



**ADOPTION: PARENTS' PERCEPTIONS OF FACILITATING
FACTORS AND CHALLENGES IN THE DEVELOPMENT OF THEIR
RELATIONSHIP WITH THEIR BABY**

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BY

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ABSTRACT

The study explored the experiences of parents around their adoption process and relationship-building with their babies. It considered their motivation to adopt and their expectations of what that would entail. Challenges and facilitating factors were examined with regards to how their relationship with their child, rarely new born when placed, grew and developed. The study used Ecological and Attachment theories as theoretical frameworks.

This research was conducted using a qualitative research design. Twenty participants (ten adoptive couples) were selected using purposive sampling by an adoption agency and interviewed from a semi-structured interview schedule. Each interview was recorded using a Dictaphone and transcribed by the researcher. Data was thereafter analysed using qualitative methods, specifically analytic induction and open coding.

The findings of this study highlighted the complexities of the non-normative transition to adoptive parenthood necessary for many who expected to become parents naturally. The stressors involved include micro and macro preferences for biological kin, fears of not being able to love a child not born to oneself and insecurity around the child returning to their biological parents. It was found that the screening process played a valuable role in lessening these fears, creating support structures and working through loss related to infertility.

In terms of parent-child relationship, respondents were guided by their children's observable behaviour. This proved both a facilitative and challenging factor as it reinforced either positive or negative mutual feedback systems. The study found that there was little awareness amongst respondents around early infant bonding and separation and the role this plays on attachment relationships at different developmental stages. Respondents preferred to view their family and parenthood as no different from biological families, perhaps as a coping mechanism.

Bureaucratic processes were found to be a major challenging factor that left respondents feeling insecure and anxious. Despite the challenges, all respondents

promoted adoption for other families. They advised a strong support system and thorough research for anyone contemplating adopting a child.

Recommendations were made for ongoing professional and peer support to be available to adoptive parents beyond placement of the child. Further recommendations were made for more efficient administrative services, early placements where possible and further research.

TABLE OF CONTENTS

PLAGIARISM DECLARATION	i
ACKNOWLEDGEMENTS	ii
ABSTRACT	iii

CHAPTER ONE: PROBLEM FORMULATION

1.1. Introduction	1
1.2. Background to problem	1
1.3. Rationale and significance of the study	3
1.4. Topic	6
1.5. Main research questions	6
1.6. Research objectives	6
1.7. Research assumptions	7
1.8. Clarification of key concepts	7
1.9. Ethical considerations	9
1.9.1. Voluntary participation and informed consent	9
1.9.2. Harm to respondents	10
1.9.3. Anonymity and confidentiality	10
1.9.4. Deception of participants	11
1.9.5. Analysis and reporting	11
1.9.6. Competency of the researcher	11
1.9.7. Restoration of subjects	12
1.10. Reflexivity	12
1.11. Structure of the research report	13
1.12. Conclusion	13

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction	14
2.2. Theoretical models	14
2.2.1. Ecological perspective	14
2.2.2. Attachment Theory	17
2.2.3. Ecology and Attachment theory	22

2.3. Policy and legislation pertaining to adoption in South Africa	22
2.4. Attachment and adoption	25
2.5. Experiences of adoptive parents	27
2.5.1. Motivation & expectations around adoption	27
2.5.2. Common experiences of the adoption process	29
2.5.3. Factors facilitating relationship building with an adopted baby	30
2.5.4. Challenging factors in relationship building with an adopted baby	31
2.5.5. Advice to prospective adopting parents from adoptive parents	32
2.6. Conclusion	32

CHAPTER THREE: METHODOLOGY

3.1. Introduction	33
3.2. Research design	33
3.3. Sampling framework	34
3.4. Data collection	36
3.4.1. Data collection tool	36
3.4.2. Pilot study	37
3.4.3. Apparatus	37
3.4.4. Data verification	37
3.5. Data analysis	39
3.6. Limitations	40
3.6.1. Research design	40
3.6.2. Sampling	40
3.6.3. Data collection	41
3.6.4. Extraneous variables	42
3.6.5. Researcher bias	42
3.7. Conclusion	42

CHAPTER FOUR: FINDINGS

4.1. Introduction	43
4.2. Profile of respondents	43
4.3. Framework of analysis	44
4.4. Findings	45
4.4.1. Objective One: To explore adoptive parents' motivations and expectations around adoption	45

4.4.2. Objective Two: To understand the adoption process from an adoptive parent perspective	53
4.4.3. Objective Three: To discover what factors assist in developing a close relationship between adoptive parents and their babies	62
4.4.4. Objective Four: To investigate what challenges adoptive parents face while developing a relationship with their baby	67
4.4.5. Objective Five: To learn about the recommendations parents would make to couples considering adoption	68
4.5. Conclusion	70

CHAPTER FIVE: CONCLUSIONS

5.1. Introduction	71
5.2. Conclusions	71
5.2.1. Objective One: To explore adoptive parents' motivations and expectations around adoption	71
5.2.2. Objective Two: To understand the adoption process from an adoptive parent perspective	72
5.2.3. Objective Three: To discover what factors assist in developing a close relationship between adoptive parents and their babies	73
5.2.4. Objective Four: To investigate what challenges adoptive parents face while developing a relationship with their baby	74
5.2.5. Objective Five: To learn about the recommendations parents would make to couples considering adoption	75
5.3. Recommendations	75
5.3.1. Recommendations for adoption agencies	76
5.3.2. Recommendations for adoption administration services	77
5.3.3. Recommendations for future research	77
5.4. Conclusion	78

REFERENCES	79
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APPENDICES	87
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LIST OF TABLES:

TABLE 1.1: South African Child Care Statistics	3
TABLE 4.1: Profile of Respondents	43
TABLE 4.2: Framework of Analysis	44

CHAPTER ONE

PROBLEM FORMULATION

1.1. Introduction

The research explored adoptive parents' perspectives of factors that affect the developing relationship between them and their young adopted children through examining their experiences of the adoption process and the introduction to their child.

This chapter serves to present the research within a context of historical, national and international adoption practice. The main research questions, objectives and assumptions are presented, while key concepts are clarified. The chapter continues with an overview of ethical considerations and reflexive views pertinent to this research. It includes a structure of the dissertation and some concluding remarks.

1.2. Background to problem

Adoption stories are threaded throughout history in religious, cultural and mythological tales (Ferreira, 2007:1). Adoption law is documented in original Roman Law (Ferreira, 2007:1) and in the Hammurabi Code – the first set of laws in history dating around 1700BC (Palacios, 2009:86). Early adoption was aimed largely at fulfilling the needs of adoptive parents: to secure political ties, to provide an heir or to provide a child to eventually care for their aged adoptive parents (Ferreira, 2007:2, Palacios, 2009:86). Adoption was first regulated in South African law through the Adoption of Children Act 25 of 1923, which followed the example of New Zealand's Infant Act 86 of 1908 (Ferreira, 2007:4-5). Though informal adoptions had occurred regularly in South Africa prior to this, the process was legalised in order to protect and maintain adoption placements. This security was intended to attract potential adoptive parents so that fewer children would be raised in institutional care (Ferreira, 2007:6).

