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A QUESTION OF STIGMATIZATION?

SOCIALLY CONSTRUCTED PERCEPTIONS OF ADOPTION

Submitted by: Barbara R. Callum

A Thesis submitted to the Faculty of Graduate Studies in

Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

Faculty of Social Work

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Socially Constructed Perceptions of Adoption

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ABSTRACT

This qualitative research study focuses on exploring social attitudes towards adoption by interviewing adult adoptees who were adopted at birth in Manitoba, and remained with their adoptive parent(s) until at least the age of I6 years. Subjects ranged in age from 25 years to 58 years with a mean of 37 years. Attention was given to the source and content of social attitudes, with particular interest being paid to the possible presence of the experience of adoption as a socially stigmatized position. The researcher was also interested in mediating factors, or how the adoptee coped with social attitudes towards their adoptive status.

Data were assessed using the methods of content analysis. The data that emerged from interviewing fourteen adults revealed several significant themes within the categories of source, content, and mediating factors.

The most noted finding within the category of source was the powerful role that adoptive parents, and siblings, played within the lives of their adopted children. With their unwielding love and support, these family

members served to assist their children to successfully mediate difficulties related specifically to their status as adopted family members.

The category of source communicated several important findings. This data serves to highlight what parenting is really about in the minds of the respondents. According to the people interviewed, families are not about biological lineage, but are instead about relationship ties, bonds, commitment, love, and support.

The data reveals the presence of persistent social attitudes with respect to adoption, particularly around the notion of adoption as being a second best method of family formation. All of the respondents experienced these attitudes on some level and had to work to heal and process their effects. The functional adoptive family however was able to successfully mediate these effects.

This study highlights that it is not lineage per se that is important but is instead the long standing social conviction that kinship is defined in biological terms as opposed to social relatedness. Although this study demonstrates that adoption is a very successful method of family formation, social attitudes do play a role in how people view themselves and those around them, and how they cope with those perceptions.

Within the category of content, an additional noteworthy finding was the respondents' inability to recall any data that would indicate that their adoptive mothers' struggled with issues around infertility.

The category of mediating factors again points to the salience of loving, supportive, adoptive family members.

ACKNOWLEDGEMENTS

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"Beneath a shaded tree, a mother happily watches her two children exploring every part of their local community playground. As they continued to frolic in the warm afternoon sunshine an acquaintance of hers slips in to join her in the cool shade. "My, your children sure seem to be enjoying the play structures. Which one of them is adopted again?" To this question, the mother thought for a moment and then replied. . ."I've forgotten."

Author Unknown

This research project evolved through an extended process of empiricism and reflective thoughts within my professional practice and personal life. Over a period of a number of years I was privileged to work with a number of individuals and families who identified the adoptive experience as one that offered numerous rewards as well as a variety of unique challenges to their personal and familial lives. As I worked with adults in my practice as a community mental health worker in rural Manitoba, I was blessed with the opportunity of getting to know a significant number of these people who were engaged in tasks across the developmental life cycle stages of young adulthood to the elderly.

I was struck by both the uniqueness of adoptive peoples' individual and family lives as well as by the similarities with other adopted peoples experiences. Some of the similarities were apparent in peoples' struggles to integrate a past often shrouded in secrecy and denial with a present. Adoptive parents struggled with fears of uncertainty about the relative contributions of nature versus nurture (particularly during crisis points) fears of inadequacy as parents, fears of loss, and struggles with relatives and community members over adoption as a mode of parenting. Adoptive people related to struggles with anger at being given up, confusion, guilt, (for asking questions about their birth families), identity issues, issues of allegiance, and feelings of loss.

As questions began to emerge within my professional practice, I was also contemplating parenthood myself and experienced first hand being told that if I was unable to have my own children that I could "always adopt". This always seemed to imply a "second best" option. How and why could this view have evolved?

On a broader level the media revealed in broadcasting stories of women who had delivered multiple babies after taking fertility drugs as a last resort when they were unable to conceive. Numerous women were described who over many years, had endured painful and often risky procedures, and had spent thousands of dollars attempting to conceive and give birth to biological children. The flip side of this was stories that detailed

the plight of untold numbers of children needing people to love and care for them.

Some of the literature that I began to explore spoke of a variety of individual and family difficulties that have surfaced in some adoptive families. Little attention was paid however to the larger social and cultural views on issues like infertility, the importance of blood lines, and kinship. Given my personal and professional bias towards a feminist theoretical perspective, I struggled to understand my questions with what the literature was telling me. Due to my experience as a community mental health worker I was well aware that deviant symptoms are often viewed as signs of a personal failing, or weakness, as opposed to a social or political problem. Many times I met with the depressed single mother struggling to care for her children while living in poverty. Community attitudes could sometimes be supportive, but more often than not people would question why she had children in the first place if she couldn't afford them, or why doesn't she just get a job if she needs money? Little attention was paid to a social and political structure that devalues women and children.

What were the social attitudes, then, that supported this belief that somehow biological is best, and all forms of parenting are somehow inferior? What was the source of these attitudes, and how did people cope with these attitudes within their families and communities?

This research project then is focused on the experiences of people who were adopted at birth in Manitoba. Of particular interest is their recollections and perceptions of social attitudes expressed towards them as adopted persons; the source of these attitudes, the content, how they felt about them, and the mediating factors in their individual lives that assisted them in coping with these attitudes. The author of this study conducted fourteen in depth, semi-structured interviews of adults (six men, and eight women), who were adopted at birth in an attempt to enter their experiences and gather qualitative data regarding the effects that their socialization experiences had on their personal identities, given that they were labeled as adopted in their families and communities. The information that they share is very important. Human beings are social products, created and modified throughout life by their interactions with others (Robertson,1981). Social attitudes are based on the norms and values of the society in question. (Robertson, 1981). The content of these attitudes varies greatly from one society or culture to the next. This study does not seek to identify a specific social or cultural attitude towards adoption as a method of family formation but seeks instead to listen to the voices and experiences of a number of people throughout the life cycle as they have grown and struggled with a variety of issues.

The author begins with a literature review on adoption research with a particular interest in the role of culture and social attitudes within that

literature. The review then takes a brief look at stigma as a social construct, and its affect on individuals.

This will be followed by a description of the methodology employed in this study, by the findings, or results, conclusions, and directions for future research, policy, and practice within the adoption field.

CHAPTER 1   LITERATURE REVIEW

"The end of all our explorations

will be to come back to where we began

and discover the place for the first time."

T.S. Eliot

What follows is an overview of the literature I explored pertaining to mental health issues with respect to adoption.

I will begin with an examination of trends in the literature over the past five or six decades. This literature primarily emanates from researchers in the United States and Great Britain.

This is followed by a review of some of the literature that focuses on the psychopathology of the individual and family within the context of adoption.

This will move to the literature that omits the powerful influence of cultural and social attitudes and then to the literature that attempts to understand context but its approach is the individual and family rather than the larger social and cultural context.

This review will then take a look at the literature that recognizes the effects of context, but concludes that more work is needed.

As the concept and understanding of stigmatization is integral to this study, the literature review will conclude with an examination of the literature on social stigmatization.

Trends in Adoption Literature

Much of the early work on the subject of adoption was conducted in either the United States or Great Britain. Until the 1950's in the United States, social workers placed greater emphasis on studying and screening the child than upon selecting the adoptive couple (Lawder & al., 1969). Emphasis was given to determining if a child had a particular genetic defect before placing him or her with prospective parents. In the 1940's this approach began to shift to screening the adoptive parents to provide a suitable home for the child. Adoptees at this time were assessed using hereditarian theories of intelligence and development whereas adopters were selected based on theories of psychodynamics'. Adoptees' intellectual and physical development were predicted based on the abilities of their biological parents, whereas adoptive couples were assessed to determine if they had successfully resolved issues like infertility enough to provide a resource to the child and minimize the potential for adoption breakdown. This is consistent with the fact that at the time most adoption workers were trained within the framework of psychodynamic theory, (Kirk, 1985).

A change in scientific theories used to justify the professional position of child welfare workers led then to the emphasis on the adopted child as the primary client in adoptive services. Adoption agencies also needed to practically select adopters for children in need of homes. Between 1934 and 1944 there was a sharp increase in legal adoptions in the United States (Zelizer, 1985). The interest in the psychopathology of adoption arose from this sharp increase in numbers, the move to assess parental applicants by assessing their parental aptitude, the professionalization of adoption work since the 1920's, (Kirk, 1985), and from the expanding role of the helping profession throughout American society (Wegar, 1995).

Clinical interest turned to the adoptive parents' aptitude for parenting and on the effects of their competence and behavior on the wellbeing of the adoptee. In more recent times this changed focus, from a concern for the benefit of the adults, to a concern for the children, is not always articulated in the adoption process and can be confusing for some families (Grabe, 1993). The emphasis, then, is on finding a family that can become a resource for the child in need of a home rather than on finding a child for the purposes of the parent (Grabe, 1993). Modern adoption assessment regards adoption readiness (on the part of the adopting family), as a central component with infertility resolution as still an important indicator of adoption readiness and child rearing (Daly, 1990).

Literature That Focuses On Psychopathology

A sizeable amount of the available literature on adoption has focused on the psychopathology of the adoptive experience while simultaneously omitting, or minimizing the impact of specific social and cultural factors.

Adoption as a social phenomenon has always been a center of emotional controversy and subjected to the prejudices of vested interest groups (Sorosky, & Baran, 1975). There has been a great deal of interest in the topic of individual, (adoptee, and particularly adoptive mother, within the family, and social system), and family psychopathology within the field of adoption research. Howard (1990) determined that adoption has been the focus of more than 150 studies over the past 50 years. There has been an ongoing debate over the years as to whether or not adoptees suffer from (genetic) mental disorders or (psychodynamic) negative personality traits. While many researchers continue to propose that adoptees are at a higher risk of psychiatric disorders (LeVine and Sallee, 1990; Hajal, and Rosenberg, 1991; and Berry, 1992), recent studies have also suggested that, overall, adoptees may in fact be at equal or even lesser risk than nonadopted individuals with respect to negative personality traits such as low self-esteem, insecurity, and a sense of a lack of control (Marquis and Detweiler, 1985; Benson, Sharma, and Roehlkepartain, 1994).

Stein and Hoopes (1985) empirically tested theoretical assumptions regarding identity challenges posed by being adopted. They compared fifty adopted adolescents with forty-one non-adoptees, (with both groups being drawn from a non-clinical population), by issuing questionnaires that assessed for measure of identity formation, ego identity, and adjustment. They found no significant differences between the two groups. In fact, on one scale, the Tan Ego Identity Scale, (in Watkins & Fisher, 1993), the adopted adolescents actually scored significantly higher (Stein & Hoopes, 1985). This finding indicated that these adopted adolescents had more positive identities than the non-adopted adolescents studied (Stein & Hoopes, 1985).

Research findings on adoption and emotional problems are contradictory. This may be due to methodological differences, analytical approach differences, self selected samples that are unrepresentative and different across studies, and the fact that studies have typically focused on adopted children rather than on adult adoptees (Brinich, & Brinich, 1982, Brodzinsky, 1993). Many existing studies also did not control for such significant factors as socioeconomic status, age, or distinctions between intrafamilial and extrafamilial adoption (Watkins & Fisher, 1993).

When we examine the research with adoptive families it is evident that few studies have looked at mental health problems among adoptees as a result of societal values that define kinship only in genetic terms and perceives all other family forms as inauthentic or inferior (Wegar, 1994). A

great deal of work has omitted the social context of the adoptee and their adoptive families, and thus has failed to recognize both the blatant and insidious impact of socialization. The majority of these studies examine the adaptive responses of individuals and families through a deviance model that, in a sense, blames the victim rather than challenging the status quo within society (Kressierer, 1996).

There is a long standing conviction within the psychoanalytic theoretical literature which has flowed into the counseling and social work professions that the adopted child has a more fragile identity, has more problems integrating a solid sense of self, and will be at greater risk of developing emotional problems than if the child were raised by their birth parents (Watkins and Fisher, 1993). Classic Psychoanalytic theory focuses on the intrapsychic conflicts of the individual apart from their broader social and environmental experiences but has been an established theory within a great deal of adoption research (Watkins and Fisher, 1993).

Schechter (1960) for example argued (using Freud's theory of family romance) that adoptees were unable to overcome the bad parent/good parent split and that their rejection by biological parents caused narcissistic wounds. In addition, he noted defensive feelings and emotional problems among adoptive parents, particularly mothers, who feared that the child may be genetically defective. Schechter only comments briefly on the impact of society's negative attitudes towards infertility (women's) and adoption (second best). Despite criticisms (Wegar, 1995) of Schechter's report of a

100:1 over-representation of adoptive children in his psychiatric clinic, his work had a profound influence on adoption research. Although this research contributed to some useful clinical understanding of adoption in terms of exploring children's' feelings and experiences, it also reinforced an individual psychopathological view of adoption, while minimizing the social embeddedness of the experience.

Early psychodynamic theories of adoption questioned the adoptive mother's ability to fully love her child, given the negative psychological effect of childlessness. Deutsch's work (Deutsch,1945) for example, was concerned with the sterile woman's ability to overcome the narcissistic mortification of her inferiority as a woman, to willingly give her child her full maternal love. This approach blamed women's unresolved psychological conflicts around infertility as a root cause of an adoptee's psychological problems (Schechter, 1960). Work in the 1960's by Schechter (1960), Simon and Senturia and Reece (1966) and Reece and Levin (1968) placed responsibility for an adopted child's psychological problems on the unconscious and unresolved anger towards the adopted child by the mother (Schechter, 1960), or both parents (Simon and Senturia (1966). No mention is made of the role of social attitudes towards infertility, women, or adoption as a root cause of internal conflicts. An important point here is that these authors did not include in their theoretical hypotheses why infertility should be an issue in the first place.

