledge among the nursing staff at the nearby Royal Prince Alfred Hospital that the Matron would organise for nurses who `got into trouble' to be accommodate and confined at the 'Queen Vic' and return to their nursing training.
Religious organisations which operated maternity homes included the Catholic church, which oversaw St Anthony’s Home and the Waitara Home. Both institutions were formerly known as foundling homes and accommodated babies waiting to be adopted as well as those considered unadoptable. Although they stated that there was no distinction made regarding religion, the majority of mothers were Catholic and had their babies at local Catholic maternity hospitals with which the homes had affiliations, and their babies were adopted through the Catholic Adoption Agency.

The Salvation Army operated two facilities. One, Bethesda, also operated as a private maternity hospital while another was an adjunct of the South Sydney Women’s Hospital. At the former, mothers were required to remain in the home to care for their babies until they were adopted and in both, mothers worked in a domestic capacity, being paid for their services and paying for their accommodation.

Although the two major maternity hospitals in Sydney, the Royal Hospital for Women and The Women’s Hospital (Crown Street) provided accommodation for unmarried mothers, neither regarded it as such but rather "as an expedient for housing girls in late pregnancy when it is difficult to make other arrangements for them". The mothers regarded their residency in these institutions in rather a different light, and the accounts of their experiences closely approximated those of mothers in maternity homes in the United States.

At "The Royal", mothers were restricted to their section of the hospital, only having freedom of the hospital grounds but not allowed `out'. They lived in dormitories and were required to look after "their own section". Admitted for the euphemistically termed "social reason", they came under the supervision and administration of social workers.

Crown Street provided temporary accommodation at the Waiting Patients" section as an adjunct to the hospital wards where "most of the patients are admitted for medical reasons. although some are admitted at the request of the social worker". Here the routine was described as "strict": there was little freedom as there were no hospital grounds and the emphasis was on medical care. Crown Street also operated what more closely approximated a maternity home "Lady Wakehurst", a home some distance from the hospital where mothers were admitted for some months before their confinement and returned following the births of their babies until preliminary adoption arrangements were made. The majority of women who lost their babies to adoption in New South Wales passed through the Crown Street institutions.
Although limited descriptions of maternity homes (summarised above) were reported in the academic literature, less formal but more graphic descriptions would appear in the media (see Chapter 11), and the personal experiences of living in these institutions would be recounted in the stories of the mothers themselves (see Chapter 16).

By the mid 1970s as the dearth of babies for adoption was felt but without a concomitant reduction in demand, maternity homes closed their doors. Other means were necessary to recruit mothers to provide healthy white infants for adoption and, along with advertising by intending adoptive parents (Lifton, 1988:9), baby brokers set up business, establishing homes for unmarried mothers along the same lines as those which they were replacing (McTaggart, 1980), offering not only secrecy but also financial inducements. Whereas babies in the 1890s were procured for their later usefulness, by the 1990s they had become a priceless commodity (Zelizer, 1994:195).

**Making decisions: the `keepers' versus the `givers'**

The unmarried mother was faced with three main options when she acknowledged her pregnancy. First, if her pregnancy was detected early enough, she could try to terminate it. Secondly, she could accept an offer of marriage if it was forthcoming, and consequently legitimate her baby's birth. Third, if she decided not to terminate her pregnancy, or if this decision was made for her, she had no choice but to continue to term. Once her baby was born, she could either keep it and endure the stigma of single motherhood, or she could surrender it for adoption and return to the respectability of single womanhood.