Article 20 of the United Nations Convention on the Rights of the Child (United Nations Children's Fund [UNCRC], n.d.) states that every child has the right to a family who cares for them. Adoption is one way in which a child in need of alternative care may belong to such a family (British Association for Adoption and Fostering [BAAF], n.d., New South Wales Government Family and Community Services [NSWFCS], 2013;

Western Cape Government Department of Social Development [WCDS], n.d.). South African policy promotes adoption as an option that, unlike foster or residential care, provides permanency, stability and complete family membership for the child (Mokomane & Rochat, 2012:347). There are only 20 countries worldwide that do not provide for legal adoption today (United Nations. Department of Economic and Social Affairs: Population Division [UN], 2009:xv). Though countries vary in their approach to adoption, two important facts are generally considered before an adoption is granted: whether or not an adoption is in the best interests of the child; and the suitability of the prospective adoptive parents (UN, 2009:34). In order to establish that the adoption is in the best interests of the child, an interim placement order for the child in foster care or temporary safe care is often issued until the child can be offered to prospective adoptive parents and the adoption can be processed (BAAF, n.d., Jones, 2010). Though incredibly important to ensure the suitability of the adoptive parents, the interviews and home visits to ascertain such suitability leave many prospective adoptive parents feeling exposed and vulnerable and can taint the experience of adopting for some (Child Welfare Information Gateway [CWIG], 2015:4; Daniluk & Hurtig-Mitchell, 2003:390; Jackman, 2013:18).

Reasons for adopting and for relinquishing children for adoption have evolved over time. As mentioned, one reason for early adoption was as a solution to infertility (Ferreira, 2007:2). Though infertility remains a major motivation for adoption (United States Department of Health and Human Services [UDSHHS], 2007:40), many adoptive parents around the world are choosing to adopt despite already having children of their own (UN, 2009:xviii). Conversely, while birth parents choosing to relinquish babies for adoption previously did so to hide the shame of a pregnancy outside of wedlock, such pregnancies are now less taboo in many cultures and more children are relinquished either due to orphanhood or economic necessity on the birth parents' part (UN, 2009:xix).

In South Africa, the purpose of adoption is to promote permanency and belonging through providing full family membership to a child in their new family (Children's Act 38 of 2005, 2010:chap15). However, as seen in the table below, statistics from various South African sources illustrate the large number of children in foster or residential

care (2.6% of the child population) against the small number of children adopted into permanent families (0.28% of South African children in need of care).

Table 1.1: South African Child Care Statistics

The table below compares the number of children in alternative care (not adoption) with those adopted

Year:	2009:	%	2013:	%
Total no. of Children:	18 607 000 ¹	100 (38% of total population)	18 601 000 ¹	100 (34% of total population)
No. of children living with neither parent:	4 546 000 ¹	24%	4 174 000 ¹	22%
No. of Children Receiving FCG:	474 459 ²	2.5%	566 877 ³	3%
No. of Children in Residential Care:	14 599 ⁴	0.08%	(no information available for 2013)	-
No. of Children Adopted:	1 368 ²	0.007%	1699 ⁵	0.009%

In 2013 it was estimated that there were around two million children available for adoption in South Africa (Jackman, 2013:18). However, due to financial need (there is a grant available for foster care but not yet for adoption) and cultural beliefs that view adoption as dishonouring one’s ancestors, foster care remains a more popular choice than adoption (Mokomane & Rochat, 2010:ix).

1.3. Rationale and significance of the study

Over the last decade, adoptions rates in South Africa have remained static and, in recent years, declined: An average of 2300 adoptions were effected per year between 2005 and 2008 with a steady decrease in 2009 to only 1368 (Mokomane & Rochat, 2012:348) and slight rise to 1699 adoptions in 2013 (Blackie, 2014; “Decline in child adoption...”, 2014). At the same time, child abandonment figures were last reported

¹ Hall and Meintjes, 2015

² Mokomane and Rochat, 2012:348

³ South African Social Services Administration, 2013

⁴ National Adoption Coalition of South Africa, n.d.(a)

⁵ Blackie, 2014

as over 3500 babies abandoned in 2010 (Blackie, 2014). There has also been a steep rise in orphaned children over the last decade, largely due to AIDS, which contributed to 1.2 million children orphaned in 2010 (National Adoption Coalition of South Africa [NACSA], 2012:3). This shows that there are a huge number of South African children needing permanent alternative care.

There are various theories as to the lack of growth in adoption rates in comparison with the number of children in need of alternative care (Table 1). The new Children's Act (38 of 2005, 2010) has been commended for its detail and promotion of children's rights (NACSA, 2012:5). However, the implementation of this Act has been challenged by the low numbers of available social workers and legal administrators to carry out the stringent requirements (Mokomane & Rochat, 2010:54; NACSA, 2012:2,5). Inconsistent interpretations of this new Act further complicate matters (Mokomane & Rochat, 2010:54; NACSA, 2012:2,5). These problems often delay adoptions or make the services difficult for clients to access (NACSA, 2012:2,13). Cultural beliefs also influence child abandonment and adoption in South Africa. Relinquishing one's child for adoption is understood as a conscious act of rejecting a gift one's ancestors have bestowed on one, a slight that unlike abandonment is not forgiven (Blackie, 2014, in NACSA, 2014). In such a case it is believed that the adopted child will struggle in life as they do not know their ancestors, which is a strong reason for some to avoid adopting another person's child (Blackie 2014, in NACSA, 2014; Mokomane & Rochat, 2010:54). Despite these barriers, there are still South African parents willing and able to adopt children and it is these experiences this research explored.

South Africa needs more permanent families for children. Every child that is adopted successfully is a child who has the opportunity to grow up in a family, a basic right according to the Constitution of the Republic of South Africa [The Constitution] (1996: chap2s28(1)(b)). Furthermore, children raised in stable, dependable families where they are able to develop secure attachment relationships are more likely to productively and positively contribute to society as adults, while children unable to develop such secure attachment relationships in families are more likely to remain dependent on state resources and perpetuate the problems they experience as children through further generations (Holmes, 1993:39; McLaughlin, Zeanah, Fox &

Nelson, 2012:46; Viner & Taylor, 2005:894,896). However, success does not depend only on belonging with a family.

In order to thrive through successful exploration and mastery of their world, children need a secure base from which to launch (Holmes, 1993:70). Secure attachments to one's first attachment figures lay down a blueprint of trusting relationships that go on to positively affect one's future relationships and social interaction (Holmes, 1993:111). Likewise, anxious, detached or ambivalent attachments may adversely affect one's later social functioning (Holmes, 1993:111).

If an infant's first experience of attachment influences subsequent relationships then the care a child receives and the time that passes before they are placed in their permanent families is relevant to the relationship that forms between parents and child. Holmes (1993:112) further explains that the carer's contribution plays a significant role in maintaining or changing the child's attachment status. Bretherton and Munholland (1999:93) agree that a child may develop alternative attachments based on the prevailing circumstances as they grow older. Adoptive parents thus play a crucial role.

Little research has been conducted into the experiences of South African adoptive parents and the challenges they face when adopting. It is necessary to develop insight and understanding into the facilitating and challenging factors faced by these parents in order to provide services that are suited to their needs and promote stability and the development of healthy attachment relationships in adoptive families (McKay & Ross, 2010:604). It is concerning that awareness of the importance of the attachment relationship between an infant and their caregiver is not widespread (Berg, 2011:684).

It is the researcher's hope that these findings will bring to light challenges that adoptive parents face and that in turn, these may be addressed in the interest of once again promoting adoption for South African children in need of permanent alternative care. The findings of this research will be made available to the respondents and to Abba Adoptions - the agency that facilitated the research interviews with their clients. Two couples participating in this research were not Abba clients and were approached directly, having adopted through different agencies. This was necessary after only eight couples were available from Abba's selection.