We need only observe how history has prescribed the roles for women and mothers. Motherhood has been viewed throughout history in western society as one of the most fundamental archetypes of woman (Unger & Crawford, 1992). In Western society this has been expressed in proverbs, religious teachings,, and the writings of psychiatrists and psychologists, who tell us that motherhood is women's ultimate source of power and fulfillment (Unger & Crawford, 1992). The ideology of motherhood has been termed the motherhood mystique. Michelle Hoffnung (1989) and Ann Oakley (1974) have analyzed these myths of the motherhood mystique and summarized them according to a number of themes.

Firstly, they note the myth that the ultimate fulfillment as a woman is achieved through motherhood. Motherhood is viewed as a natural and necessary experience for all women. Those who do not want to mother are psychologically disturbed, and those who want to but cannot are fundamentally deprived.

Second, are the myths around the kinds of work traditionally assigned to mothers - caring for infant, children, home and husband. These must fit together in a natural and noncontradictory way. A woman who experiences conflicts among these demands is maladjusted or poorly organized.

Third, the role of mother is defined as being patient, nurturing and self-sacrificing. A woman who does not enjoy these roles, whose

personality or talents are not suited to these ideals, or who has other goals in life in addition to motherhood, is an inadequate mother.

Last, a woman's full time devotion to mothering is best for her children. Healthy children require their mother's full-time attention for them to develop normally. Women who work for pay, whether out of a need for financial resources or personal fulfillment are inevitably inferior mothers.

Although Western society is in the process of "rewriting" the script for motherhood (Bernard, 1974), these myths live on. Little wonder then that women have struggled with issues around motherhood and infertility.

Early studies (Deutsch, 1945; Schechter, 1960) viewed mothers as being the infertile partner with little regard to the possibility of male infertility. Although this has shifted in recent years in terms of infertility being investigated medically in both partners, women still face the brunt of negative stigmatization with regard to infertility and childlessness (Abbey, Andrews and Halman, 1992; Draye, Woods and Mitchell, 1988; Greil, Leitko and Porter, 1988; Greil et al, 1989; Miall, 1986, 1987). Empirical studies by Miall (1987) , for example, found that women who were sterile felt more stigmatized than men. Even when it was the men who were sterile, women worked to protect the identities of their husbands (Miall, 1986; 1987). Miall (1986; 1987) attributes the latter finding to the belief that infertile males are often mistakenly considered to have a sexual dysfunction.

Historically women's resolution of infertility has been viewed as the reason for psychopathology in both adoptive mother and adopted child

(Miall, 1986; 1987). The social context of families and the possible negative stigmatization directed at certain individuals and groups is viewed in most research as less powerful than individual pathology (Miall, 1987). There has, for example, been a long standing popular and medical assumption that women's reproductive biology is responsible for women's behavior and mental health (Ussher, 1980). Women who are unable to have children have been viewed as fundamentally flawed (Unger & Crawford, 1992). Those women who deliberately chose not to have children have been viewed as psychologically maladjusted, selfish and neurotic (Unger & Crawford, 1992). Even more recent work (Daly, 1990; Miall, 1986) is founded on the theory that adoption success depends on the healthy resolution of infertility (by the mother).

The notions of bonding (an event proported to happen shortly after birth), and attachment (emotional attachment over time) has been written about extensively in the literature on adoption. Again, adoptive mothers have been blamed for any later difficulties that an adoptee may experience due to either the failure of bonding or the separation of even a several-day-old infant from the birthmother he or she has already bonded to (Watkins & Fisher, 1993). The literature on the issues of bonding and attachment, (particularly on the infant and their connection with her or his mother), details the infant's responses to the world, her development of cognition, empathy, affect, her capacity to grow, survive and thrive, as well as her responses to frustration, neglect and deprivation (Watkins and

Fisher, 1993). Research in this area focuses heavily on this mother-infant bond apart from the larger social and cultural forces. Eyer (1992) studied the persistent popularity of bonding theory despite its discredited status among scientific researchers. Eyer (1992) concluded that the concept of bonding was a magical one, invented to distract childbirth reformers, (mothers need to be the ones providing care for their children), necessitate medical interventions, and single out mothers for blame regarding their children's' emotional problems as opposed to placing appropriate focus on the socioeconomic and cultural issues that mitigate against the necessary care and nurturance of children. This myth of bonding that confers emotional protection on a child has haunted adoptive mothers as they have already somehow failed if they were unable to perform this critical "maternal" event. Again, individual women are blamed for any difficulties apart from the sociocultural context in which these problems arise in (Watkins & Fisher, 1993).

We note, then, throughout this work the continuous neglect of the effects of negative stereotyping placed on a minority group (in this case adoptive parents and their children) within a society. Childlessness and infertility have been shown to be particularly socially discrediting for women. Adoption as a means of family formation (to address infertility and childlessness) has been viewed as less socially acceptable and in fact inferior (second best) to having biological children. In an empirical study by Miall (1987), of 71 involuntarily childless women, it was found that a majority

of the women interviewed were disturbed by the inferior social status of adoptive mothers. Respondents in Miall's study reported comments from other people who implicitly or explicitly question the "realness" of the parental relationship to adopted children. Schneider and Rimmer (1984) again explain problems as a result of the latent hostility by the adoptive parents towards the adopted children as a result of being unable to bear their own children.

Other researchers like Hajal and Rosenberg (1991) and LeVine and Sallee (1990) observe the effects of psychodynamics in the adoptive family, particularly parental attitudes and behavior towards adoption, but fail to note the extent to which adoptive parents are viewed as inferior, and thus influenced by larger social and political attitudes (Wegar, 1994).

Berry (1992) points to adoptive parents' unrealistic expectations about their adopted children as a cause of mental health problems. Berry's (1992) review of longitudinal adoption research however, makes almost no mention of environmental factors.

Most adoption research, then, has stressed the effects of the adoptive parents' behavior (and adjustment) on the adopted child's well being and adjustment. The adoptive parents' behavior has been observed largely through the theoretical lens of individual pathology (Wegar, 1994). Cohen's (1981) research follows this line of study by examining the adoptive family environment and observing how it affects the adoptees' well-being and personality development. In this study Cohen found that

families which were able to maintain a child adopted between 5 and 8 years of age have the following characteristics:

1. A wider repertoire of coping skills, particularly when faced with any stressful situation.

2. Were able to struggle openly and directly with each other about difference.

3. Were able to deal with persons outside the nuclear family in a satisfying way.

4. The father tended to play a pivotal role during (at least) the first l8 months of the child's placement in the family.

This study is a helpful exploration of some mediating factors that may lead to successful placement in some families, but, again does not point to the over-riding belief systems that can make adoption problematic in the first place.

Another development has placed increased emphasis on hereditary influences on emotional problems among adoptees (Cadoret, 1990, Mednick, Gabrielli & Hutchings, 1984, Stewart, 1990). Some studies also indicate the strength of the genetic contribution to intelligence (Plomin & Defries, 1983, 1985). Hoopes' (1982) longitudinal research on adoptive and non-adoptive children suggests that overall adoptive children sometimes do less well in school, particularly in the areas of vocational and educational goals (Hoopes used the Social Atom Task questionnaire

combined with a semi-structured interview). These research studies then minimize social contributions to cognitive and emotional states.

Recently, psychological difficulties in adoption have been referred to as the Adopted Child Syndome (Grabe & Sim, 1990). This concept specifically designates anti-social behaviors and personality traits in some adoptees, the most common of which are conflicts with authority, pathological lying, stealing, and lack of impulse control (Grabe & Sim, 1990). This term was coined by David Kirschner (1992), and psychiatrist Arthur Sorosky (1975), both of whom have done years of clinical work with adoptees. These authors argue that this syndrome contributes to a psychotic rage felt by the child or adult at, or preceeding commiting a crime. While these behaviors can be found in nonadopted children, in the adopted child they are linked to feelings of abandonment and rejection that an adoptee may experience (Grabe & Sim, 1990). The message is very clear for everyone who works with the adopted child (Grabe & Sim, 1990). Years of unresolved problems may explode into far greater difficulties later on (Grabe & Sim, 1990). The persons experiencing the adopted child syndrome may be the best evidence of the failure of the system to find responsible solutions to a difficult problem (Grabe & Sim, 1990).

Kirschner (1992), proposed that adopted children are unable to integrate two parental images (a good/bad split). On the one hand biological parents must have wanted a better life for their children, but on the other they rejected and abandoned an innocent child. This is further

complicated by the adoptive parents' tendencies to project their own unacceptable impulses onto the adoptee and the birth parents, and the family tendency towards repression and denial (Kirschner, 1992). Adoptive parents may project their fears that the adopted child and their birth parents are somehow "flawed", while consciously repressing and denying this socially supported conviction. Kirschner argued that adoptees are at greater risk than non-adoptees for negative personality characteristics that include: pathological lying, being manipulative, shallowness of attachment, a lack of meaningful relationships, stealing, truancy, provocative disruptive behavior towards parents, teachers, and other authority figures, promiscuity, under-achievement, learning problems, fire-starting, and general anti-social behavior (Wegar, 1994). Although the notion of the Adopted Child Syndrome has to some degree been integrated into the clinical literature (Grabe & Sim, 1990), there is still considerable debate over this issue. There are opponents, like the National Committee for Adoption (1980), that argue that the Adopted Child Syndrome does not exist. Others have criticized Kirschner's work as being based on only case studies of adoptees with severe psychopathology (Kirschner, 1992, Kirschner & Nagel, 1988). Most importantly, his definition of the Adopted Child Syndrome requires only that people be adopted to be susceptible to the syndrome. There is no inclusion of factors like culture, social attitudes, and agency practices. This bias is particularly prevalent in studies that

assess the effect of the adoptive mother's behavior on the adoptee's mental health (Wegar, 1994).

The most recently debated issue - the sealed records debate - considers the "rights" of the adoptee to knowledge of her or his biological heritage versus the "rights" of the biological parents to keep their identities a secret. Also involved are the "rights" of the adopted person not to be known or harassed by the biological parents. According to some authors, such as Lifton (1994) and Howard (1980), humans have a "need" to connect with their biological, or natural clans, as part of a human identity struggle, and failure to do so may result in psychopathology. Sachdev (1992) interviewed 124 Anglo Saxon Adoptees who completed reunion with their biological mothers and relatives six months to four years prior to a follow up. His study included the effect of reunion on the adoptive relationship. Sachdev's (1992) study supports openness in the adoption process and notes that confidentiality only promotes anger in adoptees who are denied the facts of their "natural" heritage that rightfully belongs to them. This issue once again places tremendous emphasis on the biological apart from the cultural and social experiences of those people involved.

The question of open adoption is a relatively new phenomenon to the research on adoption and really requires a longitudinal study of adopted children and their families, that groups families by the style of adoption and follows them from the time of adoption into the adoptee's young adulthood,

with assessments at various ages (Watkins & Fisher, 1993). This study is in progress by researchers Harold Grotevant and Ruth McRoy (Watkins & Fisher, 1993). Preliminary work suggests that there is no one best way for adoption to be carried out, and that both sets of parents should select the form of adoption that best suits them (McRoy & Grotevant, 1988). Social attitudes towards this type of adoption will clearly play a very important role in its success or failure.

Literature That Attempts To Understand Context

Early literary work on adoption by the sociologist Kirk (1964) is the most widely cited in this field. Kirk studied adoptive parents and theorized that they developed dichotomous patterns of defining adoption in response to the community's view of them and their children as different (or stigmatized). These patterns he termed "rejection of difference" and "acknowledgement of difference". Kirk (1964) posed that adoptive and consanguineous families must be acknowledged to differ in terms of roles leading up to family formation and tasks of family members within each kind of family. He argued that openness of communication around the events of the adoption was one of the necessary ingredients for successful adoptive family life. These were, he considered, ways of coping with the cultural disadvantage assigned to adoptive parents. Kirk's empirical research drew the conclusion that the acknowledgement of difference was better for the

well being of the adoptee than its rejection. This view has been increasingly accepted (Wegar, 1994).

Kirk's work then stressed the adoptive parents style of coping within a social context. His research displays the ambivalence that exists within the social context of adoption. Social workers and the larger community continue to give mixed messages regarding the status of adoptive parenting. For example, while parent-child bonding is stressed (Brodzinsky, 1984), there is an ever increasing move to open access to adoption files and hereditary information (Etter, 1993). In societies that support the nuclear family as the primary care giver to its children, then, a contradiction is created. Who are the child's primary parents? Is it the parents who are legally responsible, or does this shift to the biological parents once this connection is re-established? Fears exist that opening adoption files may disrupt the attachment process between the adopted child and her or his adoptive family.

Adoptees' mental health problems have been explained by Di Giulo (1988), in terms of the adoptive parents' lack of acceptance. Although this research does outline the importance of self acceptance, only minor detail is given to acceptance by others - the effect of society's stigmatization on the adoptive parents' and children's' acceptance of self.

The 1990's have brought a few new developments to the research on mental health and adoption. Brodzinsky (1990; 1993), has begun to stress the importance of developing multi-dimensional approaches. This

includes a recognition of the inter-play between biological variables, child characteristics, coping efforts, and environmental variables. This stress and coping model of children's adoption and adjustment does include societal and cultural experiences; but only as one in a multitude of factors influencing how children adapt. Although this work does note these factors, it does not stress the social embeddedness of the experience as playing a critical role.

Research That Emphasizes The Role of Context.