In 1961, Vincent released the results of a nine year study of more than one thousand unwed mothers in California, in which he researched socio-economic, psychological and familial factors in illegitimacy. Two main conclusions which he drew were, first, that illegitimacy could be eliminated or at least reduced through the promotion of "family values", which had deteriorated as a result of social and political emphasis on "multi-problem families" and "family failures" (Vincent, 1961:250). His second conclusion was that an adolescent girl's delinquent behaviour resulting in an illegitimate child was the result of her inability to resolve the developmental tasks related to identity and ego as expounded by Erikson (Vincent, 1961:255). However, Erikson's theory of ego development is inadequate when applied to unwed mothers who will surrender their babies for adoption: women identified by Vincent (1961:259) as experiencing identity crises were the very women who would be most vulnerable to pressure to relinquish their babies. These were the mothers for whom illegitimacy was a social and financial crisis, as
well as one which disturbed their self-identity. I contend that this disturbance in their self-identity which Vincent attributes as the cause of their unwed motherhood is an effect of the overwhelming disruption to their lives, not only by the pregnancy but also by the removal of their babies.

Yelloly (1965) in trying to identify the factors related to an adoption decision, studied a sample of 160 mothers in England of whom 72 surrendered their babies for adoption. Of the latter group only 25% was under the age of 18. Although Yelloly discounted the use of the term 'decision' because it "suggests a rational process in which pros and cons are weighed and considered and one course chosen as against another" (1965:6), her reason for discounting it was not because of any deficiency in the decision-making process itself, but because "the mother knew from very early on in her pregnancy what she intended to do" (Yelloly, 1965:7). This would suggest that the mothers were unambivalent about and resolute in their decision "despite the strong maternal feeling and intense desire to keep the child which often followed the birth" (Yelloly, 1965:7), leading the author to speculate that there must be other factors contributing to the mother's decision to surrender her child. Yelloly found that the attitude of the mother's family, including parents and grandparents, accounted for 51% of the mothers' decisions towards adoption, while in 43% of cases the putative father was married. Reflecting the findings of other research, on the basis of mothers' individual histories this study concluded that

"unstable mothers or emotionally disturbed mothers are more likely to keep their children despite the presence of characteristics which would ordinarily tend towards adoption" (Yelloly, 1965:10).

Lewis (1965), referring to the Australian context, supported Yelloly's (1965) conclusion whereby

"[t]he unmarried mother's decision to keep her baby can be from a real need to mother her child. The extremely deprived girl may hope to find in her baby the love that she herself has been denied as a child. For some, it is to comply with parents wishes. Often their own mothers are the determining factor in the decision."

The image, then, of the mother who surrendered her baby was that she was older and by imputation, more aware and responsible, and more mentally and emotionally stable than the mother who kept her baby.

In the same year, Reed (1965) studied 118 unmarried mothers who had kept their babies and painted a distressing picture of poverty and disadvantage owing to lack of child care, poor financial resources and little casework support. However, rather than situating these conditions within a social policy framework, Reed has apportioned the blame for the mothers' circumstance with the women themselves:
"Emotion, rather than realistic considerations for the welfare of the babies and themselves, seemed largely to determine the choice to keep the baby in those cases in which there was a choice" (Reed, 1965:119).

Nonetheless, the mothers stated that if they had to make the same choice over again, they would keep their babies in spite of hardship. Reed (1965:119) took this as a warning that unless single mothers received adequate financial assistance and community and social services, the future for them and their children would be likely to continue in poverty, a prediction which has begun to prove a reality (Mulroy, 1995; Musick, 1993; Phoenix, 1991).

In a study of 100 unwed mothers aged between 16 and 18 and of different ethnic backgrounds, Crumidy et al (1966) found that although the disadvantaged circumstances which prevailed at the time of the birth of their children had not improved, the majority of women wanted to complete their education and had aspirations of marriage. In support of the claim that women of lower socio-economic groups tend to keep their babies with them, only two of this group placed their babies for adoption and did so because of parental pressure (Crumidy et al, 1966:1248); two mothers indicated that their parents forced them to keep their babies "as a deterrent to recidivism", the rate of which the authors said was less than anticipated at 19%.

Among the main factors which Festinger (1971) suggested had influenced white American mothers' decision surrender their babies for adoption was the mother's "responsiveness to placement possibilities for her child": white babies were considered more easily adoptable than babies from women of colour or whose fathers were non-white as found in the study by Crumidy et al (1966). Festinger did not find any differences from previous studies between the characteristics of mothers who kept and those who surrendered their babies for adoption, but concluded that it was possible to predict mothers' decisions by combining a number of variables. In what seems to say more about adoption workers than the mothers, she advised that:

“We do not mean to imply that such predictions can or should replace the caseworker's clinical judgement when confronted with the unique situation of a given client” (Festinger, 1971:260).