Abba Specialist Adoptions and Social Services agency is rooted in the Apostolic Faith Mission's Executive Welfare Council. Though originally based on predominantly Christian values, the agency does not have any mandates that discriminate against different religions or ways of life. The agency is focused on advocating for children's rights and needs. Abba is registered with the Department of Social Development to perform both national and international adoptions (Abba Adoptions, n.d.). It is hoped that Abba, as well as other adoption agencies, will be able to utilise the findings of this research to develop a deeper understanding of their clients' experiences in adopting and in so doing, provide relevant preparation and support to their clients.

1.4. Topic

Adoption: parents' perceptions of facilitating factors and challenges in the development of their relationship with their baby.

1.5. Main research questions

- 1.5.1. What were parents' motivations to adopt a baby?
- 1.5.2. How have parents experienced the process of adoption?
- 1.5.3. What are the parents' perceptions of the factors that facilitated building a relationship with their baby?
- 1.5.4. What are parents' perceptions of the challenges of building a relationship with their baby?
- 1.5.5. What recommendations would parents make to couples wanting to adopt?

1.6. Research Objectives:

- 1.6.1. To explore adoptive parents' motivations and expectations around adoption.
- 1.6.2. To understand the adoption process from an adoptive parent perspective.
- 1.6.3. To discover what factors assist in developing a close relationship between new adoptive parents and their babies.
- 1.6.4. To investigate what challenges adoptive parents face while developing a relationship with their baby.
- 1.6.5. To learn about the recommendations parents would make to couples considering adoption.

1.7. Research Assumptions:

The researcher assumed that adoptive parents have different reasons for choosing adoption (infertility, preference or altruism) but that the end goal is to create a family.

It was assumed that the adoption process often involves emotional and practical or bureaucratic challenges for adoptive parents who face indefinite waiting periods, intimate screening interviews with adoption agencies or courts, and insensitive questions from relatives, friends or strangers.

It was further assumed that adopted children experience at least one disruption while forming their first attachment relationship (when relinquished at birth). When children are placed in temporary care prior to adoption a second disruption is experienced as they move to their permanent family or back to their biological families. It is therefore assumed that in many cases, an adopted child may bring an experience of attachment to the new adoption relationship which may influence relationship development between adoptive parent and child.

1.8. Clarification of key concepts

The following definitions provide clarity for terms used in this study:

‘Adoption’ defines the process by which a child obtains full legal and social membership in their new family. All legal ties with their biological family are severed and they become as if born into their adopted family (WCDS, n.d.)

‘Adoptive parent’ refers to a person who has adopted a child in terms of any law (Children’s Act 38 of 2005, 2010:chap1).

‘Adopted child’ - a child adopted by a person in terms of any law (Children’s Act 38/2005, 2010:chap1).

‘Attachment’ – “An attachment is a unique form of affectional bond,” (Main, 1999: 846), or an emotional link between two individuals (Holmes, 1993:218).

‘Attachment behaviour’ refers to behaviour performed in order to gain proximity to or attention from a caregiver so as to reduce the anxiety of being alone or uncomfortable (Ainsworth, Blehar, Waters & Wall, 1978:6-7).

‘Baby Home’ – this is a registered place of safety for many babies simultaneously waiting for placement with adoptive parents (Children’s Act 38/2005, 2010:chap1).

‘Challenge’ – “a new or difficult task that tests somebody’s ability and skill” (“Challenge, n.”, 2015).

‘Child’ – According to the Children’s Act (38 of 2005, 2010:chap1), a child is someone under the age of 18 years. Chapter 2s28 in The Constitution (1996) echoes this. For the sake of flow and clarity, the child is always referred to in the male and the caregiver or attachment figure in the female (unless specifically referring to the father). This is not intended to exclude the important attachment relationship between father and child.

‘Emergency Safe Care Family’ refers to a family that is registered to care for one or two babies from birth until placement with their adoptive parents (Children’s Act 38/2005, 2010:Chap1). This is alternative care that simulates a more natural home environment and provides one on one care and attention.

‘Facilitate’ – “to make an action or a process possible or easier” (“Facilitate, v.”, 2015).

‘Perception’ – “an idea, a belief or an image you have as a result of how you see or understand something” (“Perception, n.”, 2015).

‘Relationship’ – “the way in which two people, groups or countries behave towards each other or deal with each other... or are connected” (“Relationship, n.”, 2015). In the context of this research, relationship refers to the emotional connection between parent and child and includes attachment and attachment behaviour as described above.

1.9. Ethical Considerations

According to Rubin and Babbie (2008:8), social work research is grounded in compassion for clients and a desire to provide them with continued improvement of services. If research is born from a desire to promote the well-being of clients, it would be counter-productive to compromise their well-being or harm them in any way in order to thereafter provide an effective and helpful service.

Drawing on the theory of Reamer (1998), Rubin and Babbie (2008), Strydom (2011) and Williams, Tutty and Grinnell (1995), the following seven ethical considerations were applied to this study:

1.9.1. Voluntary Participation and Informed Consent:

Williams, Tutty and Grinnell (1995:31) note that participants should never be forced, bribed or coerced into participating and that their signed consent does not equate to a relinquishment of their rights. The researcher was reminded by Rubin and Babbie (2008:77) that participants may have believed that in some way their access to services may be jeopardised if they did not cooperate. The researcher therefore made efforts to discuss any such potential fear with participants and provided them with this assurance in writing prior to the interview taking place.

Strydom (2011:117) explains that the researcher must provide information to participants detailing the goals and procedures of the research, the possible advantages or disadvantages to participation, and the researcher's integrity so as to make an informed decision regarding their participation. Rubin and Babbie (2008:77) point out that research can be an intrusion on participants' lives and therefore it is also courteous to discuss the amount of time required and to be sensitive around participants' availability, energy and willingness to disclose personal information. Understanding these implications prior to agreeing to take part assists the participant in giving their informed consent. It is best to obtain such informed and voluntary consent in writing and therefore a "Participation Information and Consent Form", attached as addendum A, was emailed to participants and discussed in person with the participants prior to the interview. This way, both the participant and the researcher could refer back to what was agreed upon throughout the research process.

1.9.2. *Harm to respondents:*

Several factors in research may lead to emotional or psychological (or even physical) harm of participants. This research did not use control groups so there was no need to consider the potential harm of respondents not receiving a service. However, adoption stories are often deeply personal and at times rooted in a painful experience of infertility or a tragic history of the birth parents or child, in which adoptive parents often have a vested interest and emotional attachment. Strydom (2011:115) points out that the researcher should identify particularly vulnerable participants before research begins and rather choose more resilient participants in order to protect those more vulnerable. Abba was helpful in this regard as they chose respondents they knew to be open and resilient regarding their adoption experience. Strydom (2011:116) further notes that it is not necessary for a researcher to delve into overly personal information if it is not needed for the research. This was important to remember as the qualitative nature of this research design did lend itself to allowing participants to tell their story and in so doing, reveal more than intended. In order to maintain ethical responsibility, participants were made aware that they could contact their agency for debriefing or further counselling should the need arise following the interview.