Wegar (1994) offers an alternative interactionist perspective that acknowledges the social embeddedness of the experiences of adoption and infertility. Wegar (1994) writes that, in order to integrate the social and cultural context adequately into adoption, researchers must explore in greater depth the ways in which adoptive families cope with the inferior social status of adoptive kinship. According to Wegar (1994), by adopting a psycho-pathological explanatory model that excludes the impact of cultural and social norms and assumptions regarding infertility, childlessness, femininity, kinship, and the significance of the blood relation, researchers have inadvertently defined adoptive bonds as inferior to biological kinship. Where there are power differences based on "difference", there exists the possibility of stigmatization by the dominant group (Coleman cited in Ainlay, Becker, and Coleman, 1986). Coleman writes that stigmatized people and non-stigmatized people are linked together in a perpetual inferior/superior

relationship, and that this is the key to understanding stigma as a social relationship. Wegar (1994) points to the need to do more research of a qualitative nature that seeks to understand the dynamics of the adoptive experience by listening to the voices of adopted people. Only by closely listening to their voices can we hope to understand how they experience(d) social attitudes towards them as adopted peoples, what the content, and source of these attitudes were, (whether positive or negative), and how they mediated these attitudes.

The development of social attitudes is a complex process dependent on the interwoven variables of culture, time period, economic, political and social situation, intrapsychic and interpersonal processes. One of the products of social interaction is a definitional process by which some members acquire potentially discrediting qualities or attributes assigned by the individuals with whom they interact. This phenomena of stigmatization is important to the framework of this study. Once we understand that stigmatization is a form of stereotyping, an expression of the processes of social control, a form of social comparison, or attributional, we are then in a position to begin mapping out lines of research that may not have been previously understood.

Social Stigma And Adoption

The point of this research project is not to label the adoption experience as problematic or stigmatized for all adoptees and their families. The adoption experience is diverse and multi-facetted, and many, many families have adjusted and grown in very healthy ways. These positive experiences are worthy of study and can provide some valuable tools to new adoptive families today, or those who are currently struggling. Humans however form their definition of self in social interaction. Rosenberg and Horner (1991) point out that young adoptees learn to feel "bad", or "different" due to the comments and actions of others. Miall (1987) studies of involuntarily childless women revealled that they also felt inferior to biological mothers due to the attitudes of others. In addition Miall (1987) described finding in her research that parents who chose to adopt (as a response to infertility and childlessness) felt discredited or stigmatized by others who questioned the "realness" of their parental relationship to their adopted children. Miall (1987) reports this as having a negative effect on infertile womens' identities.

Stigmatized people learn and incorporate through socialization "the standpoint of the normal" acquiring thereby the identity beliefs of the wider society and a general idea of what it would be like to possess a particular stigma (Goffman, 1963). According to Goffman, people are stigmatized within the context of a particular culture, historical event, or time period, or

economic, political, or social situation. He writes that the "normal" and the "stigmatized" are not people, but perspectives (Goffman, 1963).

Reactions to those who are stigmatized may be blatant, (such as public outcry over deinstitutionalization of the mentally ill), or subtle (people may not be refused employment yet neither are they promoted (Anlay, Becker, and Coleman, 1986). Reactions to stigmatized people have a dramatic effect on those who are stigmatized over time.

There are no cognitive explanations of why stigma may become a defining attribute overshadowing all other talents and abilities of the stigmatized individual (Goffman, 1963: Kanter, 1977,1979). Stigma creates dependence, and thus stigmatized persons may become engaged in a bondage to sources of power despite wanting independence from them (Ainlay, Becker, Coleman, 1986). Stigma creates discontinuities for people during their lives. Despite the fact that stigma is elusive, it follows us throughout the life cycle. Stigmatized feelings may be transferred from one generation to the next although perceptions of stigma may change. People at different ages may also perceive and react to stigma differently. Although stigmatized feelings may wax and wane in salience for the individual, they linger as memories, reflections of culture that change peoples' behavior and lives (Ainlay, Becker and Coleman, 1986).

Ainlay, Becker, & Coleman (Eds.) (1986), examined the concept of stigma using a multidisciplinary approach, and concluded that there are three important aspects to the overall experience of stigma that serve to

perpetuate the belief systems (specifically the feelings of inferiority among those stigmatized). These are; fear, stigma's primary affective component; stereo- typing, its primary cognitive component; and social control, its primary behavioral component.

Fears are grounded in a realistic assessment of the negative social consequences of being stigmatized and reflects the long term social and psychological damage to individuals who are stigmatized (Ainlay, 1986). People learn then from observations and experiences that groups of people that are labeled as "different" may receive "different" (usually inferior) treatment at the hands of the dominant group in that society.

Stereotyping is tied up in a perpetual inferior/superior relationship. People are treated categorically rather than individually, and in the process are devalued (Ainlay & Crosby, 1986; Barbarin, 1986; Crocker & Lutsky, 1986; Stafford & Scott, 1986). Peoples are grouped then according to some visible (eg. skin color), or invisible (eg. adopted) characteristic and treated according to the ideological stance of a given society or culture at that particular time in history.

Social control involves reactions to stigmas (or deviance) (Meier, 1982). Although reactions may occur for various reasons such as fear or vengeance, an important consequence of social control is often the restriction or termination of social relations (Ainlay, Becker, & Coleman, (Eds.), 1986).

Stigma is a means of maintaining the status quo through social control. Stigma generally has the effect of producing social distance, particularly a lack of closeness in social interaction (Lundy & Warme, 1990). Several authors, (Ainlay, Becker & Coleman, (Eds.),1986) discuss peoples' need to accentuate between- group differences and minimize within -group differences as a requisite for group identity. These authors postulate that stereotypes about stigmatized groups helps to preserve the existing societal structure. In the case of adoption, the stigmatized group is infertile women and the structure to be preserved is womens' role in reproduction.

Other authors note that stigma is maintained and perpetuated through shame, embarrassment, personal and social disvaluement (Spencer, 1985), and isolation, confusion, and alienation (Unger & Crawford, 1992). These feelings can lead to self fulfilling prophecies that further confirm the label (Lundy & Warme, 1990).

People cope with stigma in a variety of ways. People who feel that their stigma is not visibly apparent will generally use techniques to keep it that way; while others who feel that their stigma is visible to others will try to reduce its visibility, assert normality in spite of it, or discount it (Evans & Himelfarb, 1994).

Individual coping with stigma appears dependent on a number of factors; individual temperament, social supports, economic and political status, the type of stigma (blatant versus more subtle), the culture, time period and life cycle stage of the stigmatized person (Ainlay, Becker, &

Coleman, 1986). Individuals may accept the powerlessness role; a self-fulfilling prophecy (Merton, 1949), refuse to accept this role (Evans & Himelfarb, 1974), gain power by stigmatizing others (Ainlay, Becker, & Coleman, 1986), or become active in destigmatizing a social perception (Ainlay, Becker & Coleman, 1986).

Few authors have looked at the label and experience of adoption as a stigmatized attribute. Two of the few authors to apply the theories of stigmatization to adoption are Kressierer and Bryant. In their research Kressierer and Bryant (1996) address the issue of adoption as a socially stigmatized and legally burdened relationship. They note that the adoptive relationship between a child and adoptive parents lacks the social legitimacy of consanguinity, is often an ambiguous linkage for both parents and child, and in some regards may be accorded less than full legal validity and community acceptance, as well. Because the adoptive relationship is socially marginal and stigmatized, and legally handicapped or "burdened", it is, in effect, a deviant relationship. In America, the motivation to adopt has historically shifted from instrumental and economic to expressive and emotional. The public reaction to adoption has often tended to be critical and stigmatizing.

They further state that the stigma of adoption derives from several sources. First, the motivational context of adoption is viewed as socially stigmatized. Couples who seek to adopt a child are frequently childless couples, unable to produce a child. Seeking to adopt a child represents

subversion of the biological imperative, obtaining progeny through contrived means. Thus, the very motivation to adopt is stigmatized.

Second, they theorize that there is a deviance of secrecy and deception related to adoption. The adoption process in the 20th century has come to be swathed in secrecy, as a means of protecting both the child and the adoptive parents from the birth parents. But this mantle of secrecy has come to be used as a mechanism of deception to present the adopted child to family and friends and the community as a biological offspring. In accomplishing this goal, parents perpetrate a social fraud in a conspiratorial fashion.

Third, Kressierer and Bryant note that there is a socially contrived suspicion that the adopted person may have deviant origins. Mothers, they write, do not readily give away their children, and when they do there is usually some compelling reason. Some of the circumstances can be stigmatizing (illegitimacy, rape, incest, etc.). The secrecy surrounding adoption invites speculation, which in turn can often lead to unwholesome stereotypes of adopted children, such as the "bad seed" myth or the notion of immoral biological parents.

Fourth, they argue that adopted people may face invidious comparisons with biological children and experience a resulting devalued identity. In American society, the importance of blood ties has long held strong cultural value. This value has sometimes led to invidious

comparisons and marked distinctions between biological and adopted offspring. At best, the public may view the adopted child as someone who has been "saved" by the adoptive parents from unfortunate circumstances.

The stigmatization that attends the adoptive status may well be sufficiently frustrating and traumatic for an individual that it may trigger dysfunctional behavior and conditions and/or antisocial behavior that constitutes secondary deviance. From the standpoint of the public, however, such behavior is more likely to confirm the suspicion that adopted children are somehow defective, or defiant by inherent disposition or inclination, than to be interpreted as a reaction to a stigmatized identity.

Finally, Kressierer & Bryant note then that because of the many legal and bureaucratic inequities and handicaps that burden the adoptive relationship in regard to insurance, inheritance, medical treatment, and tax deductions, to mention but some, it must be concluded that in the United States, adoption is stigmatized from the legal standpoint.

When adopted individuals are told of, or discover, the truth of the legally contrived linkage to their surrogate parents, some elect to seek out the circumstances of their adoption and search for their biological parents. In doing so, such individuals find themselves in a double bind. In undertaking to find their biological parents, they violate other normative dimensions and thereby become deviant from another perspective. The search for "real" parents tends to reify the notion of adoptive parents as

essentially "counterfeit". At the same time, searching exposes the charade of the adoptive family. Thus, the searching adoptee compounds the vagrant status of the relationship by virtue of ingratitude and betrayal of the family secrets (Kressierer & Bryant, 1996).

Adoption as a stigmatized position is also apparent in Canadian laws and policies, but in some different ways. Adoption policy in Canada in the first half of this century was rooted in shame and secrecy (Daly & Sobol, 1993), even though secrecy was noticeably absent from early adoption legislation (MacDonald, 1984). Garber (1985), noted that pregnant girls placed their babies to avoid the shame of illegitimacy while childless couples adopted in order to avoid the shame of their incompleteness. This shame was only avoided if the entire adoption ritual was carried out in complete secrecy (Daly & Sobol, 1993). This pretence known as the "as if" concept of adoptive families (Sachdev, 1984) is reflected in adoption policies, that, for example amended birth certificates to give adoptees the surname of the adopting parents (father). In this regard adoption policies sought to preserve secrecy with the intention to mimic certain idealized images of a mainstream family (Kirk & McDaniel, 1984).

The legal notion of relinquishment, or the complete breaking of ties is central to the laws governing adoption in Canada (Daly & Sobol, 1993). Sealed birth records, changes in birth certificates, and the fact that birth parents have almost no legal recourse following the signing of the final adoption order, all speak to this issue (Daly & Sobol, 1993). According to

Canadian law and policy, adopted children assume the same legal status as biological children once this permanent order is granted by the courts (Daly & Sobol, 1993).

Adoptees and adoptive parents do not have easy access to family information including medical histories of the birth parents in Canada. Adoption legislation and policy in Canada is administered through the provinces and territories. Five of the provincial and territorial laws (i.e. British Columbia, Manitoba, the Northwest Territories, Nova Scotia, and Prince Edward Island), do not have any provisions regarding disclosure of non-identifying information (Daly & Sobol, 1993). Of the remaining governments there are a number of strings attached. Typical is the Alberta legislation which requires that adoptees be over eighteen years of age, and that both parties to the information have registered their interest (party seeking the information, and the party who could provide it), (Daly & Sobol, 1993). Even where legislation allows for non-identifying information to be disclosed discretionary rules are attached. Under certain circumstances if the registrar, society, or licensee believes that the information will cause serious physical, or emotional harm to any person, release of information can be denied (Daly & Sobol, 1993).

In addition to secrecy and confusion (different laws across the country), there is evidence that public agencies who administer adoption services are themselves stigmatized (Daly & Sobol, 1993). Birth mothers are reportedly reluctant to approach public service agencies due in part to

their past experiences with the child welfare system, and the negative affiliation that these services have with protection and fostering (Daly & Sobol, 1993).

Some recent writers such as March (1995) have viewed the stigmatization of adoption as essentially fitting Goffman's (1968) work. The adopted person comes to identify and recognize his or her stigmatized identity from their interaction with others and the nature of other peoples' response to them as "different" (and thereby inferior) to biological offspring. March (1995) specifically points out that the secrecy of their biological roots prevents them from being able to answer questions from others regarding their social background and this then serves to reinforce "their sense of stigma". March (1995) contends that the decision to search may be interpreted as an effort to manage or neutralize the social stigma of the adoptive status by presenting "generational continuity that characterizes 'normals' " (p. 658). Kressierer and Bryant (1996, p. 413) add that . . ."Alternatively, the stigmatized nature of the adopted status may also be conceptualized as a kind of spoiled identity accretion whereby the process of adoption itself appears incrementally to construct a socially disvalued image by compounding the negative perceptions in a sequential fashion."

The conceptualization of the adoption experience within a framework of stigmatization presents the reader with an opportunity to explore this ideological shift by listening to the voices of adopted peoples residing in our communities.

As a feminist author the work by Katarina Wegar, and Kressierer and Bryant was particularly appealing to me. The preceding literature review demonstrates that the adoption experience (particularly by writers in the United States, Great Britain, and Canada), has been most frequently viewed by researchers as a personal struggle as opposed to a political one. Adoptees are reported to struggle with issues around loss, attachment, identity formation, and curiosity about their biological roots. Adoptive families reportedly struggle with issues related to involuntary childlessness, infertility, fears of loss (of their adoptive child to his or her biological parents), and worries about problems surfacing that may be genetically based.