In one of the few Australian studies of single mothers, Meredith and Brotherton (1974) also sought to identify the differences between mothers who kept their babies and those who surrendered them for adoption. From a sample of 124 mothers of whom 46 had spent three weeks or more in a single mothers' home, the authors found that the 'givers' had reached a higher educational standard and, on the basis of their fathers' occupations, were of higher socio-economic status than were the 'keepers' (Meredith et al, 1974:19). The higher socio-economic group were also over-represented in the single mothers' home
and, of those, 97.8% had attempted to conceal their pregnancies, with significantly more surrendering their babies for adoption than keeping them. Although concerned that the "relative importance of single mothers' homes in the community may be reduced" the authors called for more facilities such as adequate financial resources and child care to be made available for mothers who decided to keep their babies (Meredith et al, 1974:22).

One 1972 Australian study (Wilson & Smith, 1974) of unmarried mothers who kept their babies attempted to test some of the "practice wisdom" used by social workers when counselling single pregnant girls, although the authors did not elaborate on the nature of the wisdom or the advice. However they were surprised at the "relative material wellbeing of the majority of the girls" considering that it would be another twelve months after the study before the Supporting Mothers' Benefit would be introduced. The sample of 38 mothers "contained more skilled and semi-skilled girls over 21 and living away from home" with half of the sample still with the same partners in the fifteen months since confinement. In spite of the mothers' satisfactory arrangements overall, the authors drew attention to some mothers living in what they called

"less orthodox accommodation i.e. caravan, bedsitter, garage...which confirmed the social workers' prior working assumptions that a girl living alone in Sydney would have to put up with substandard accommodation if she were on a government allowance" (Wilson et al, 1974:16).

Such descriptions as this, derived from social workers' "practice wisdom" were frequently provided in counselling to deter women from keeping their babies and instead relinquishing them for adoption (Hale, 1988).

In response to the frequent question "Why are they keeping their babies?" (Friedman, 1975; Reed, 1965), one must ask, "Why do social workers keep asking the question?" According Friedman (1975:322) social workers said that they knew the answer intuitively: "because the girls...want to", encapsulated in the statement: "I want to keep the baby because it is mine".

Acknowledging the "increasingly large number of childless couples who have become embittered as they find it harder and harder to adopt infants" as one group seeking an explanation for the above question, Friedman continued to describe the reasons for mothers keeping their babies in terms of the pathological behaviours attributed to women in earlier times: proving her worth, something to love, whom she can protect and who will not desert her, and other "more neurotic reasons" such as representing a passport to freedom and independence, an excuse to drop out of school or employment, to prove her
mothering ability to her own mother or to use the baby as "barter" for attention, material goods or to "beckon the indifferent father" (Friedman, 1975:323).

Although the authors did not describe the mothers' socio-economic or educational backgrounds, in a comparative study of nine 'givers' and ten 'keepers', Martin et al (1976:69) dispelled some of the myths and stereotypes about unwed mothers who had undergone personality testing before and after the births of their babies. Both groups of mothers demonstrated "equal self-adjustment" in terms of their self-concept, with the authors concluding that the decision to keep or surrender their babies being "based on a personal conviction of what is best rather than being indicative of one group being more disturbed than the other" (Martin et al, 1976:69).

In spite of the finding of Martin et al (1976:69) that "it is a myth that the unwed mother is emotionally disturbed or neurotic", this stereotype would continue to inform public opinion (Kiely, 1982:157), bolstering the argument for why such mothers should give their babies up for adoption instead of keeping them.

The mothers studied by Burnell et al (1979) reported that they were confused when they decided to place their children for adoption, leading the authors to propose that:

"The woman's decision depends largely on her emotional reactions to pregnancy and to impending motherhood, and on the psychosocial support she receives at the time she makes her decision" (Burnell et al, 1979:169).