1.9.3. *Anonymity and Confidentiality:*

Rubin and Babbie (2008:82-83) clarify the difference between anonymity and confidentiality as follows: If the participant is anonymous, the researcher is unable to know which response is given by which respondent. In essence the researcher is not aware of the identity of the respondent. Confidentiality on the other hand assures that, though the researcher is aware of the participant's identity, they will not make this public (Rubin & Babbie, 2008:83). Data collection that entails face-to-face interviews cannot therefore be anonymous but the researcher can provide confidentiality to the participants. Rubin and Babbie (2008:83) suggest that, in order to protect confidentiality, the researcher replace the names of the participants with numbers and keep the original identification only in a master file. The researcher made use of this format to provide confidentiality to the participants.

It was particularly important to inform participants of the limits to confidentiality (Reamer, 1998:128). This consideration was pertinent to the research as questions and discussions involved children. Confidentiality would only have been broken if child abuse or neglect was discovered. This was clarified with the participants prior to the interview commencing and there were no such incidences to declare.

1.9.4. Deception of Participants:

While Reamer (1998:123) notes that sometimes it may be necessary to withhold information from participants in order to properly test a theory, in this research there was no need to withhold any part from the participants.

1.9.5. Analysis and Reporting:

An important point made by Rubin and Babbie (2008:85) is that science and practice are developed only through honest, transparent reporting and not through twisting facts to sound impressive or suit one's needs. In order to achieve any form of success through this research it was necessary to report the findings truly and accurately, without exaggeration. Strydom (2011:123-124) suggests that reporting also needs to remain objective, free of judgment and considerate of the cultural background of participants. One also needs to give fair credit to those who played any role in the research and remember that participants may read one's findings (Reamer, 1998:132-133).

1.9.6. Competency of the Researcher:

Williams, Tutty and Grinnell (1995:30) point out that research participants put their trust in the person they see rather than in ethics committees or other organisations.

Ultimately it was the researcher's task to gather information sensitively, in a manner that may even benefit the participant and, furthermore, to hold carefully the valuable stories entrusted to them. The research involved only one researcher and therefore thorough training or screening of further interviewers was not necessary. The researcher received careful supervision throughout the data collection and reporting stages of this project.

1.9.7. *Restoration of subjects:*

Qualitative research demands the sharing of personal experience from the participants. Strydom (2011:122) reminds us that participants may need debriefing after sharing such experiences and that, while this is research, the participants may have found it a therapeutic experience. It was therefore important that the researcher withdrew carefully rather than deserting the participant and that if follow up counselling or support was required, to ensure the participant received it through their adoption agency. This was not necessary but respondents were made aware of the availability of services.

1.10. Reflexivity

Reflexivity refers to the researcher's awareness and sensitivity of the social, emotional and environmental subtleties that could influence the manner in which data is gathered and analysed and therefore the overall findings of the research (Rubin & Babbie, 2008:460). For example, the researcher's personal bias may steer interview questions in a certain direction or interpret responses as the researcher wants to hear them rather than on how the respondent intended them. It is thus vital to be aware of one's own experiences, feelings and prejudices. Environmental factors, such as setting or timing, may also affect both researcher and respondent (Rubin & Babbie, 2008:460).

The researcher's reasons for choosing this topic lie in a love and interest in adoption work and its important role in society. Over the years, law (and thus practice) has changed so that babies are usually placed in temporary safe care rather than placed with their permanent families from birth (Jones, 2010). The researcher was aware of her own frustrations around this but aimed to complete an objective study in order to focus on and reflect the respondents' experience so as to discover how best to support adoptive families. The researcher took care to remain objective throughout interviews and reporting and received careful supervision from the University of Cape Town throughout this process.

The setting was the respondents' home or office space. This was a more comfortable and relaxed setting and allowed more natural discussion than perhaps a social worker's office would. It was also necessary to conduct interviews at the respondents' homes as interviews were arranged at the respondents' convenience and therefore

were often outside of working hours. It was considered that a casual setting could lead to more relaxed conversation and the sharing of the researcher's own personal feelings. This was avoided by having a semi-structured interview schedule (Appendix B) to assist in keeping the interview on track and professional while also allowing the flexibility to follow the respondent's lead at times. At times respondents were distracted by children or interruptions in their own home and it was necessary to ensure there was privacy from other members of the household. Any such interruptions were managed smoothly and did not impede on the interviews.

1.11 Structure of the research report

This report comprises five chapters. Chapter one has outlined the formulation of the topic studied – background information, rationale, research questions and objectives, and ethical considerations. Chapter two is a review of relevant literature gathered on the topic. The methodology of the research is discussed in chapter three, while chapter four reports on the findings from the data collection. The final chapter considers the researcher's conclusions and recommendations that have emerged from this study.

1.12 Conclusion

This chapter has set out the purpose of this study and has contextualised the topic with reference to adoption in South Africa. The research questions and objectives were laid down and assumptions and key concepts were clarified. Ethical matters and the researcher's reflexivity have also been carefully considered. The following chapter presents the literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The following review of literature places this study within the framework of an ecological perspective and Bowlby's Attachment Theory. It then studies the macro level influences of current policy, legislation and attitude around adoption in South Africa. Finally, a review of parents' experiences of the adoption process and bonding with their child includes South African perspectives where possible.

2.2. Theoretical Models

2.2.1. Ecological Perspective

An ecological approach, much like a systems theory framework, considers a person within the context of their environment and focuses on the effects one has on the other (Germain & Gitterman, 1995:816-817; Hepworth, Rooney, Rooney & Strom-Gottfried, 2013:16-17). It is also interested in adaptive processes that maintain a "goodness-of-fit" (compatibility) between systems (Germain, 1978:539). Rather than focusing solely on a linear view of what happens to, for example, a mother when her baby cries, one is interested in the mutual feedback system between the two (Germain, 1978:544) - what effect the reaction of the mother has on the baby (she gives him a bottle), how that reaction of the mother changed the baby (he is now satisfied and no longer crying), which in turn changed the mother again (she is no longer concerned that he is uncomfortable).

Looking further than the intrafamilial effects (how mother and child influence one another), Bronfenbrenner (1986:723) explores the influences of extrafamilial stimuli. The family is viewed within its context of a greater community and society: how does the mother's support system affect her capacity to attend to her child's needs.

Bronfenbrenner believed that conclusions drawn merely from comparisons such as class, age or gender were limited, as variables influencing behaviour or development are complex (Palacios, 2009:71). Thus, he developed the Process-Person-Context-

Time Model, which assesses how the external environment effects family processes, in turn impacting on an individual's development within that family (Bronfenbrenner, 1986:724). These external influences can be categorised into five models: microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1986:723-724; Palacios, 2009:72). Although these terms originally related to a child's development, the following examples orient the terms to parents as the subjects of this study.

Microsystem models examine the contexts in which one spends meaningful time (Palacios 2009:74-75). Examples of these are the family home or the individual's support system.

Mesosystem models explore the interaction between microsystems and how they overlap or influence one another (Bronfenbrenner, 1986:723). For parents, one's mesosystem could include the influence of one's job over the time and energy one has with one's family (Palacios, 2009:79).

The exosystem refers to the contexts in which one does not usually participate directly but is directly affected by. For example, the adoption agency's policies or resources that determine the service the parent receives (Bronfenbrenner, 1986:723; Palacios, 2009:81).

The macrosystem includes those influences of state, law, culture, history or religious beliefs. These factors indirectly play a role in the family's development through their influence on the society of which the family is a part (Palacios, 2009:85).