The majority of the literature explored in this study either ignores social and cultural attitudes, or, tends to minimize their overall effects on the adopted individual and their adoptive families. The ideological shift in viewing adoption difficulties as arising from a more global or political stance that devalues women (particularly childless, and infertile women), and adoption as a mode of family formation fits well with my own theoretical feminist bias.

The purpose and plan for this study is to research the social experiences of adopted adults residing in our communities (in this case in southern Manitoba) to determine if their experiences speak of social and political stigmatization related to their status as adopted people.

CHAPTER 2: METHODOLOGY

"A hundred years from now it will not matter what kind of car

you drove, the size of your bank account, or the type of house you

lived in, but it may matter that you were important in the life of a

child."

Author Unknown

Central Research Questions

This qualitative research study seeks to explore perceptions of social

attitudes related specifically to the respondents' status as an adopted

person residing in Canada. Particular attention will be paid to socially

contrived messages that are stigmatizing in nature.

Research Questions:

1. What are the respondent's perceptions and recollections of

socially constructed messages related specifically to their status as an

adopted person growing up, and presently residing in Canada?

2. What was the source of these messages?

3. What is the manifest and latent content of these messages?

4. How did the individual feel about and mediate of cope with these messages?

Operational definition of terms

For the purposes of understanding and clarity this author conceptualized definitions of several terms used in the central research questions and the interview guide. These are: adopted persons, social attitudes, community, mediating factors, coping, adjustment, and stigmatization, For the purposes of this study, and for simplicity, these terms shall be defined by me as the following.

Adopted persons are those people who have been legally adopted by someone other than a biological relative. This study excludes step-parent adoptions (detailed later).

Social attitudes are viewpoints, feelings, and biases that are assumed for a specific purpose by individuals and/or groups in society and become evident to people through a process of social interaction. Within the adoption literature for example, there has existed a social belief that people who choose adoption as a mode of family formation must either be infertile, or have problems conceiving their own biological children. The social attitude is that adoption is a second best option.

Community is defined by the respondent as a place, and

people that they feel socially and emotionally connected with.

Mediating factors refers to someone, or something that assisted the adopted person in coping with difficulties related to their adoption.

Coping refers to the ways that individuals and families dealt with, or attempted to overcome problems, or difficulties. Positive coping strategies are those strategies that are health producing, i.e. relaxation, talking to someone. Negative coping strategies are those strategies that are unhealthy, i.e. drinking alcohol, using drugs.

Adjustment will be defined as achieving a mental and behavioral balance between one's own needs and the demands of others.

Stigmatization relates to a mark of social shame or discredit.

Research Design

This research study utilizes two types of data collection strategies; the first is the use of available research, the second is a semi-structured interview.

Semi-structured interviews are necessarily based on prior knowledge of the issues being investigated, are formulated in language that is familiar to the participants, and reflect the researcher's attempt to approach the world from the interviewee's perspective (Berg, 1989).

In seeking to address the central research questions in this study the interview guide focuses on the source and content of messages adoptees received in their lives, as well as on the ways that they understood and/or coped with the messages they were receiving.

The semi-structured interview format provided some initial structure to the interview, yet allowed the author to probe beyond the responses to the prepared questions (Berg, 1989). Thus the interview guide was used as a means of exploring specific issues, but allowed a degree of flexibility to "shape the direction of the content" (Tutty, Rothery, & Grinnell, 1996).

As is expected with this type of data collection strategy, both the wording and the sequence of the questions were adapted during the interviews (Patton, 1990). The questions were not asked verbatim, but were phrased in an open-ended format.

The use of an interview guide (attached as Appendix 2), ensured that certain topics were consistently covered and is a sound methodological strategy (Patton, 1990). Utilizing this strategy also increased the likelihood that data was comparable (Lofland and Lofland, 1984). The data analysis utilized methods of content analysis and involved identifying themes, or commonalties among the responses of this group of subjects.

These data collection strategies were selected due to a number of reasons. Currently this topic is not heavily researched, particularly with respect to empirical data. The author was aware that some research was

available on this topic (Wegar, 1994; Kressierer & Bryant, 1996).

Qualitative research fits with the author's feminist clinical framework.

Literature On The Limitations Of Recall

As this study relies on respondents' memory or recall of their experiences as adopted children growing up in Canada, it needs to identify and recognize the limitations of retrospective work. The interview format/guide works to address these limitations and utilize the research on recall to assist in minimizing biases and memory distortions as much as possible.

When I speak of retrospective data, strictly speaking, I am referring to events, behaviors, attitudes, and feelings taking place before the time of data collection. In practice we tend to think of retrospective data as consisting of information of a more remote nature, often measured in years, and I shall be using this definition chiefly in this study. The retrospective data I am seeking from respondents is information regarding their recollections of past feelings, attitudes, beliefs, and behaviors, of self, and others involved in their lives as adopted children.

When using interviewing to obtain retrospective data it is important to observe what is known about the psychology of the processes involved in memory and recall.

Moss and Goldstein (1979) note that there are two dimensions to the problem of recall which are relevant to reliability in social surveys. The first dimension is the question of the perception and selection processes. According to Moss and Goldstein (1979) it is generally agreed that what people remember is initially dependent on their perception and comprehension of an event or emotion. Such comprehension tends to depend on the person's interest; that is peoples' feelings or perceptions which have been most important, or interesting to them.

Memory then is a highly selective process. The very process of selection in recollection provides very important historical data, as it can be a good indicator of what the person most valued over time.

A more serious problem for researchers, however, is that recollections may vary and change over time. Moss and Goldstein (1979) state that it has been shown that more recent memories are more apt to be lost than those of long ago. This is important as far as recollection of facts and events is concerned. Studies have also shown, however, that memory tends to be less reliable about beliefs and attitudes in the past. It cannot be assumed that the reasons given by respondents now for behavior many years ago would equate with either their reasons prior to their actions or those immediately following. La Piere (1934), in the 1920's and 1930's noted that there was often a wide divergence between verbalized attitudes and actual behavior. Careful interviewing that notes discrepancies between attitudes and behavior and seeks to elucidate the reasons for discrepancies

is helpful in dealing with this problem, but it is a problem which is very difficult to overcome (Moss & Goldstein, 1979).

The difficulties in analyzing change and process on the basis of interview material are particularly important because it is precisely in discussing changes in themselves and their surroundings that interviewees are least likely or able to give an accurate account of events (Becker and Greer 1970). Changes in the social environment and in the self inevitably produce transformations of perspective, and it is characteristic of such transformations that the person finds it difficult or impossible to remember her or his former actions, outlook, or feelings. Reinterpreting things from this new perspective, he or she cannot give an accurate account of the past, the concepts in which he or she thinks have changed and with them his or her perceptions and memories (Becker and Greer 1970).

Another method of partially overcoming this difficulty is by careful questions and prodding in interviews, specifically by asking very specific, as opposed to general questions which are more likely to indicate past beliefs. More specific and detailed questions should provide a clearer and more detailed picture of how the individual perceived the interaction at the time it occurred. (Becker and Greer, 1970).

Beliefs are impossible to 'test' by definition. They are valid for the individual at the time. However it is unlikely that they are completely reliable accounts of that person's attitudes many years ago. People may fabricate and insert events when they need to harmonize the remembered with the

reinterpreted past. . . subjectively, they are not lying but are bringing their memories of the past in line with the truth that embraces both present and past (Berger, & Luckman, 1967).

All historical research is essentially a process of reconstruction, greatly influenced by present day researchers' theoretical frameworks and pre- conceptions. Even the most quantitative research was initially influenced by the definitions of those who designed it and those definitions are not likely to concur with those who analyze and interpret it at a later data (Gittins, cited in Moss and Goldstein, 1979).

During an interview, then, a respondent is interpreting and reconstructing his or her own history, in a way that is not dissimilar to an historian's attempt at interpreting and reconstructing history using different sources. Interviews can be a valid historical source if this is kept in mind. Recollection as a process of selection can also be seen as a valid, if necessarily subjective, source in itself for analyzing those aspects of a respondent's life that are interpreted by them as being the most important (Berger and Luckman, 1967).

When doing retrospective studies it is important to remember that certain phrases and words may have had different meanings and interpretations, or may have disappeared from modern usage. Interviewers should then be curious and inquisitive regarding language and meaning throughout the interviews to be sure that words are understood according to their intended meaning (Gittins, in Moss and Goldstein, 1979).

Oral interviews are a valuable way of getting close to one's data, to a view of how other people have interpreted - and reinterpret - their emotions, their behavior, and their interaction with others in the past. The problem of recollection can be viewed in a positive light because of the way that it highlights how and why people select certain aspects of their lives to remember. It provides a valuable way of gaining insight into, and ideas about, specific life events, feelings, behaviors and attitudes which offers a means of suggesting hypotheses which can, in turn, be tested by using other sources and methods (Weatheral, in Moss and Goldstein, 1979)

Recall can be encouraged in a number of ways. The interviewee should be put at ease, which will be favored by being comfortably seated in a congenial environment, with at least some understanding of the purpose of the interview, and be given adequate time in which to think about her or his recollections and respond (Hindley, cited in Moss and Goldstein, 1979).

Researchers can take advantage of subjects' tendencies to structure information, by attempting to get them to think of other things going on around the time of events of interest. This may assist them in approximating dates and being more able to be sure about life circumstances at that time (Hindley, cited in Moss and Goldstein, 1979).

Recall can also be enhanced by assuring interviewees that the interviewer is not connected to any local or central government authorities, and that the information being sought is confidential, and anonymous (Hindley, cited in Moss and Goldstein, 1979).

Questions need to be carefully phrased and be as open ended as possible (Belson, 1984). Language should be appropriate for the interviewee to comprehend and respond to easily, and use terms that have agreed upon meanings (Belson, 1984).

The problem of investigating past feelings and attitudes present an even greater challenge than exploring behavioral information (Hindley, cited in Moss and Goldstein, 1979). In view of the tendency towards schematization and distortion of our memories, it is more prudent to regard replies to questions about attitudes and feelings as referring to the interviewee's present view of previous feelings and attitudes, rather than as necessarily bearing a direct relation to what they were in the remoter past (Hindley, cited in Moss and Goldstein, 1979). The use of open-ended questions followed by supplementary questions is a useful way to approach subject matter, particularly in the more recent past (Hindley, cited in Moss and Goldstein, 1979). An interviewer must then develop a suitable coding system based on his or her frame of reference, and resulting from his experience of the responses of a variety of subjects, against which to judge the interviewee's view (Hindley, cited in Moss and Goldstein, 1979). Interviewees in this study were asked to reflect on his or her current feelings regarding stated recollections of social messages in their history. She or he was then asked to contemplate how these feelings compared with those at the time of the event. Subjects were also asked to list five sources (from greatest to least), of; positive messages, as well as, five sources of

negative messages. Interviewees were asked to expound on their decisions.

Clearly, then, gathering and interpreting retrospective data needs careful consideration and considerable skill, experience, and training. As I am the interviewer in this study my frame of reference was constant throughout the interviews. I did seek the opinions of two colleagues on the interview data to provide me with possible alternative interpretations, make deductions from the data as to what should follow from them, and to check whether the evidence is consistent among studies. (i.e. are there themes, commonalties?)

Hindley (cited in Moss and Goldstein, 1979) also writes that retrospective enquiries involving long time periods, as was the case in this study, are valuable in producing questions, and should be regarded as providing suggestive evidence, which requires further and more adequate investigation. This study then is not meant to provide all the answers but is instead a means to obtain detailed data that seeks to describe the attitudes, feelings, and coping mechanisms of real people who may, or may not have experienced stigma related to their adoptive status as these have been constructed over time

Selection Of Participants

Participants were identified for this study using an informal network of employment colleagues, local professionals (i.e. doctors, nurses, family services workers, etc), friends, and family. An interview guide was distributed to the people identified along with a verbal explanation of the purposes of the study, the types of candidates sought, the interview format, the time commitments that would be required, the setting, and ethical considerations. They were then asked to give consideration to prospective respondents for this study. If they could identify someone they were asked to contact that person, explain the proposed study, and ask if they may be interested in participating. If they were agreeable, the referral source would contact this author with their name and phone number. I would then call them, again explain the study and if they were still interested set up a time and place to meet them, and conduct an interview.

This strategy proved to be very successful and provided more than enough participants for the purposes of this study.

The sample size for this research project was more dependent on the nature and quality of the interview data than pre-determining a specific number of interviews that needed to be conducted. The saturation rule was observed in that after fourteen interviews, repetitive responses were clearly evident.

Selection Criteria

Respondents were sought who had been adopted at birth. People adopted at a later age were excluded due to the fact that their pre-adoption experiences would have added another dimension to the results of the study. These variables, such as attachment and loss issues, would be difficult to separate out.

Adoptees were to have remained with their adoptive families during their childhood and adolescence. This was designed to promote stability and attachment as part of their overall experiences

Step-parent adoptions were excluded from this study. In step- parent adoptions the child(ren) remain with at least one biological parent, and may have contact with the other biological parent. In the author's view this differed too markedly from the sample with two adoptive parents.

The interviewees selected for this study were of the same racial background as their adoptive parents. Mixed racial adoptions would have been very interesting but in this author's view would have added additional variables to the study that would have been difficult to control for. These variables could include issues like added discrimination or stigmatization based on skin color or race. It would be difficult to ascertain which aspect of their experience was due to stigmatization related to their status as adopted people, and which was due to other variables.

Respondents were excluded if they exhibited symptoms of an acute psychotic mental health disorder. In these thought disorders reality is often

confused with delusional thinking (Wilson and Kneisl, 1992). Reliability and validity then would have been much more difficult to establish.