That these authors saw fit to recommend that "extended counselling be made available to women who place an infant up for adoption" (Burnell et al, 1979:169) suggests that counselling was not provided for these mothers although adoption agencies insisted that it was. In 1979, Burnell et al concluded that there were fewer babies for adoption because of the greater availability of legal abortion, and that the main reason women decided not to surrender their children for adoption was the increased acceptance of single parenthood enforced by of the high rate of divorce.

Grow (1979) also addressed the issue of choice for unmarried women who found themselves pregnant. For five years she had been studying a group of 210 white unmarried mothers aged between 14 and 24 years when they delivered their first babies. Comparing mothers who surrendered their babies with those who kept them, Grow (1979:365) found that 78% of the 'keepers' had considered abortion whereas only 54% of the 'givers' had entertained the idea. This variation was attributed to a stronger church affiliation among the 'givers' than the 'keepers' who also received more support from their families but were less aware of child rearing responsibilities. Grow (1979:367) also found
that 36% of the `givers' were aged over 21 compared with only 18% of the `keepers' who tended to be less educated. As might be expected, of the mothers who surrendered their babies for adoption, 96% subscribed to the two parent family ethos and 64% had a negative attitude towards their pregnancy (Grow, 1979:369). The picture replicated that of earlier research: the mothers who surrendered their babies for adoption were better educated, older, more religious and from higher socio-economic backgrounds.

Leynes (1980:111) also found in her study of 32 unmarried women aged between 14 and 20 years of different ethnic and socio-economic backgrounds who had been admitted to a Salvation Army maternity home, that the mothers who had been referred through the courts (34%) or had been identified as having problems at school were the ones intent on keeping their babies (65% of the total group). Leynes (1980:109) concluded that

"it can be predicted that mothers with higher levels of (psychological) functioning and less male partner involvement will release their babies for adoption...(and that)...like the level of functioning, the effect that socio-economic status has on choice has not changed with time".

Leynes decided that the reason for women of higher socio-economic status giving up their babies for adoption was because higher socio-economic groups had not been affected by the increase in the acceptance of illegitimate births but she acknowledged that, although mothers who "release their babies are healthier compared to those who keep them", the 'givers' undergo "psychological upheaval...(and) feelings of grief, guilt and shame continue to affect the mothers for some time" Leynes, 1980: 112).

In attempting to elicit why pregnant adolescents were not giving up their babies for adoption as frequently as in previous years, Mech (1986) conducted a survey of 320 women who were enrolled in school or community programs for expectant mothers. Although this research claimed to study "the extent to which pregnant adolescents express interest in various aspects of adoption", it was a thinly veiled exercise in coercion, presenting adoption as the preferred option via a value laden and biased questionnaire. Entitling the article "Communicating the adoption option", Mech subverted the true nature of the research by suggesting that adoption promotes "participatory empowerment for young mothers".

Tennyson (1988) studied the decision-making process in a pregnant woman who closely approximated women in samples from some of the earlier research: white, 23 years old, had lived with her baby's father and their other child but now resided in a maternity home. The woman, Carol, had rejected terminating the pregnancy because "I didn't want to be put through that", and decided against keeping the baby because "it's kind of hard to raise
a child when you already have one" (Tennyson, 1988:147). As if to convince herself, Carol spoke of the advantages of surrendering her baby for adoption: having a loving father and another family who could provide for the baby better than she could. Correspondingly, Tennyson (1988:151) noted how Carol “failed to assume the maternal role” which could be construed as a defence against the pain of relinquishment. Carol stated, as did many mothers in the firsthand accounts which Tennyson (1988:139) cited but was unable to locate, that in the absence of professional counselling she had to try to find her own ways for dealing with the potential separation from her baby. These attempts were then viewed as pathological, and labelled "poor maternal identification" and "poor object relations": clearly such pathology militated against her keeping her baby and justified the relinquishment. In describing the instrument used to assess Carol's decision-making, Tennyson (1988:144) states that, following the enervating experience of labour and delivery,

"by the third day...planning the immediate future predominates...There may be a time lag before the woman feels the baby really belongs to her".