Finally, the chronosystem considers how time effects changes within a person and their environment (and the interplay of these two processes). Examples include life transitions that are both normative - graduating, getting married, becoming a parent - and non-normative - losing a loved one, infertility, trauma (Bronfenbrenner, 1986:724). The importance of the chronosystem is not only in how it may instigate change or growth in an individual but also the bearing it has on individuals indirectly by altering or shaping a family process (Bronfenbrenner, 1986:724). For example, the age of the

child at placement and their experiences over time in alternative care could prove a facilitating or challenging factor to adoptive parents.

In an adoption context, one could describe the different models as such:

A couple decide to start a family and are encouraged to do so by their family and friends (microsystem). The expectation, influenced largely by societal norms (macrosystem) is that this will be a biological family. The couple then have to undergo a non-normative transition from being biological parents to being adoptive parents and in so doing, face the challenges posed by macro attitudes. Their expectations and experiences are further determined by slow bureaucratic procedures (exosystem). The entire process of becoming parents and their future status in society is shaped by macro laws and social pressure. Finally, the chronosystem, or passing of time and transition, has perhaps brought acceptance of adoption as a means to create a family to both the adoptive parents and their support system.

Some further ecological concepts of relevance to this study, include “person:environment fit”, “Adaptations”, “Life stressors” and “Relatedness” (Germain & Gitterman, 1995:817-818).

Person:environment fit refers to the compatibility of an individual or group with their environment. Important elements are how their needs, goals and rights are promoted or challenged within this cultural and historical context (Germain & Gitterman, 1995:817). For example, how adoptive parents are able to provide for their baby’s needs based on what factors influence that home, such as security, finances or comfort.

Adaptations are behavioural processes that are developed to either maintain the “fit” or improve it (Germain & Gitterman, 1995:817). When a baby is not placed from birth, both child and parent need to adapt to their new family. Germain (1978:539) points out that adaptations are not only physical attempts to change one’s environment but also internal psychological, social or cultural processes (“autoplastic”) to suit the environment in which one finds oneself.

Life stressors are events or experiences that are greater than one's resources can cope with. An important differentiation is made between stressors, which are significant situations requiring a realignment of world views; and challenges, which test one's resources and coping skills, include some hope of success and generally lead to growth and mastery (Germain & Gitterman, 1995:817). A stressor that could seriously disturb one's "fit", could be infertility, whereby parents need to re-examine their expectations and direction in terms of family planning. A challenge could include the general transition to parenthood. Coping mechanisms aim to re-establish harmony between person and environment (Germain, 1978:545).

Finally, relatedness - a human's innate capacity for attachment that promotes positive kinship, friendships and a sense of belonging - is a concept rooted in part in Bowlby's Attachment Theory (Bowlby, 1988:136; Germain & Gitterman, 1995:818). Relatedness is at the heart of adoption where placing a child in a permanent family is intended to promote a sense of belonging and satisfy mutual attachment needs between the adoptive parents and the child.

An ecological approach, as seen by the examples given, is relevant to adoption research as it encourages one to visualise and examine the complex interactions that occur and influence one another on many levels, as well as how the systems involved adapt in order to maintain 'fit' with one another and with their surroundings. It prevents one from simplifying or generalising findings without taking into account all aspects.

2.2.2. Attachment Theory

A second theory relevant to this research for its practical approach and links with system's theory is John Bowlby's Attachment Theory (Bowlby, 1974; Holmes, 1993:5). Bowlby was a Kleinian psychoanalyst who conducted empirical research into the basis for human attachment (Holmes, 1993:4-5).

Bowlby's theory proposed that attachment between an infant and their primary care giver is not based on the need to relieve drives or on the need to feed (Bowlby, 1974:179; 216-218; Holmes, 1993:63-64) but rather is a system, developed on the evolutionary need for the survival of the child (Ainsworth et al., 1978:6; Bowlby, 1979:70). This system relies on 'attachment behaviour' (Bowlby, 1980(b):39) to keep

the child and caregiver close: when the parent is too far away, is not attentive enough, or the situation feels threatening, the child signals to attract his parent through cries, smiles or calling. His behaviour terminates once his need is met (Ainsworth et al., 1978:8; Bowlby, 1980(b):42). While proximity to his parent brings comfort, it also protects him from the potential dangers an unsupervised child could face (Ainsworth et al., 1978:9).

Attachment provides a secure base from which the child may explore the world and is therefore an important component in the infant's learning (Ainsworth et al., 1978:ix; Bowlby, 1988:12-13). A secure toddler is able to leave his parent's side in order to explore his surroundings because he is confident that his parent will be close enough to help him if needed or be found waiting for him on his return (Bowlby, 1988:12). If his base is secure, the rest of the world is more likely also to feel secure (Holmes, 1993:78-79). However, if a child experiences an unpredictable and sometimes frightening attachment base, he is more likely to view the world as a distrustful place and be hesitant to explore it (Holmes 1993:79). The perception of the world as curious and the nurturing of confidence in the child form a healthy foundation for future experience and interactions. Parents' support systems play a vital role in this as an anxious or overwhelmed parent may not have the capacity to adequately meet their child's needs confidently (Belsky, 2005:82; Bowlby, 1988:15,142; Palacios, 2009:81).

Though infants' early development occurs at varying rates, Bowlby (1974:266-268) suggests there are four phases of attachment. During the first phase, which occurs from birth until two or three months of age, the child gains a sense of continuity as he learns to recognise his mother's face; and agency as she mirrors back to him his smiles and experiences appropriately (Holmes, 1993:73-74; Winnicott, 1987:100). Without a sense of continuity of being, the child faces the perceived threat of annihilation that intrudes on his ability to form a confident, omnipotent sense of self (Winnicott, 1960:590).

The second phase lasts until the child is roughly six months old (Bowlby, 1974:266). During this stage, the child begins to clearly discriminate between attachment figures, showing a definite preference to his mother (Bowlby, 1974:266). An important aspect to attachment and separation is the cognitive development of object permanency:

remembering the mother's existence when she is not present (Bowlby, 1980(b):19). This develops around the last few months of the child's first year (Bowlby, 1980(b):428).

From the age of six months to three years (the third phase), the child's newfound mobility (crawling, scooting, etc.) adds to his repertoire of attachment behaviours (Bowlby 1974:267). The child is also likely to choose certain secondary attachment figures, such as a father or grandparent, in addition to his mother (Bowlby, 1974:267). Bowlby believed this marks the beginning of proper attachment as this period is also marked by the beginning of separation anxiety, where strangers are treated with greater caution and separation from his primary care-giver causes worry, tension and anger in the child (Holmes, 1993:75). When separation is prolonged or particularly traumatic, long-lasting effects of anxiety and depression can manifest in adulthood (Van de Kolk, 1987 & Gobbard, 1992 in Holmes, 1993:95).

From three years onwards, Bowlby (1974:267-268) explains that the child, now in the fourth phase of attachment, gains an awareness of his parents' own independence. Attachment behaviour again expands to include pleas, bargaining, bribing, charming and perhaps sulking (Bowlby, 1974:267; Holmes, 1993:77). Attachment, though changing through the life span, remains a necessary part of life. As one grows, one maintains original attachment relationships in different forms and develops new ones with close friends, one's spouse and eventually with one's own children (Ainsworth et al., 1978:28).