The Research Participants

Because time and money dictated geographical proximity, all of the participants were residents of southern Manitoba. The people who participated in this study were voluntary, healthy adults who were adopted at birth, and brought a wealth of knowledge and experiences to this process. They all had a sound knowledge of the areas of research and were all interviewed individually.

Of the fourteen people interviewed for this study, only two people reported that their adoptive experience was not positive over all. Of the remainder, one described their experience as being a combination of both positive and negative experiences, and the other described their experience as more heavily negative than positive, although they credit their adoptive mother for being the positive factor in their abusive childhood.

One respondent resided in a city on the west coast of Canada during his later childhood and adolescent years. Two respondents spent the majority of their childhood and adolescence in the suburbs of a major city in southern Ontario. One respondent grew up in Winnipeg. Two participants resided in small towns in southern Manitoba. The remainder (eight) spent their childhood and adolescence on farms scattered throughout southern Manitoba.

One participant's adoptive parents' divorced when they were in their mid-adolescent years. The respondent remained living with her adoptive mother, and had frequent visitation with her adoptive father.

The respondents ranged in age from 25 to 58 years with a mean age of 37 years. Respondents were required to be at least 25 years of age. This number was arbitrarily selected as the author wanted people who had some life experience as an adult so that they could offer some insight into their previous experiences.

The sample was composed of 6 men and 8 women. This was not a pre-determined composition based on gender, but resulted from the referrals received.

None of the participants in this study had reconnected with their biological parents at the time of the research. Information on their birth families ranged from very little, to a considerable amount. This was largely due to the respondents age and the agencies' policies around how much, and what, information to provide the adoptive family with, regarding the child's biological lineage.

Setting

The interviews for this study were conducted at a variety of locations sprinkled throughout southern Manitoba over the course of four months.

Southern Manitoba is an agriculturally based region in Canada that produces a variety of grain, livestock, and vegetable products that are sold locally and exported to other provinces, and countries around the world.

Towns are generally located at strategic points along railroad lines that historically provided the mode of transporting goods for sale to a port or market. Many people residing in this region still make their homes on farms and in towns of varying sizes.

Description of Sessions, Process, Themes

Interviews were conducted in either the interviewee's home, or at another location that was suitable to them, comfortably furnished, and as private as possible. This was always at the discretion of the interviewee. Interviews consisted of a single two to two and a half hour session with one additional in-person follow up to go over the data collected. This was purposively planned to answer any additional questions that they may have had, add any additional data that they may wish to, allow them to check my notes on the information that they provided to ensure accuracy, and thus to improve confirmability. This also gave me the opportunity to ensure that they had not experienced any negative aftermath (e.g. problems sleeping,

increased anxiety, depression) as a result of the data requested during our first interview (see an elaboration in the ethics section of this paper).

Careful notes were taken during each session. This included data on their responses as well as a section on their affect (overt expressions of feelings), and mood (their expressed feelings), the author's feelings about the interview, and any noteworthy feelings /points that I wanted to record as important to the analysis stage (e.g. a * in the margin indicated that the issue drew an emotional response from the interviewee). Taped recordings proved to be too difficult to acquire due to the varied locations of the interviews, and due to the expressed discomfort of several respondents.

The researcher sought to divide the interview data into three basic categories; source of the social attitude, content of the message, and mediating factors. The interview also sought to assist recall through categorizing the interviewee's experiences into four basic life stages; preschool, elementary school, junior high/high school, and adulthood. Due to the varied ages of respondents across the life cycle, the category of adulthood was sometimes quite elaborate. However the author's goal was to explore an adult adoptee's perceptions given their capacity to analyze experiences through the use of a deeper intuitive understanding of the issues.

The author's goal in using a qualitative method of study was to allow the study to be rich in description, and illuminate multiple realities that allowed the use of my own, participants' and colleagues' thoughts, feelings,

and ideas (Kirby & McKenna, 1989). This is more in keeping with my own feminist philosophy and way of viewing the world, and provided deeper insight into the effects and transmission of social attitudes on real people residing within our communities.

Qualitative research allowed the research process to be a dynamic one that was constantly changing in response to new information and new participants. All of the participants had different experiences, histories, temperaments, perceptions and intuitions. Consequently, each interview presented novel data even though categorical questions remained constant. This was exciting given the potential of introspective and empirical learning constantly occurring and changing over time (Kirby & McKenna, 1989).

Time Frame

This study took nearly two years to complete. There were several complicating factors; geographic distance from the university, and from interviewee's preferred interview location, time constraints based on being a parent of two young children, simultaneously maintaining full time employment, making two in-person visits with the interviewee, and arranging weekends with colleagues to conduct the data analysis component.

Ethics

Strict ethical considerations were observed throughout this research study. I was honest about the purposes, intent, confidentiality, willingness of subjects to participate voluntarily, and their freedom to withdraw at any time. When seeking candidates to interview for this study I utilized contacts with colleagues, friends, and local professionals practicing in southern Manitoba. I was careful to explore if he or she was adopted, or had someone close to them who was, before further requesting their assistance. Following this initial process, I proceeded to explain the purpose and reason for the study and asked if they may know someone who would be willing to participate. If they did, I showed them a copy of the interview guide, and asked them if they would speak to the person they knew, explain the purpose and process of the study, and ask them if they would be willing to speak to me by telephone initially, about the possibility of being interviewed in-person on two occasions; the first for about two to two and a half hours, the second for no more than one half hour (unless they requested longer). If they agreed to speak to me on the telephone, I called them, explained the purposes of the study, and, following their approval, booked an appointment to complete the first interview at a location of their choosing.

At the onset of the interview I reiterated the information on the consent form for the purposes of clarity and understanding, and requested their signature as symbolic of that understanding. I explained again that I

would be conducting a brief second in-person interview with the purpose being: a verification of the data that they provided me with during this interview, clarification of any points that I was confused about, to provide them with an opportunity to ask any further questions that they may have had after the initial interview, to add any additional information, and to give me an opportunity to check on them to be sure that they were managing the questions and issues raised during the interview process in healthy ways.

Following the interview I handed out a reference sheet of people whom they could call should recollection of the data have provoked any problematic responses. I provided them with both my home and work telephone numbers that they were encouraged to call if they felt they needed/wanted to. I informed them that I would be conducting follow-up interviews by telephone at periods of about one week, one month, and at three months post -interview dates simply to check on how they were doing. All of the respondents repeatedly related to not having any difficulty with any of the issues raised. Nor did anyone call due to distress even after an interval of six months following the interview process.

As I had asked two colleagues to assist with the analysis of the data, I was careful to ensure that they had not been adopted, or had someone close to them who was adopted. This was to prevent them from being traumatized by any of the interviewees' perceptions, memories, or experiences that may be similar or reflective of their own.

Limitations

The framework and parameters of this study resulted in emergence of a number of limitations. These can be grouped into two categories; limitations arising out of sampling, and limitations arising out of the method of data collection.

The limitations that arise out of sampling relates to both who was included in this research as well as those who were omitted from this study. With respect to those interviewed, the fact that all were currently living in southern Manitoba is discussed in the following section on validity. All of the participants were voluntary. This may have augmented the numbers of positive responses due to factors such as a positive adoption experience, and their willingness to discuss issues related to those experiences. A number of people were also omitted from this study who could have provided additional data. This study concentrates exclusively on adopted people. The inclusion of those involved in the adoptee's social network, especially close relatives and friends would have enriched the data by providing their suppositions and perspectives on socially constructed attitudes regarding adoption. This may also have assisted in addressing the limitations of memory and recall by providing verification or queries into the adoptees' accounts.

Due to the variability of interview locations, audio and video taping proved to be too cumbersome and awkward. In addition two of the participants expressed discomfort regarding the possibility of being taped. Interview data then relied on careful notetaking. Validity and correctness were addressed by making a follow up appointment with interviewees and requesting that he or she reflect on the documented data for correctness and for any changes or additions.

Research collaborators were unable to observe and assess verbal (i.e. changes in tone, volume), and non-verbal (changes in body language; protecting, looking away) presentations. These authentic presentations may have indicated differences from the written format and invoked additional questions. A measure and depth of data may then have been disregarded.

The research literature on adoption primarily emanates from sources external to Canada (Great Britain and the United States). A diminutive amount of published data is available in Canada. Locating accurate statistics is difficult related to the fact that private adoptions are not always recorded (Daly & Sobol, 1993). As a result the literature on adoption may not accurately reflect the uniqueness and variability of a multi-cultural Canadian experience.

Time constraints restricted the volume of experiential data accumulated. The required elements of emotionally joining with the

interviewee, obtaining written consent, explaining and distributing a resource list are essential, although time consuming.

This study relies on the perceptions and memories of the participants. As the participants varied in age from 25 to 58 years many were asked to recount data, perceptions, and feelings of events that had transpired many years ago. Due to the nature of this type of study this issue is treated separately in a literature review (see "The Limitations of Recall", page 46), along with a description of measures taken to minimize the difficulties inherent in research which relies on recall.

Validity

This study was evaluated on two levels of validity; internal and external. The first, internal validity or face validity, is defined as the investigator's subjective evaluation of the measuring instrument (in this case the interview guide), as measuring what the investigator purports it to measure (Nachmias & Nachmias,1987). Open ended questions were used as much as possible while maintaining a constant structure. The topic was broken down into three basic categories; source, content, and mediating factors. Consultation and agreement between collaborators was utilized to enhance face validity. The second, external validity, relates to the extent to which findings can be generalized to larger populations and applied to different socio-political settings (Nachmias & Nachmias, 1987).

Careful consideration was given to the elements of external validity. A sample of respondents was selected using a broad network of colleagues, associates, friends, and family. The sample consisted of six men and eight women resulting from the referrals that I received. Respondents resided in a variety of locations sprinkled throughout southern Manitoba. A cross-section of ages was represented (between twenty-five and fifty-eight years). The sample consisted of some single parents, some two parent families, and several childless people. Respondents included people who had never been married, those who were married, one person who had divorced their partner, and one widow. All of the interviewees were born in Manitoba, although several spent time residing in other provinces in Canada. One of the respondents had a history of mental illness.

In the final analysis it is impossible to state the extent to which, if any, the responses from this sample might be similar to those of another sample from a different region or country. This is only a judgement the reader can make, and always with caution.

Reliability

Reliability refers to the extent to which the results of a study are consistent or stable (Chadwick, Bahr, & Albrecht,1984). Reliability was improved in this study by the use of a follow-up interview with respondents.

The intent of this design was to approximate a test-retest design that would diminish errors. In the analysis stage, reliability was enhanced by utilizing a triangulation analysis strategy. Two colleagues were assigned seven interviews each to independently assess using the rules for analysis. I independently assessed all fourteen.

CHAPTER 3   DATA ANALYSIS

"Stories are the thing that lies at the heart of human intelligence. To understand intelligence, we need to understand stories: their structure, their acquisition, their retelling."

Robert J. Sternberg

The data consisted of my notes during and after the interview. This consisted of the interviewee's thoughts and feelings related to the questions on the semi-structured interview format, as well as my thoughts and feelings about the interview. In addition, data included a summary of information collected during the interview categorized under the headings of; source, content, mediating factors, and additional note-worthy data or comments made by the interviewee. Again, this was checked by the respondent in-person to assist reliability and validity.

The author was privileged to have a number of talented colleagues and friends with masters level training who volunteered to assist in the

analysis process. Two were selected based on their time availability, interest in the topic, training, and professional respectability.

According to Taylor and Bogdan (1984), qualitative data analysis is directed at developing an in-depth understanding of the phenomenon being studied. According to these authors this entails several distinct phases. The first phase is one of on-going discovery as the data is being gathered and processed. The second phases involves the use of coding and sorting categories that emerge from in-depth reviews of the data that was collected (Taylor & Bogdan, 1984).

Content analysis (Berg, 1989) was the overall approach utilized to analyze the data. The goal of this type of analysis is to uncover the common themes that emerge from the data. This strategy was selected due to the nature of the data, the central goals of the study, the fact that I had specific categories of data that I was interested in, and the availability and willingness of two colleagues to assist in validity and reliability issues.

Several copies were made of the data collected. I reviewed all of the interviews, and distributed copies of seven interviews to each of the two colleagues who were assisting with the data analysis.

Each person began by surveying the data, and underlining, and making notes on any themes that were evidenced to emerge from the data.

The author then distributed a "rules for analysis" paper (Appendix 3) to assist in categorizing the data under the headings previously discussed; source, content, mediating factors, note-worthy additional data. This

included a system of using highlight colors, and numbers to assist in understanding and comparing the data.

Several meetings were then arranged to further assess and categorize the data into major themes, sub-themes, and note-worthy data.

The first meeting explored their perceptions of themes, and how they compared with that of the author's. Notes were taken on agreements, and any disagreements, and kept for the next stage. A high level of agreement became manifest regarding themes. This process was assisted by the use of pre-determined categories. Disagreements were predominantly around clarification issues. These were resolved throughout the process by an elaboration of interview content and context, through discussion, observing the rules of analysis, and, in one case, by me making the final decision.

The second meeting worked on recording and comparing their analysis of source, content, mediating factors, and note-worthy data with my analysis, and reconciling any differences.

The third session worked at resolving any disagreements over categorizing the data according to the rules for analysis. A final meeting categorized the data into several major themes, sub-themes, and listed note-worthy data last.

This proved to be a very effective way to manage the analysis stage as it allowed us to "sit" with the data for a period of a month, thus providing a richer, fuller, more insightful analysis than if it had been done in more expedient format. Every category was systemically reviewed, and

re-reviewed, critically analyzing each word and phrase to ensure accuracy. According to Taylor and Bogdan (1984), this phase of the research process allows the researcher to fully understand the data in the context that they were collected.