It was obviously expedient, then, to capitalise on the mother's vulnerability at this particular moment in the post-natal period to secure the consent to adoption.

In a study of 23 mothers who had reversed their decision to surrender their babies, Odams (1991:46) found that this `change of heart' was mainly due to support from family members. Questioning the development of bonding between mother and baby, Odams found that "after the trauma of decision-making, the development of a bond with the child appeared straightforward" provided that the mother was given adequate time and support: only one mother, who had been refused a termination, regretted her decision to keep her child.

Recent studies (Hudson & Ineichen, 1991; Mulroy, 1995; Musick, 1993; Phoenix, 1991) have presented a different picture of single mothers and their children: poor and disadvantaged but attempting to improve their socioeconomic conditions. They have become a self-fulfilling prophecy of all those images about which unmarried mothers of the past were warned if they kept their babies. However, just as past unmarried mothers did not remain unskilled and impoverished forever adolescents, neither have many of the women in later studies.

Phoenix (1991: 11) interviewed fifty young women aged between 16 and 19 years during their pregnancy then six and 21 months after the births of their babies. She demonstrated
that the "social construction of mothers under 20 as pathological is unsatisfactory and inaccurate" (Phoenix, 1991:8) and concluded that:

"Although teenage women who become mothers are often believed to constitute a social problem, it may be more accurate to view them as a group of mothers with problems - often not of their own making - who are struggling against the odds. Most fare well under difficult circumstances" (Phoenix, 1991:253).

Hudson et al (1991) did not paint such a positive picture. Their language was reminiscent of earlier decades, and the authors had difficulty concealing their pro-adoption stance as they advocated that "it is the positive, indeed realistic vision of the future, together with continuous support from both professional and from the family, that allows the mother to take this generous course of action" (Hudson, 1991:96), that is, surrendering her baby for adoption.

As did Phoenix (1991), so Musick (1993) found that single mothers, in spite of adversity, attempted to overcome their disadvantaged circumstances with the result that they underwent personal "transformation". She suggested that the link between single motherhood and persistent poverty must be acknowledged, and that girls growing up in such poverty "need to possess not just average but above-average psychological resources and strengths, self-concepts and competencies" (Musick, 1991:13), or what the girls themselves might term "streetwise". In a group which, according to Musick, wanted to be mothers very much, adoption was not considered a solution to their single motherhood.

Mulroy (1995) interviewed and collected demographic data from 73 single mothers whose ages ranged from 16 to 70 years and who represented all socioeconomic levels. She concluded that, in view of the hardship endured by younger mothers, that their future and the life-chances of their children "will depend on a commitment to a caring society" (Mulroy, 1995:167). Unlike Hudson et al (1991), Mulroy has not proposed that such a caring society embrace adoption as a way of improving the life-chances children of single mothers.

The negative image of single motherhood, was promoted, first, as a deterrent to sexual activity and secondly, to encourage the mother to give up the baby for adoption. Single motherhood remains largely a working class issue (Hudson et al, 1991;3), much as it always has; middle class women who also engage in extramarital intercourse, have greater access to abortion, better understanding of contraception and greater life-chances which all contribute to their not carrying their pregnancies to term. Should they decide to continue with their pregnancies and keep their babies, they are better able to mobilise resources than their less advantaged sisters.
Discussion:
A middle class solution to a middle class problem

My aim in Chapters 9 and 10 has not been to present research findings which either support or refute a causal relationship between psychological and social factors and unmarried motherhood. Rather I have attempted to show how, through a critique of the literature, a profile of the mother who surrendered her baby was constructed to justify the practice of taking her baby in order to rehabilitate her and, in a buyer's market, to procure the best available babies for adoption. The mould was cast: all that remained was to fill it with the abundance of available clay so that the desirable mother could be reproduced and her equally desirable baby procured. The inverse model, the mother who kept her baby, was so negatively contrived that her baby was considered unwanted and unsuitable for adoption anyway, analogous to those whom the Canadian writer, Margaret Atwood, has called "the Unbabies" (Atwood, 1987:123).