Bowlby (1980a:203) believed that an infant's experience of his primary attachment influences his development of an internal working model - a blueprint reflecting his first attachments that serves as a map to navigate future attachment relationships (Bretherton & Munholland, 1999:92; Holmes, 1993:78). Internal working models give an accurate or inaccurate prediction of the attachment behaviours required in subsequent intimate relationships and are based on individual experience (Carr, 2006:55-56; Holmes, 1993:204).

Bowlby (1980a:203-204) describes internal working models as developing in two stages. From the very early months, the child develops a model based mainly on

simply the presence or absence of his attachment figure. Also forming from the early months but extending up to a few years is the building of a model based on the attachment figure's availability or responsiveness (Bowlby 1980a:204).

When a caregiver is unpredictable or rejecting, a child may develop an avoidant, anxious or ambivalent attachment (Holmes, 1993:79). Lacking "goodness of fit", the situation is stressful for the child and he must cope by changing either his environment or himself (Germain, 1978:539). He may try harder to gain his mother's affection by clinging to her or reversing the roles and becoming her caregiver. Alternatively, he may repress his need for her and become avoidant (Holmes, 1993:79). This repression of need is known as "defensive exclusion" (Bowlby, 1980b:45) and involves the child repressing not only his need but also his experience of rejection. Though no longer consciously aware of the insult, it forms part of his internal working model and therefore becomes part of the base from which he relates to others (Bowlby, 1980b:45). The child, interacting defensively or aggressively with a treacherous world, receives feedback that further confirms this false conclusion so that any different feedback he receives is not easily incorporated into his already set model (Bowlby, 1980b:45; Holmes, 1993:81). This makes it difficult for a child to resolve and move on from his primitive rejected feelings to accept as trustworthy more positive attachment relationships.

A child not receiving appropriate responses to his attachment behaviour, may learn to "deactivate" these seemingly ineffective methods (Bowlby, 1980b:70). Thus, when placed with new caregivers, expecting no response to his cries, he may not even attempt to signal when he is in need. Parents relying on the child's cues for care and attention may then assume incorrectly that the child is content and settled, thus compounding his experience of not having a dependable caregiver who relieves his needs (Bates & Dozier, 2002:428).

Bowlby's writing revolves around the importance of continuous and secure attachment to one primary caregiver in infancy and through childhood, viewing the disruption of such bonds as unhealthy and so potentially destructive to the nascent personality that it should be avoided wherever possible (Bowlby, 1980(a):22; 1980(b):438-9). Empirical studies in this regard demonstrated a high rate of early disrupted bonds in

adults with psychopathic or sociopathic personalities as well as in adults struggling with depression (Bowlby, 1979:72).

Studies of infants separated from their mothers revealed specific stages of protest, then despair and finally detachment (Bowlby, 1979:48-49). The child initially protests the separation with tears and other attempts to regain proximity to his mother (Bowlby, 1980(a):8). This was observed to last a few days until it was replaced with despair: the child, though quiet, appeared to a trained eye to be bewildered and still longing for his lost parent (Bowlby, 1979:48; 1980(a):17). Finally, the child appeared to 'forget' his mother and return to normal sociability (Bowlby, 1979:55; Fonagy, 2001:7).

Though the infant shows impressive adaptability to his new situation, Bowlby (1979:50-56) cautions that, because the process of detachment occurs so quickly in young children, there is not enough time for the expression and working through of their grief. Their defensive process of detaching therefore leads to latent pathological mourning, placing the child at risk of later developing psychopathology or difficulties in attachment relationships as adults (Bowlby, 1979:57, 72; 1980(a):12). Though the infant initially appears to adapt easily to change, problems with attachment and behaviour sometimes develop in middle childhood (Brodzinsky, Smith & Brodzinsky 1998:47). This process, more pronounced in babies of six months and increasing as they get older, is also seen to a lesser extent in children younger than six months, who present as bewildered rather than protesting (Bowlby, 1980(a):53,202). As babies under seven months are unlikely to have developed object permanency, Bowlby (1980(b):428) ponders their capacity to mourn the loss of his mother figure. With no language and initially poor sight, a neonate has no point of reference with which to orient himself other than the affirmation his mother gives him in a shared experience such as being fed as soon as he is hungry or held when needing comfort (Bowlby, 1988:9). An infant therefore learns through repeated sensory experience of reliability on one particular caregiver that he is safe and secure in his environment (Bowlby, 1979:46). Though little is known about the very early months of infant attachment, the ability and drive to build intimate emotional bonds with other individuals is regarded as an innate characteristic of humans that starts from birth and continues throughout life (Bowlby, 1980(b):412; 1988:136).

Despite the dangers and pervasion of attachment disruption, Bowlby (1988:143) notes that, with appropriate care, one's pattern of attachment can change during the first two to three years of age if the interaction between child and caregiver also changes.

Bowlby's theory provides a perspective on the development of parent-child relationships and attachment and is therefore informative for this research with regards to the microsystem of the adoptive family. Furthermore, this theory may help in understanding the possible challenges a child faces when moving from one primary caregiver to another and how this impacts on attachment between an infant and his adoptive parent (Brodzinsky, 1987:32).

2.2.3. Ecology and Attachment Theory

The two theoretical models discussed above complement one another as both recognise mutual feedback between the mother and child and the influences of the environment around them resulting in adaptation (Germain, 1978:536-544). Healthy mutual feedback promotes the development of self: the infant indicates when he requires attention or space and the sensitive mother gives the appropriate and helpful response (Bowlby, 1988:9; Holmes, 1993:75). Maladjustment can occur when the child develops internal working models based on insecure attachments or experiences a disruption in his early attachment experiences. Germain (1978:545) suggests however that infants derive pleasure from exploring and influencing their environment and that this enthusiasm can be revived even if initially dulled.

2.3. Policy and Legislation pertaining to adoption in South Africa

Adoptive families will be affected on a macro level by laws and policies surrounding adoption. Modern adoption laws internationally have three main requirements for an adoption to be effected: 1) that the best interests of the child be held paramount in any adoption decision; 2) that both birth parents are required to sign their consent to the child's adoption; 3) that the prospective adoptive parents are fit and proper to become the child's legal parents (UN, 2009:33-34). In South Africa, adoption law is embedded in the Children's Act (38 of 2005, 2010) and supported by The Constitution, which upholds a child's right to a family (1996: Chap2s28(1)b).

Chapter 15 of the Children's Act (38 of 2005, 2010 [the Act]) sets out detailed definitions, procedures, requirements and rules for adoption within South Africa. This Act has received praise for being a thorough and comprehensive document (NACSA, 2012:5). A major criterion of the Act for an adoption to occur is that it is in the "best interests of the child" (2012:s230(1)[a]), a term with an entire section of the Act dedicated to its definition (s7). That decisions be made in the best interests of the child is highly valued as a basic right by The Constitution (1996:chap2s28(2)), and globally in the UNCRC (n.d.:art.3). This requires that, prior to an adoption being sanctioned, consideration be made of the relationship between the child and their current caregivers (this acknowledges the strong bond a child and foster parent may have formed), the need or challenges of the child maintaining contact with their parents or family, the child's need for stability and permanency and the child's physical, emotional and cultural development (The Act, 2010:s7).