No new categories or themes were identified after the twelfth interview, so after the fourteenth interview was complete, the saturation rule was observed. According to Berg ((1989), the saturation rule is a sign that intensive coding is complete and that the next phase of analysis can begin. The saturation occurred in the twelfth interview and confirmed the original decision to stop collecting data after the fourteenth interview as no new insights were being presented (Taylor and Bogdan, 1984). After the analysis took place the code book consisted of three major themes with two sub-themes listed under the theme of source, eight sub-themes identified under the theme of content, and three sub-themes listed under the theme mediating factors.

Efforts To Address Credibility And Dependability

Several efforts were made during this study to ensure credibility and dependability of data gathering and data analysis.

As previously mentioned careful notes were taken during the interview process. During the first phase of analysis, a summary was made of each interview under the headings of: source, content, mediating factors,

and additional thoughts/comments. This was taken back to the interviewees for a second planned brief interview to: verify the data they had given me, allow them to add any additional comments/recollections they may have had since the interview, and ask any questions that may have arisen since the interview. This proved to be an excellent strategy. All of the interviewees recalled additional information during the time since the interview, and any corrections or comments that they wanted to add were able to be added to the original data. Very few actual changes needed to be made to the original data entries. One interviewee changed a positive source entry so that it was rated as slightly less than originally documented. This resulted from him re-thinking the issue as opposed to an incorrect notation. All of the remaining changes amounted to elaboration's of their original testimonies. This strategy fostered confirmability and addressed ethical responsibilities to "do no emotional harm" to participants. This was a tremendous group of resilient, bright individuals who were all doing very well and were a pleasure to check in on at this session.

In addition, to address credibility, a strategy known as triangulating analysts was utilized to verify outcomes (Patton, 1990). Two additional researchers were each given seven (different) interviews to (1) assess for themes, (2) categorize according to data analysis rules and (3) compare these to my analysis and discuss similarities, differences, as well as their thoughts and feelings about the data they worked with. Overall this triangulation procedure was very positive.

Interpretation Of The Results

The results of this research study represent the culmination of a lengthy process of working and re-working the data from a variety of perspectives. The decision to categorize the data into three major themes (source, content, and mediating factors), grew out of a process of the researcher wanting to organize the data into manageable categories that would effectively record the interviewees' voices, and a process of attending to the facts grounded in the details of the data (Tutty, Rothery, & Grinnell, 1996).

The development of the framework of results accrued from an extended process of working with the data to identify relationships between themes, and testing the possibilities for organizing associated concepts into unifying categories (Tutty, Rothery, & Grinnell, 1996). Over time through a process of identifying how findings overlapped, and through reorganization, the number of themes, sub-themes, and categories were reduced.

The category of source includes both positive and negative message sources and listed them from the most important, or significant to the interviewee, to the least significant. The category of content includes eight themes, again noting if these messages were viewed as positive, or negative to the respondent. The category of mediating factors includes

three sub-themes that were identified as positive coping supports, or strategies.

CHAPTER 4   DISCUSSION OF THE RESULTS

"Change is such hard work."

Billy Crystal

By being given the opportunity to speak directly with real people residing in our communities, this research was able to record and analyze the content of those voices. From that data several themes have arisen with respect to this investigation of social attitudes towards adoption. These will be reported on under the categories of source, content, and mediating factors.

As indicated earlier the interviews attempted to elicit the participants' recall of the messages that they heard, or otherwise experienced, in regard to adoption. These general derivative questions were asked within the interviews: (1) Where were the messages coming from? (source), (2) What were they saying to you? (content), and (3) How did you mediate, or cope with those messages? (mediating factors).

The findings discussed in this section are accordingly grouped under the headings of source, content, and mediating factors.

Source Of Messages

The category of source was tabulated by asking respondents to list six sources of positive messages (from most to least) that they would regard as having the most significant effect on their lives. The same request was made for negative messages. Interviewees were asked to explain their choices.

When we examine the stated recollections and perceptions of those people interviewed it becomes clear that a key source of positive messages in the vast majority of the study (12 of 14), came from the adoptive parents. The second most noted source of positive messages came from siblings, friends, grandparents, extended family members, and the community.

The source of negative messages was tabulated and revealed almost a reversal of the positive list. The majority of negative messages were found to emanate from peers during later elementary school, and junior high and high school. This was followed by community members, extended family members, siblings, and friends. The source of the least number of negative messages was adoptive parents.

In other words the source of the most positive messages came from those who were most significant in the lives of the adoptee; their immediate families. The source of the most negative messages came from people who were the least significant within the lives of the adoptee. The source of

positive messages emanated from those whose opinion of the adoptee was most likely to have an effect. Negative messages emanated from those whose opinion was likely to have the least effect.

Content

When we examine the content of the social attitudes that they recounted, we note that both the message and the effect that the message had on the individual, varied from person to person depending on factors like their environment, age, and life stage at the time. A number of major themes emerged out of analyzing the available data however.

Social attitudes were deemed as positive if the individual recalled the messages as having a positive effect on their sense of self-esteem/ self-concept, and/or contributed to their overall sense of adjustment and contentment with their family and personal lives at the time.

Social attitudes were considered negative if they elicited negative feelings of anger, disengagement (feeling lost, not fitting in), and/or having a negative effect on their sense of self-esteem/self-concept, and impeded with their overall adjustment and contentment with their family and personal lives at the time.

There were eight sub-themes that emerged from the data on content of the messages.

Theme 1: Specialness.

If we look specifically at the positive messages received from the respondents, we note an overwhelming majority coming from adoptive parents. These messages took the form of (a) words; e.g. "I love you", "I am so lucky you came into our lives", "You were the most beautiful baby in the world", "I will always love you and be there for you", (b) physically being there for the child; being available to listen, being open to talking about issues in their lives, including their adoption, attending school concerts, etc., giving hugs when needed, and (c) setting appropriate limits and guidelines for behavior that was the same as other children either in their families if they had siblings, or similar to their peer group, if they were only children. One respondent spoke of how difficult it was when his father treated his adopted children better than his birth children. The respondent stated that "I know that he meant well but it set up differences, and resentments between siblings", "I just wanted to be treated the same as them".

One respondent spoke with intense love and respect for her adoptive mother. The adoptee was adopted by a married couple during the 1930's. At this time in Canada, she related, the adoption system demanded that there were two parents available to care for the child. There was also a waiting period of two years before the adoption was legally formalized. When the respondent was one and a half years old however, her adoptive father died suddenly. She relates the story with pride of how her mother

had to fight with the system to be allowed to keep her. "I always felt special in her eyes." "I was her daughter and that was that". This helped me immensely in my life to know that I always had that love and support.

Some messages varied with age and life stage of the respondent. During preschool and elementary school for example being described as chosen was recalled as eliciting positive feelings in three respondents. This same terminology at adolescence brought with it feelings of anger, shame, and abandonment in their recollections. As one respondent described it, "You choose a puppy, not a child". Another spoke of how embarrassed he felt when his grandparents always introduced him as their beautiful little "chosen one". "I always wondered if they really felt that I wasn't part of the family, or if they just wanted people to know that I wasn't really theirs". This change was explained as being both a "test to see if my parents really did see me as their child", and "as part of growing up and separating from parents, I guess". These messages were probably perceived differently at different ages due to developmental maturation issues within western culture. In this case adolescence is a period when sameness with peers is all important. Any perceptions of difference on the part of the adoptee during adolescence would have been met with feelings of shame, anger, and resentment.

Stein and Hoopes (1985), tested fifty adopted adolescents using a Tan Ego Identity Scale to measure ego identity. These authors found that those adopted children who perceived an open communication style about adoption in their families achieved higher scores on this test. The adolescents who had good relationships with their adoptive parents also scored higher than those who experienced their parental relationship as less satisfactory (Stein & Hoopes, 1985).

Positive social attitudes coupled with an open communication style about their adoption then is reported by the adults in this study as well as in the study previously done by Stein & Hoopes (1985), as being important to their overall adjustment.

Theme 2: "Real" Parents.

A majority of respondents experienced the social attitude that their "real" parents were their biological parents, not their adoptive parents. This was viewed by the respondents as being a negative social attitude as it produced feelings of anger, confusion, sadness, feelings of loss and abandonment. Many of the respondents describe feeling anger. . ."my "real" parents are my adoptive parents, . . they are the ones that loved and cared for me". Another respondent states . . ."How can people consider biology, or genetics (etc.) as being the single most important part of my life"? "Some of those interviewed in this study describe this as producing a sense of hopelessness at times as well . . ."if I am really just the product of

my inheritance, then maybe nothing that I do matters". This social message about the importance of their biological roots or heritage was a message most often as emanating from extended family members, and community members in the people interviewed. Community members were described as "people who lived in the same town", "members of our church" and "people who were acquainted with the family" as opposed to close friends.

A respondent describes his experience of having two elderly aunts who never included him and his adopted sister when they gave gifts of money to their other nieces and nephews.

> When my mother asked them why they did this,
> they replied that as you are not their "real" parents,
> we are not "really" their aunts. Someday maybe their
> "real" parents will come back into their lives. My parents
> were really hurt by this so they always gave us money
> at those times. They told us not to worry about it, that
> the aunts were just old fashioned and set in their ways
> about the importance of blood relatives. But my sister
> and I always felt uncomfortable about this. The aunts
> were always kind to us though, like they were with
> guests, I guess. Funny how two Christian ladies could
> separate us by our heritage. Aren't we all supposed
> to be God's children?

Another respondent described how his adoptive father's relationship with his brother was strained due to a disagreement over inheritance rights over the "family" farm. This is a notable report as we observe the differentiation of the original attitude from the constructed attitude; from sadness to anger.

My dad farmed with his brother. They came over from

Germany in the 1960's. We were young children at the

time. Over the years they quit working together. My mom

said it was because dad's brother felt that the farm should

be left to his sons as they were "really" descendents. My

sister and I were not. I remember feeling really sad at this

family disagreement, but closer to my father for standing

up for us. As I grew older I was really angry that my uncle

could feel this way.

The social attitude that an adopted child's biological parents are his "real" parents then reflects a conviction that biological ties represent greater reality than social connections.

This attitude is one that has grown out of psychoanalytic theory. Krugman (1964, p. 353) for example notes that Schechter uses the word "real" seventeen times and "own" twice when discussing biological parents, but never once uses these terms when talking about adoptive parents. Krugman goes on to describe the terminology in some adoption literature as appearing "to grow out of a primary acceptance of a biologically oriented

definition of the reality of parenthood," a terminology that also implies "the converse that the adoptive parents must then be not real, or less real" (cited in Watkins and Fisher, 1993, p.31).

The words "real" and "own" need to also be viewed in context. Their usage, particularly by children may be related to a poverty of language to describe the adoptee's birth parents rather than from malicious intent. Margery Williams book, "The Velveteen Rabbit" for example is a popular children's book that defines "real" as when you are loved, . . "Real isn't how you are made," said the Skin Horse. "It's a thing that happens to you." "Real" and "own" may be related to social categories rather than biological facts.

Theme 3: Bad Blood.

Slightly more than half of the respondents experienced the social attitude that their behavior, or their children's "bad" behavior must be due to some genetic problem in their background, or in effect "bad blood/seed". This was expressed to the respondents in a variety of ways. One respondent describes her experience;

> When my husband and I were unable to conceive a child
>
> I suggested to him that perhaps we could adopt a child.
>
> He absolutely refused to even discuss this option with me.
>
> I was never so hurt in my life when he said. . . "There is
>
> no way that I am adopting a child . . You never know what

you are going to get". I was adopted. . .did that mean

that he did not think that I was "worthy"? I never mentioned

adopting again, but this hurt always remained with me.

Another describes her frustration with the school system, and mental health system:

I was often extremely frustrated any time that my son

had difficulty at school. School psychologist, teachers,

even extended family members always wondered if there

were mental health problems in "my" background.

Meanwhile there were mental health difficulties in my

husband's family, but these were largely ignored or

discounted. I blamed myself, my birth parents, and

the system for making my feel as if it was always my

fault; that somehow because I was given up there

must be something wrong with me, or my birth family -

so naturally I passed that on to my child. As I did not

have much information about my birth family however

I couldn't say for sure that there wasn't a genetic

"problem" in my background. Many times I cried about

feeling helpless, blamed, and confused.

Another relates his experiences growing up in the same household as their adoptive grandfather.

When I was growing up my parents and I lived

with my (paternal) grandfather. He never accepted me.

I know now that he was in fact very abusive. He told me

and others he knew and met that I was nothing more

than a "Home" child. I didn't know what that meant for

a long time. I later found out that "Home" children were

children sent from an orphanage in Great Britain to

Canada. I learned that many of these children were

treated as slave laborers and abused. It then began

to make sense why I could never please him no matter

how hard I tried. Mom tried to support me but

they had to rely on him for financial support in

those days so neither her nor my father could

seem to do much about it, even though they

tried to talk to him many times. He was a

constant reminder to me that I was unwanted

and "not as good" as his family. I have had to

work very hard in therapy over the years to deal

with all the negative feelings about myself and my

roots that he instilled in me.

This was viewed by those experiencing it as a negative attitude as it produced feelings of anger, blame, resentment, and alienation. Watkins & Fisher (1993), in their book "Talking to Young Children about Adoption"

point to the social attitudes, myths, prejudices, and convictions that frequently exists in American cultures that blood ties are superior to adoptive ties, that adoption is often viewed as second best, and how adoptive parents are frequently reminded, either subtly or overtly that this way of forming a family is somehow tenuous, flawed, not quite right. According to these authors "our" culture, like most cultures, view their genes as superior to others, whether they are other cultures, races, religions, etc. This always reflects a general prejudice against difference.

These reflections of social attitudes deeply affect not only the adoptive parent and how she or he talk to their children, but also how the adoptive child comes to view herself, or himself (Watkins & Fisher, 1985).