In a study which attempted to develop a "theory of illegitimacy", Gill (1977:294) found that during the 1960s and early 1970s there was an increase in the number of exnuptial pregnancies to women in upper socio-economic groups. Notwithstanding this increase in illegitimacy in upper socio-economic groupings, the popular perception was that exnuptial pregnancy was still associated with the lower classes as it had in previous decades. Furthermore, Gill (1977:245) proposed that "were it not for the reform of abortion laws [and, I suggest, the contraceptive pill], the proportion of illegitimate births to women from the upper social classes would have increased even further."

It was less confronting for a society to be able to accept that middle-class girls became pregnant for any variety of reasons except that they were sexually active. As Gill (1977:301) noted perceptively:

"It was just too much for the middle-class commentators to accept that a substantial proportion of the population was operating with a code of sexual behaviour antithetical to, if not in direct opposition to that of the value system of the dominant middle class."

Because of their education and social status, social workers were particularly likely to take a psychological view of illegitimacy among middle-class mothers because it coincided with their casework or therapeutic approach to their management (Rains, 1979:223).

Drawing an historical link between unmarried mothers and their own mothers and grandmothers who were also possibly unmarried, Friedman (1975:322) declared:

"Surrendering their children for adoption may have been the saddest but surest way for these women to re-establish themselves in society".
Grow (1979) in attempting to replicate an earlier study by Festinger (1971) to investigate why some mothers kept and others surrendered their babies, concluded that "neither social deviancy nor the psychological explanations of previous eras adequately explain why some pregnant women of this decade decide to keep and others to surrender". She has missed a vital point: that the women who conformed to the previously established profile of 'giver', and one which she has reinforced, continued to be seen as the ideal producers of babies for adoption and were managed accordingly.

Unmarried mothers were silenced not only through stigma and shame but were also denied access to the hegemonic medical and social discourses unless through the filtered, objectified and pre-digested accounts of their experiences by psychiatrists, psychologists and social workers. Consequently only one side of the story was heard thereby conveying the impression that mothers surrendered their babies willingly: the stories of coercion and duplicity which would be heard in the 1980s and beyond were absent from previous medical and social discourses.

The literature on adoption and relinquishment for almost sixty years has drawn conclusions about women who kept and those who surrendered their babies for adoption and has presented two extremely clear, polarised stereotypes. However it has ignored or skimmed over one vital factor: the role of social workers, who were almost exclusively responsible for standards of practice in adoption, in decision-making process in unmarried pregnancy and their influence on the 'givers'. Whereas it has been assumed and implied that whether to keep or surrender her baby has been a decision which the mother reached independently, the mothers' accounts in Chapter 16 will refute this assumption.

The threat of social ostracism and stigma by the symbolic order is not some nebulous concept, but must be mediated by social actors. Social workers were more responsible for perpetuating the stigma than any other community members. That they were in a position where they could influence women who somewhat approximated their own social status to surrender their babies for adoption cannot be ignored; that they more closely represented the positions and values of adoptive parents must be considered significant (Spensky, 1992). As an explanation for the decline in white women surrendering their babies from the late 1960s onwards in the United States, and early 1970s in Australia, Grow (1979:365) suggested that "unwed women during this later period may have been subject to less social pressure", arbitrated by adoption agencies. If, as Grow(1979:371) claimed, that.
"neither social deviancy nor the psychological explanations of the previous era adequately explain why some of the pregnant unwed women of this decade decide to keep and others decide to surrender”,

then some other explanation must be identified. I contend that mothers whose babies were considered more desirable were also able to be persuaded more easily of adoption’s social cleansing effects. The "bad girl" could be morally reinstated in society without her baby as evidence of her misdemeanour.

In Chapter 11 I will present the role of the print media in the construction of adoption and show how the actors in adoption's metanarrative took on a status of authenticity.