Section 233(1)(a) of the Children's Act (2010) explains that a child may only be adopted if the consent of both biological parents is provided, whether or not they are or were married. If either parent is a minor, they are to be assisted in their consent by a parent or guardian (The Act, 2010:s233(1)[a]). If the adoptee is ten years or older, or at a stage in their development where they understand the implications of adoption, their consent also needs to be obtained (The Act, 2010:s233(1)[c]). It is further required that all those giving their consent receive thorough counselling by an adoption social worker prior to doing so (The Act, 2010:s233[4]). Consent needs to be signed in the presence of a presiding officer in a children's court (The Act, 2010:s233(6)(a)[i]). The Act also stipulates that consent may be withdrawn at a children's court within 60 days of being given (2010:s233[8]).

Consent is not required, according to Section 236 of the Children's Act (2010), when a parent is incompetent to give their consent due to mental illness, has abandoned the child or cannot be found, has abused or deliberately neglected the child, has consistently failed to fulfil their parental responsibilities or has not responded within 30 days to a notice sent by the court informing them of a proposed adoption. Furthermore, the consent of a biological father is not required, according to Section 236(3&4) of The Act (2010), if the child was conceived through incest or rape, or, in the case of the parents never having been married, the father has not acknowledged that he is the

biological father in writing, voluntarily paid maintenance for the child, paid damages in terms of customary law or ensured that his name is entered on the birth register.

At times, obtaining the birth parents' consent or tracing a parent is a complicated process requiring time, counselling and skills in searching for missing people (Gift of Life, n.d.; Jones, 2010). Although the Children's Act (2010:s236[5]) makes allowance for parents who cannot be traced or fathers who are not fulfilling their parental responsibilities, proving this can be an extremely long and arduous process for which agencies have limited resources and time. Until such time that a court is satisfied the child's parent(s) cannot be traced, the child is not adoptable and therefore remains in a temporary place of care. The time required for this careful investigation, though potentially impacting on the child's developing attachments, is often a crucial element in deciding the child's future: in recent years many birth fathers have indeed been traced and have chosen to care for the child rather than allow for the child to be adopted out of the family (Mechnig, personal communication 2015, April 14).

The Act (2010) discriminates against no prospective adoptive parents on the basis of their religion, culture, sexual orientation, marital or financial status. It requires that the parent be over the age of 18, be fit and proper to be trusted with full parental responsibilities, be willing and able to exercise these responsibilities and rights and be properly assessed by an adoption social worker (The Act, 2010:s231[2]). Prospective adoptive parents will not be considered if they are found unsuitable to work with children (The Act, 2010:s231[6]), which now requires clearance from the Child Protection Register as well as police clearance. Adoptive parents are eligible to apply for means-tested social assistance (The Act, 2010:s231[5]), however this child support grant of R330 is far less than a foster care grant of R860 (National Treasury, 2015: 11). This is perceived to be one of the reasons why many adoptable children remain in foster care rather than being adopted, as foster parents and family members are no longer as adequately financially supported after adopting the child (Mokomane & Rochat, 2012:351).

The screening of prospective adoptive parents usually comprises joint and individual office interviews, group workshops on adoption processes and parenting, home visits and further clearance checks with police, referees and possibly a psychological

examination (NACSA, n.d.(b)). Screening adoptive parents can take months even if there are no unusual circumstances such as a special medical status or delays in obtaining clearance certificates (Johannesburg Child Welfare Society [JCWS], n.d.). Once the prospective adoptive parents are accepted they are placed on a waiting list until they are matched with an adoptable child – an indefinite amount of time (NACSA, n.d.(b)).

The invasion of privacy through screening interviews and home visits is a challenge for some prospective adoptive parents and the indefinite wait is highly anxiety provoking for many (Brodzinsky, 1987:32; Daniluk & Hurtig-Mitchell, 2003:390; Jackman, 2013:18). However, these checks are important as the agency acts on behalf of birth parents in choosing adequate parents for the child and placements are permanent with no ongoing supervision. Many children are placed in temporary safe care while their adoptability is investigated and only offered to adoptive parents once this has been established. Despite the security of knowing the child is adoptable at placement, further delays in the legal and administrative processing are common (Mokomane & Rochat, 2010:34) and cause further anxiety for adoptive parents.

The impact of macro policy on the attachment relationship between parent and child is explored in the following section.

2.4. Attachment and Adoption

The microsystem of the adopted infant often experiences at least two major disruptions. The first is the separation from their biological mother, either at birth or soon afterward. Internationally (South Africa included), it is common for children to be placed in an institution or, in some more fortunate cases, in a smaller temporary safe care family, pending the outcome of the statutory adoption process (Jones, 2010; Niemann & Weiss, 2012:205). Only after this process, when the child is declared legally adoptable, is he placed with his previously screened adoptive parents. This is his second disruption: from temporary care to his permanent family. During this time in temporary care – which can take three months to over a year - theory reasons that the child has experienced some form of attachment with his interim caregiver (Ainsworth, et al., 1978:26; Holmes, 1993:75,111; Niemann & Weiss, 2012:206). The transition between temporary safe care and permanent adoptive home could be

described as part of the child's mesosystem (the interaction between two microsystems) and influential over the parent as part of the parent's exosystem (how the relationship between the child and his previous caregiver has influenced his internal working model for attachments). Palacios (2009:79) emphasises that the lack of empirical research into this crucial transition is concerning as so much is dependent on the outcome (Bowlby, 1979:56-57).

Yarrow and Goodwin (1973 in Bates & Dozier, 2002:421) discovered that infants adjusted more easily to new caregivers if placed before six months of age than if placed after seven months of age. Bates and Dozier (2002:419) reported that infants placed between six and twelve months of age were more likely to form secure attachments with their subsequent parents. This is in line with Bowlby's stages of attachment that shows that proper attachment begins in the second half of the first year just as the infant becomes more mobile, can follow after their attachment figure and can clearly discriminate between caregivers (Bowlby, 1980(a):202; Holmes, 1993:75).

These ages are important to bear in mind as macro and exosystem influences can delay placement for many months and adoptive parents adopting a child over the age of six months to a year may struggle with attachment issues. Stovall and Dozier (1998:78-81) suggest intervention strategies such as support groups or weekly visits that involve educating parents on general attachment behaviours and helping adoptive parents understand their child's background and inherent need for nurturing.

Lieberman (2003:282) proposes that, while 'good enough' parenting may be sufficient for healthy attachment in biological families, in foster and adoptive families it is perhaps insufficient to provide the emotionally disrupted child with a sense of stability. As discussed earlier, children cue responses from caregivers based on their internal working models (Bowlby, 1980a:203; 1988:13; Carr, 2006:55). It was observed by Moosnick (2004:92) that adoptive parents found it easier to feel close to babies who enjoyed much physical affection rather than babies who preferred less affection. Rubin, Nelson, Hastings and Asendorpf (1999:938) found that parents adapted their own behaviour towards the child based on the child's temperament and character.

2.5. Experiences of Adoptive Parents:

There appears to be little formal literature on the experiences of South African adoptive parents. Much of the literature found was based on international adoptive families. It is hoped therefore that this study may contribute to further insight into local experiences.

2.5.1. Motivation & expectations around adoption

The social-demographic data on South African adoptive parents is limited, according to Mokomane and Rochat (2012:349,354), though one observation is that most national adoptions occur within the same culture rather than cross-culturally. Moosnick (2004:58) observed that adoptive parents' decision to adopt cross-culturally was heavily influenced by their broader family's level of acceptance or resistance. A study by Seekings (2008:22) found that while racial discrimination is less tolerated amongst South Africans, a deep preference for remaining within one's social or cultural groups is entrenched.