Theme 4: A Debt of Gratitude.

The majority of respondents expressed feeling a debt of gratitude to the parents who gave them a good home and raised them. When they were asked what made them feel that way, the responses were remarkably similar. "they felt lucky to have been given a good home, and should give something back", "I just felt that I owed them. . .I don't know what made me feel that way", "they did not have to take me in, they chose to, so the least that I can do is try to help them when they need it". One respondent in the study took it upon himself to always be there for his aging mother.

> I was very close to my mother. I chose to live near her
> and cared for her until her death two years ago. This

was not something that I felt forced to do. I had other

siblings that would have helped out more if I had asked

them to. It was just something that I always knew that

I would do. I guess it was partly because my mother

had to fight to keep me when my father died that made

me feel both special and in some ways indebted to her.

She was a wonderful person and I miss her dearly.

Another respondent describes her experience of feeling indebted to her adoptive mother (her father had died when she was a teen).

As an adult I think initially I felt an obligation to my

parent to repay her for what she had done for me,

and that in reality I could never repay "the debt".

I'm not sure where this notion stemmed from but

I seemed to come to a point in my life (probably in

my 30's) that I felt that I had in fact repaid what was

owed.

Kressierer and Bryant (1996) point to this social attitude that reflects the belief that adopted children are thought to be "saved" by adoptive parents (and therefore owe). This again then may reflect a social attitude that adoptive parents are not in fact the child's "real" parents but are instead only a form of surrogate, or temporary parents.

Theme 5: Lineage.

The majority of interviewees' expressed a socially contrived curiosity about their genetic lineage. This curiosity differed from feeling any real "need" to search. Respondents simply were curious about what their birth parents looked like, if they had any siblings, and what they looked like, etc. Respondents describe this curiosity as . . ."motivated by friends, and family who ask them if they ever wonder about these things"," by noticing that family members can at times bear a striking resemblance to each other, and by comments like; "chances are your birth parents do not live very far away from where you grew up", and "wouldn't you like to know if you had a sister somewhere?" One respondent describes his thoughts about searching for his birth parents.

> I am extremely close to my adoptive parents and
>
> have always felt loved and wanted by them. Each
>
> time I attend a family reunion of my wife's however
>
> I feel a certain sense of emptiness and loss, and a
>
> reignited curiosity about whether my birth parents
>
> are together or are holding a family reunion without
>
> me. It must be kind of neat to look around and see
>
> people who have similar physical characteristics
>
> and mannerism as you. I wouldn't trade my adoptive
>
> family for anything in the world though. I would just

like to have a picture or a video recording of my

birth family.

One of the interviewee's revealed that although they did not feel any

need, or desire to locate their birth families, as they have aged and become

parents themselves, they would appreciate an update every few years

regarding any medical problems that may have surfaced in their birth

families. This includes information such as breast cancer in the mother,

arthritis, heart disease, etc., that may have a genetic link, and in which early

diagnosis and treatment are important aspects of treatment.

Blum (1976) studied adopted adolescents and found that. . .

"adopted children feel curious (about their lineage), that's how they feel;

they also may feel happy, sad, buoyant, anxious, competent, depressed,

not because they are adopted, but because they are individual children

growing up in particular families" (cited in Watkins and Fisher, 1993, p.44).

Blum (1976) adds that the courts, experts, and authors continue to miss this

point. Once you accept the curiosity as a given, then, there really is not

much difference in the rest of it. In other words all children are curious.

Birth families are one thing for adopted children to be curious about. The

literature and others in the child's environment may make more of this

curiosity than is actually there and set up a different dynamic.

Theme 6: Search

When we take this one step further and examine the issues around searching for biological kin, a similar picture emerges. At the time of the research none of the respondents had elected to initiate a search for their birth families. Eleven of the respondents described feeling verbally supported by their adopted parents if they chose to search for their birth families at some point in their lives. Of the remainder one set of parents repeatedly refused to discuss it, and two (mothers) were described as "visibly shaken" when it was brought up. Of the eleven though, five described a fear of hurting their parents by actively taking up the search. When asked what made them feel that way they described . ."sensing that it somehow bothered my mother, even though she tried to reassure me that she would be glad to go with me", . . ."my grandmother telling me that she hoped they would never lose me", "I don't know why for sure, I just felt that way", "my mother would quickly change the subject when I brought it up", and "my dad would tell me that I should not worry about those things right now".

Howard (1975; 1980) has studied many members of the adoption triangle (adoptees, adoptive parents, birthparents), and distinguishes between those who search, and those who choose not to search. Howard (1975; 1980) describes those who search as having the most obvious identity concerns. Her research reveals that it is the very question "Who am

I?" which motivates the search. This search she reports, however, often does not commence until the adoptive parents are no longer living with the adoptee, or they have died. Howard (1975;1980) also notes that those who choose not to search have no less interest in their identities, they just choose a different strategy in dealing with it. Many for example closely identify with their adoptive parents, taking on their ethnicity, ideologies, character traits, and mannerisms. When this denial takes on the form of moral servitude to the parents, the result however is self-alienation (Goffman, 1961).

Theme 7: Teasing.

Half of the people interviewed reported negative experiences in which their adoptive status was used against them in some way. This always emanated from peers, and to a lesser extent from siblings. Respondents describe this as being hurtful, and usually took the form of . . ."your own mother didn't want you", "you are just a rent-a-kid", "we are going to send you back if you don't do x". A respondent describes her experience;

> When I was in grade 5 a kid in my class used to tease
> me that the stork really did drop me off. I guess kids
> will always try to find something that will upset you.
> My friend got teased about her big nose. They must
> have noticed that I somehow felt upset about these

comments. I did feel sad when I thought about being
dropped off, I could have been dropped off at any
home, I guess. I did not know anyone else who was
adopted so I wondered if I had done something wrong
that I was taken to another home.

Another adoptee reported their sibling pointing to people and saying. . "maybe that is a relative, he has your big feet". One respondent's sibling used to tell her. . . "I can tell Mom to take you back you know", and "you're only here because Dad wanted to have someone to cut the grass".

All of the respondents describe these as being used when someone they knew was angry with them, and could only recall this happening a few times in their lives, most often in the late elementary school, and junior high years. Besides being hurtful these comments were recalled as evoking insecurities, fears (such as wondering if they really would be sent back), anger, and resentment (particularly at their mother who they felt gave them up).

Theme 8: Adolescence.

The majority of respondents report that their adolescence was the most difficult time of their lives. The majority describe their feelings that it was not the adoption per se, but that the fact that they were adopted added another issue to the typical struggle with issues around identity for them.

Responses around this issue were things like . . ."my mother was very protective of me, I'm not absolutely sure if it was my adoption that made her this way but I suspected that this played at least some role", "my aunt once said that she hoped that I did not get pregnant really young like my own mother did", "I was already struggling with the issues of who I was, added to the fact that I did not have a great deal of information about my birth family." One respondent details an experience:

> I remember feeling very hurt by a comment made
>
> by my adoptive father when I was an adolescent. I felt
>
> that I was not treated the same way as his birth children.
>
> In many ways I was treated better I think. My father
>
> remarked that he felt that he did not have to be as
>
> hard on me as I was not a reflection of who he was.
>
> This was said at a time when I was already struggling
>
> to figure out who I was. I really pushed the limits after
>
> that. I know now that I am in my 40's that he never
>
> meant to hurt me. I doubt that he even remembers
>
> saying it, but it meant a lot to me at the time.

Another respondent recalls her experiences as an adopted teenager;

> My (adoptive) parents separated when I was 13 years
>
> old. This felt like such a huge loss to me. I couldn't
>
> figure out why I was so completely devastated by this.

Some of my friend's parents had split up. They didn't

lose it, and some of their parents hated each other.

Mine at least talked to each other. Inside I felt that

I must be deeply flawed because when people got

to know me, they left. Part of me heard what my

parents said . . that it wasn't my fault, that it was

just between them and so on, but inside it felt that

it must be about me. This was the second set of

parents that didn't want to be around me.

As noted throughout this paper the research literature on adopted

adolescents is also highly controversial. It remains a given of psychological

research that adopted children are over-represented in clinical populations

(Watkins & Fisher, 1993). Numerous studies like the empirical research of

Stein & Hoopes (1985) have found no significant differences between

adopted and non-adopted adolescents on measures of identity formation

and adjustment. Stein & Hoopes (1985: 66) also note that " . . . adoptive

status complicates the lives of all adolescents . . ." This does not

necessarily mean that they do less well, it indicates that adoption may well

add another layer, or dimension to the tasks of moving through this stage of

human development.

Mediating Factors

This study provides supporting evidence that adopted people were influenced, both positively and negatively, by the attitudes and actions of people in their social environments. Their narratives confirm that this was specifically related to their identified status as adopted people. The vast majority of respondents were doing very well in their present lives, and were content with how their lives had gone. All of the respondents identified a number of mediating factors that assisted them to process their adoptive status in healthy ways.

The mediating factor positively cited and emphasized most often were loving supportive adoptive parents. Parents that spoke openly and honestly about their adoptions but that treated them "the same as their siblings", or "other kids" were cited as being very important. A majority of respondents disclosed attempting to use their adoptive status to their advantage on occasion. "You only adopted me to do your housework", "if you loved me as much as your other kids you would buy me a stereo", and "you always let her have her way because she's not adopted" were described as some instances. In the majority of these illustrations however, the respondents depict their attempts as being ineffective and unsuccessful. Their parents were described as simply not "buying into it", "guilt never worked with them", but "hey, we had to try it once in a while anyway". One respondent stated;

I think that I used to test my parents to see if

they really wanted me or not. I would get angry

with them when they gave me chores to do and

accuse them of getting me just so that they

would have someone to do their chores. I think

that I was also afraid that maybe they didn't

somehow love me as much as their biological children.

Due to the adopted adults perceptivity and capacity for abstract

thought (McGee & Wilson, 1984), some respondents were able to

conceptualize these messages as being multi-leveled. In addition to

attempting to use their status to their advantage, a deeper level sought

"reassurance that my parents loved me for who I was, not where I came

from", and "reassurance that they wouldn't reject or abandon me as my birth

parents had".

After supportive adoptive parents, siblings were described as the

next most important to them. Twelve of the respondents had siblings; three

had both birth and adoptive siblings, three had just birth siblings, and six

had just adoptive siblings. The respondents who had adoptive (unrelated)

siblings describe this as being helpful as . . "they knew exactly what I meant

when I would talk, or laugh with them about issues related to our

adoptions". "People would often tell us that we looked alike for example".

"This was always kind of a secret joke between me and my sister". Birth

siblings of adoptive parents were described as "they were just my brothers

and sisters". "We fought sometimes like all siblings do, but when I needed them I knew they would be there for me". "I remember when my brother was ten years old he tried to make a distinction between us to mom and dad based on my adoption". "My goodness, did my folks ever straighten him out quick!" "He sure never tried that again".

Developmental life stages proved to be the deciding factor in the selection of the succeeding positive social supports. Extended family members were cited most often during early and middle childhood as supportive. During later childhood (ages ten to twelve years), and adolescence, peers rose to prominence as notable supports.

Other coping strategies included pets, music, writing journals and poetry, activity groups, sports, reading, and spending time with friends.

Three respondents wondered if it was easier for them to have grown up in an urban setting where there were a variety of family forms, and cultures, as opposed to, a small rural setting where you may have been the only adopted person in the school or community. This was beyond the scope of this study but would be interesting to follow up on at some point. This may have changed in the past few years as a variety of family forms (unmarried single parent, divorced, teenage parent, cross-racial, etc.), have achieved wider public acceptance in mainstream Canadian society (Nett, 1988).

CHAPTER 5: CONCLUSIONS

"Your children are not your children.

They are the sons and daughters of Life's longing for itself

.   They came through you, but not from you.

And though they are with you yet they belong not to you.

You can give them your love but not your thoughts.

For they have their own thoughts.

You can house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you

cannot visit, not even in your dreams

You can strive to be like them, but seek not to make them like

you.

For life goes not backward nor tarries with yesterday.

You are the bows from which your children as living arrows are

sent forth.

The archer sees the mark upon the path of the

infinite, and He bends you with His might that His arrows may

go swift and far.

Let your bending in the archer's hand be for gladness;

For even as he loves the arrow that flies, so He loves also

The bow that is stable."

Kahlil Gibran, The Prophet

It is evident from the findings of this small study that adopted people do experience social attitudes related to their adoptive status that are both positive and negative. The fact that the respondents recalled numerous instances of social stigma (feeling hurt, demeaned, angry, singled out, etc.) related to their adoptive status suggests that these experiences left a lasting impression on them and their definitions of self. As we have noted these attitudes are not new but have been a part of the theoretical literature on adoption and social experiences of people for many years. Clearly social attitudes play a role in deciphering how people develop a sense of self. Studies on the perseverance of beliefs such as those previously discussed (birth parents are the "real" parents for example) have shown that it is incredibly difficult to demolish a falsehood once a person has conjured up a rationale for it (Ross and Lepper, 1980). These authors also contend that changes in belief systems occur very slowly and that more

compelling evidence is often required to alter a belief than to create it. Experimental research by Anderson (1982) consistently found however, that beliefs can be counteracted by explaining why an opposite theory might be true.

This study illustrates that even when adoption is viewed as a socially stigmatized attribute (Miall, 1987), that it can be a highly successful method of family formation. The cornerstone of this success appears to rest on the commitment and psychological and emotional strength of the adoptive parents and family unit.

The adopted people interviewed were all healthy people who were doing quite well in their lives, and were content with who they were and where they came from. In addition to their personal strength and resilience their success may also be attributable to a number of factors.

As the respondents were all adults, their histories and experiences may have altered their perceptions. The literature on recall discussed earlier in this paper addresses this. Those interviewed admitted this when asked . . . "I'm sure that I felt much different about this when I was an teenager", . . . "you learn with age and experience not to sweat the small stuff", and . . ."sometimes I wonder now why I was such an angry teen".

Stigmatization is an insidious process that for much of the time may go virtually unnoticed. The social, psychological and emotional effects of this process may be apparent only at times of stress, under certain conditions, or situations, or when recalling hurtful memories. As a woman

growing up and residing in Canada, I am cognizant of this reality. I trustingly embrace that women have made great strides in terms of achieving equality until someone tells me that. ." they really want a man for the job", or "those women should be home with their children, not dropping them off at daycare for someone else to raise", that I again become angry, and acutely aware of the stigmatization of women's roles in our society.

Howard (1985) reviews the psychological, social psychological, and sociological theoretical literature as it relates to adoption. She notes within that literature (a) the importance of a knowledge of the past for a sense of the continuity of self; and (b) the stigma of being different, especially when this status is negatively viewed and one is placed in this position by forces beyond one's control. While identity is seen as an inner psychological dynamic, it is responsive to environmental or social forces. We must not ignore or minimize the effects of the larger political and social context. Family relationships cannot be separated from the wider culture that defines the types of relationships which are possible in families and who is available to participate in those families (McGoldrick, Anderson, & Walsh, 1989). Working with individuals, and families only resolves small issues rather than confronting social realties and demanding change (McGoldrick et al., 1989).

Interestingly, in this small study, none of the participants could recall instances that would indicate that their adoptive mothers' may have struggled with the issue of infertility. Infertility resolution (particularly the mother's), however, has surfaced again and again in the literature review.

Perhaps this notion needs to be revisited as an outdated, paternalistic means to blame women for anything and everything that goes wrong in society, particularly with regards to children. Some women may, or may not struggle with emotional issues related to their infertility, but they may be able to shield their children from even knowing about this, (let alone suffering as a direct result of it), as the women in this study may have done.

Rather than continue to focus on individual pathology and personal change within current research, policy, and practice, efforts must be made to shift the focus to the political and social arenas where social inequities are created and sustained to thwart social change and maintain the inequitable status quo within our personal lives, families, and communities.

CHAPTER 6: IMPLICATIONS

"Do not assume that you are on the right road just

because it is a well beaten path."

Author Unknown

Few research studies have been focused on viewing the political

arena in which social attitudes towards adoption have evolved and

maintained their power over individuals and families. As this small research

study highlights, social attitudes that view adoption as "second best",

suspect or deviant, have a impact on the experiences, thoughts, and

feelings of real people residing in our communities. Adopted people are

hurt by negative social attitudes, and they must work to process and heal

from those hurts This study highlights that the adoptive experience can be

very successful as long as there are loving, committed adoptive parents, but

it still does not excuse the long-standing social attitudes that have made

that experience painful and more difficult on occasion. Given this, there are

a number of more specific suggestions in terms of policy, practice and further research within this field of study.

Adoption should be supported as an effective method of family formation. Policies in Canada should look at de-mystifying and promoting adoption. Policies and programs need to be critically examined for outdated beliefs and stigmatizing elements. Of the fourteen adoptees interviewed in this study for example, no one could recall any instances that would indicate that their adoptive mothers experienced difficulties related to resolution of infertility issues. Although clearly the mothers' of the participants in this study would need to be interviewed to verify or support that, it is possible that basing adoption readiness on the mother's resolution of infertility is an outdated policy. Some women may, or may not, suffer from issues related to infertility. They may however be able to effectively shield their children from these emotional difficulties as the mothers' of the participants in this study may have done. Historically women and mothers have often been the targets for blame within research, policy, and practice (Unger & Crawford, 1992). As noted earlier adoption research is no exception.

Adoption policies in Canada should be explored with a goal of unifying rules across the country, and coordinating public and private services. Daly and Sobol (1993) recommend the establishment of a National Adoption Registry as one means to address some of these issues.

Adoption policies need to continue to expand to openly accept a variety of family forms where people want to provide a loving resource for a

child. I am speaking here of same sex couples, common-law partners, single parents, and people who are mentally or physically challenged in some way.

Practice within the adoption field needs to flow from updated research and policy changes. Adoption workers need to be apprised of these changes, and have a sound knowledge of stigmatization as it relates specifically to women, children, infertility, childlessness, kinship and the significance of blood lines within a given society. When families are continually exposed to stigmatization on a variety of levels (personal, familial, media), individual responsibility and pathological symptomology may occur apart from the social and political structures that create and maintain this oppression. Adoption workers should strive to understand, challenge, and change social and cultural attitudes that were developed to demean certain members of society. One immediate goal should be to educate and prepare families and children regarding the existence and experience of stigmatizing social attitudes and how they may best deal with these attitudes in healthy ways. According to Unger & Crawford (1992), social and cultural forces create symptomology. We must understand the the life circumstances of diverse groups of women and men for their own sake so that we do not confuse individual pathology with social adaptations and culturally specific coping mechanisms (Unger & Crawford, 1992).

As the people interviewed in this study identified adolescence as the most difficult time of their lives, agency run open support groups for children

and adoptive parents would be advantageous. According to Daly and Sobol, (1993), only 6.5% of public agencies offer this service and 0% of private agencies respond to this need. The goals of this group would be to reduce isolation, develop a common understanding of issues, develop health coping mechanisms, provide resources, (articles, books, videos), and identify and challenge stigmatizing social attitudes related to adoption. This process may be best facilitated or co-facilitated by adult adoptees who have worked through their own issues related to their adoptive experience, have increased insight, and are more settled. Further research should be aimed at identifying negative or stigmatizing social attitudes within our policies, practices, and societies that serves to set people apart. The goals of this research should be to elucidate ways and procedures to facilitate meaningful change.

Instead of working with individual adopted people and their families around coping with social attitudes then, this study points to the need as a society to challenge old ways of thinking, and work towards defining families as groups of people who care for, and about, each other as opposed to a group of people who are biologically linked in some way. Knowledge regarding the historical stigmatization of women, infertility, adoption, and the importance of blood lines, is important to seeking social and political change. Ideas about "difference" and about political hierarchies of family form (biological is best, all other family forms are inferior), needs to be replaced with a respect and caring for all members of society. By listening

to the voices of adopted people and how they ascribe social and personal meaning to their experiences, we are better able to understand their challenges and successes, and work towards developing a more equitable social and political structure that will nurture, support and protect all of our children regardless of how they arrived in whatever type of family form.

APPENDIX 1

Consent Form

I the undersigned agree to participate in one or two individual interviews with Barbara Callum, a student at The University of Manitoba Faculty of Graduate Studies in Social Work. As a client I understand;

(1) That the intended time frame for the interviews is between one and two and a half hours on no more than one occasion unless the interviewee should request additional time. There will also be one in-person follow up session that will last no more than one half hour unless the interviewee requires more time.

(2) A confidential file shall be kept in a locked filing cabinet at the researcher's residence in Miami regarding interview data. All information, both written and verbal, will be kept under strict conditions of professional confidentiality.

(3) That information from this file will not be released outside of this file except

    (a)   with the signed consent of myself;

    (b)   if there is concern that I may be a danger to myself or others;

    (c)   if a child may be a risk and a report to Child and Family Services is deemed necessary.

(4) That anonymous information shall be shared with two work colleagues; for the purposes of verification, clarification, and analysis.

(5) In addition to the file kept at the residence of Barbara Callum, I understand that additional non-identifying notes will be kept by Barbara Callum regarding the process of the interviews. These notes will be the basis for off site supervision by a member of the University of Manitoba Faculty of Social Work.

(6) That observation and/or audiotaping or videotaping of an interview session will not be done without immediate or prior consent. I will also be able to revoke my consent at any time should I change my mind.

(7) I understand that I may choose to provide only information that I am comfortable with, and can choose to discontinue or withdraw from this process at any time.

(8) That following the close of this study all file information will be shredded.

Name of Client:

Signature of Client   Date:

APPENDIX 2

Interview Guide

1. Introduction of self, research focus and purposes of the study.

2. Description of time frame; about 2 hours for the initial interview, and one in-person follow-up interview to review the data collected to last no more than 1/2 hour. These time frames can be extended at the request of the interviewee if they feel that additional time is needed to cover all of the data to their satisfaction.

3. Explanation of the guarantee of anonymity; no names on files, notes, purpose is only to look for themes between people interviewed regarding their experiences around social attitudes. Interviewee will be explained who else is involved in the study, and for what purposes, that all notes, tapes, files will be destroyed upon completion of this study, etc.

4. Guarantee of being available to them and having a resource list of professionals that they can call at no charge, should they experience any emotional difficulties following the interview. I will advise the interviewee that I will be doing a telephone follow-up at one week, one month, and again at three months following the interview to ensure that they did not have any difficulties related to the data that was covered during this study.

5. Explanation of proposed recording methods (tape recordings where possible, and hand written notes), and request for written consent (Appendix 1).

6. Date: Interview Number:

    Gender:

    Age:

    Religious Affiliation:

    Present: Adoptive Family:

    Birth family (if known):

7. Central Research Question: (Briefing to the interviewee for the purposes of clarity and understanding).

For the purposes of a qualitative research study in social work, I am attempting to understand what your perceptions/recollections/ understandings, of social attitudes (or messages) were towards you based on your status as an adopted person. These messages may have included your birth and/or adoptive families. I am also interested in where these messages came from, (source), how they affected you in thoughts, feelings, and action, as well as how you coped with these messages (who helped you and how). Messages may have been positive and/or negative but were related directly to your status as an adopted person.

8. To begin with I would like to ask you if you would describe your adoptive experience as predominantly positive, or negative? Can you tell me a little bit about why you feel that way?

9. The next piece of this exploration seeks to understand what messages you recall receiving from various sources, i.e. family, friends, community, media, etc., during four blocks of time in your life, those being; preschool (0-5 years), elementary school (6-12 years), junior and senior high school (13-18 years), and adulthood (18 to the present). Although I am concentrating on certain blocks of time to help organize the data, and to assist recall, please feel free to add anything at any time during the interview. You may also find that over the next few hours/days that you may recall additional information regarding your experiences. Please either call me, or write these thoughts down and we will discuss it when I return for the brief follow-up interview.

10. I would like to begin with an exploration of your pre-school years.

Do you know where you were born?

Where did you live during these years? (0-5 years).

Do you recall how your family managed childcare during these preschool years (i.e. did your mother stay at home, were you in daycare, at a grandparent's?)

Do you have any treasured photographs from that period of your life?

Can you tell me about any special times that you had during those years?

What is your recollection regarding the fact that you were not born into this family?

Do you recall anyone reading any books to you about adoption? If so, how did you feel about that?

Did you feel comfortable talking about adoption?

I would now like to ask you to think about your elementary school years.

Where did you go to school during these years?

Where did you live?

Do you recall if any of your friends were also adopted?

Was there anyone else in your family who was adopted?

How did they regard this fact?

Would you say that during these years that you regarded your status as an adopted person as being positive, or negative and why?

Do you recall anyone speaking to your or your family about the fact that you were adopted?

Do your recall if your parents told you why they chose to adopt?

Did your parents talk about your birth parents? How did they refer to them? How did others in your life refer to them?

Do you recall any special times during these years?

Can you tell me how you viewed your adoptive status during these years? Can you tell me how you formed this view and what may have influenced how you framed it?

Can you recall how you felt about yourself during these years?

11. Where did you attend school during your junior high and high school years?

> Where did you live? Who did you live with?
>
> What were your friends like during this time?
>
> How did they deal with the fact that you were adopted?
>
> Did you go out with anyone during these years? How did they handle the fact that you were adopted?
>
> Can you recall discussing your adoption with your parents at this time? What were your feelings about their comfort level in discussing it?
>
> How would you compare the messages you recall receiving at this time with the messages you received when you were younger?
>
> How would you describe your teenage years overall?
>
> Would you say that the fact that you were adopted played any role in that? If so, how?

12. The last block of time I will ask you to reflect on are those of an adult (18 years +).

> What did you do after high school?
>
> Where did you live? Who did you live with?
>
> Did you search for your biological family? Was this search successful? How would you describe how this search turned out?

Did you get married during these years? Did you have children, or

choose to adopt any children?

What events in your life would you say most defined you as an

adopted person? Can you tell me why?

13.   What advice would you like to give adopted children and

adoptive families today that may assist them?

14.   Is there anything that you would like to add?

Are there any questions that you would like to ask?

How are you feeling about the interview and the issues

raised/discussed.

15.   Plans for follow-up and distribution of a resource list.

APPENDIX 3

Rules for Analysis

The aim of this research is to examine adopted people's recollections and perceptions of social attitudes towards them related specifically to their adopted status.

All of the interview notes are to be carefully examined first and notes are to be made about any themes, or sub-themes that are apparent within the data.

A second stage involves the identification of data that is consistent within the following categories: (1) source (of the messages, i.e. parents, grandparents, teachers, etc), (2) content (what were the messages and how did the interviewees and analyst feel about them?), and (3) mediating factors (who, how, what, helped them?).

Source should be designated by the numbers (1) for positive and (2) for negative. Indicate with a p where the primary messages came from (this is to be determined by the interviewee's recollections and perceptions of what messages affected them the most deeply; both positive and negative). Mark secondary messages with an 's' (messages that they recall but were not as deeply affected by them).

Content shall also be divided into positive and negative. This is to be determined by the adoptee's recollections and perceptions of how the messages affected them. If the message made them feel positive about themselves and their status within their family or community, the message will be viewed as positive. If the message produced feelings of being demeaned, singled out, alienated, or had a negative effect on their self esteem, record as negative. If the message had a mixed effect, record as mixed.

Mediating factors shall be listed in the order that the adoptee perceives as the most helpful, then second most etc.

Record any noteworthy data at the end and provide justification.

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