International trends report that infertility is ranked third of the reasons as to why people adopt, following an altruistic desire to provide for a child in need, and the desire to expand one's family through adoption rather than biological children (Tyebjee, 2003:701; USDHHS, 2007:40-41). Inevitably, infertility will remain a major motivating factor for couples intent on raising a family with no other options (Cudmore, 2005:i).

Married heterosexual couples tend to experience infertility within a social context that expects married couples to have children that are biologically related to them (Brodzinsky, 1987:32; Letherby, 1999:360; Moosnick, 2004:6&9). While many adoptive parents report feeling open to adoption, most initially investigate fertility treatment prior to exploring adoption possibilities, thus suggesting some uncertainty around adoption over biology (Goldberg, Downing & Richardson, 2009:956; Jones, 2009:1; Moosnick, 2004:46-47). Furthermore, social preference for biological children results in prospective adopters facing opposition from those around them or finding that they need to justify their decision (Goldberg, Downing & Richardson, 2009:958; Levy-Schiff, Bar & Har-Even, 1990:259). Historically, adoption research has compounded the sentiment that adoption is second best parenting and should be avoided where possible (Palacios, 2009:89).

Adoptive parents therefore usually undergo some form of non-normative transition as they relinquish previous views of being biological parents and take on the role of adoptive parents (Brodzinsky, 1987:32; Daly, 1988:40). As adopters move through this transition and become parents, so their enthusiasm for adoption is noted to increase partly because their desire for parenting is fulfilled and is no longer dependent on a biological outcome and because a positive experience of bonding with the child dispels earlier adoption fears (Danilug & Hurtig-Mitchell, 2003:396; Goldberg, Downing & Richardson, 2009:956). A comparison of adoptive and biological parent families concluded that, though sociological expectations favour the biological over the adoptive bond, adoptive parents are as invested as biological parents as they are driven to enrich their children's lives so as to compensate for the challenges adoption brings (Hamilton, Cheng & Powell, 2007:95,110).

Common fears prior to adopting are the questions of whether one would be able to love somebody else's child, could one manage potentially unforeseen health problems and what would happen if the birth mother returned for the child or the child rejected his adoptive parents when he grew up (Brodzinsky, Smith & Brodzinsky, 1998:26; Danilug & Hurtig-Mitchell, 2003:393). These fears are echoed by many prospective adoptive parents (Bird, Peterson & Miller, 2002:215; Danilug & Hurtig-Mitchell, 2003:392-394) and it is pointed out by McKay and Ross (2010:607) that fears of one's adopted child being returned to birth parents are not completely groundless. After a long struggle to become parents, some doubt their competence to parent a child (CWIG, 2015:4-6). Studies showed that when adoptive parents received information and education around birth parent circumstances, their fears of losing their child to a birth parent decreased and they became more open to thinking about the birth parents' experience and significant role in the child's life (Farber, Timberlake, Mudd & Cullen, 2003:190). The empathy they developed enabled adoptive parents to portray birth parents in a positive light to their children so that their adoption story was one of love and responsible choice rather than rejection (Krusiewicz & Wood, 2001:793; Moosnick, 2004:69).

2.5.2. Common experiences of the adoption process

South African adoption procedures often receive negative press, particularly around bureaucratic issues and long waiting periods (“Adoption must be regulated...”, 2015; Farber & Louw, 2015; Hamilton, 2010; Tlhabi, 2015:16). Adoption and government officials plead for parents to come forward and adopt due to large numbers of children needing families and yet adoptive parents feel they sit on waiting lists and are told there are no children available for them to adopt (Tlhabi, 2015:16). CWIG (2015:4) explains that it is normal for adoptive parents to feel powerless and vulnerable in an overwhelming process. Moosnick (2004:91) notes that receiving final adoption papers greatly reduces anxiety in adoptive parents.

The transition to parenthood for many prospective adoptive parents is daunting, as indeed it is for biological or step parents (Ceballo, Lansford, Abbey & Stewart, 2004:46). Lasting infertility issues, the intrusive experience of being evaluated in screening and the social stigma attached to adoption as “second best parenting” are further stressors that can leave prospective adoptive parents feeling anxious or resentful, can lead to a lower self-image and at times create tension in the marital relationship (Brodzinsky, 1987:31-32). These need to be resolved prior to the child’s placement so that bonding and trust can develop between adoptive parents and their babies (Brodzinsky, 1987:30-32). Though adoption has been reported to bring an amount of healing from the loss experienced in infertility (Daniluk & Hurtig-Mitchell, 2003:389; Goldberg, Downing & Richardson, 2009:958), any such unresolved grief can interfere with a parents’ capacity to support their child through his own experience (Brodzinsky, Smith & Brodzinsky, 1998:22-24; CWIG, 2015:3). Overcoming the social expectations and preference for biological children is an important element of this resolution (Letherby, 1999:360; Levy-Schiff, Bar & Har-Even, 1990:259).

A coping method some adoptive parents have been observed to employ is that of “rejection of difference” - claiming that there is no difference in experience between adoption and biological parenthood (Kirk, 1964:75,89; Levy-Schiff, Bar & Har-Even, 1990:264; Moosnick, 2004:14) This belief system allows parents to move into their new role and accept the child as their own more easily (Kirk, 1964:89, Levy-Schiff, Bar & Har-Even. 1990:264). On the other hand, it can later obscure open communication with the child regarding their adoption in the long-term (Kirk, 1964:89-90).

Despite the difficulties experienced around adoption, the process has also been reported to bring back a sense of control that biological attempts at parenthood denied (Goldberg, Downing & Richardson, 2009:942). On completion of adoption, most adoptive parents are reported to be satisfied with their agency and experience (McDonald, Propp & Murphy, 2001:90; USDHHS, 2007:42), possibly because the agency has been instrumental in the fulfilment of a longed-for goal (Levy-Schiff, Bar & Har-Even, 1990:264). Perhaps for a similar reason, parents describe incredible joy and immediate love for their child and feel this could be no stronger if the child was born to them (Daniluk & Hurtig-Mitchell, 2003:395-6; Moosnick, 2004:90). It was observed by Slade (2005:277) that this response is notably stronger with the placement of an infant than with an older child.

In general, Brodzinsky and Huffman (2008:267) and Holditch-Davis, Sandelowski and Harris (1998:992) found that most adoptive families cope well with their adjustment, at least early on in the formation of their family.

2.5.3. Factors facilitating relationship building with an adopted baby

It has been reported that many prospective adoptive parents turned to family, friends and to one another for support so that, by the time a child was placed in their care, their marital relationship tended to be stronger, they were more prepared as parents and had discovered that their desire to parent overcame their initial longing for a biological child (Danilug & Hurtig-Mitchell, 2003:395-396). As the painful impact of infertility lessens and heals, so adoptive parents are more able to empathise with birth parents' pain in relinquishing a child and to invest in the importance of that initial biological relationship (Danilug & Hurtig-Mitchell, 2003:395; Krusiewicz & Wood, 2001:792, Moosnick, 2004:69). According to Goldberg, Downing and Richardson (2009:959) and the USDHHS (2007:32), while adoptive parents are less likely than biological parents to say they cope well with parenting challenges, they are more likely to report that their relationship with one another is satisfying, thus providing a healthy base from which to face the challenges that parenting brings. Furthermore, the survey revealed that most adoptive parents would make the same decision to adopt again (USDHHS, 2007:35) as the experience and fulfilment of parenting offsets the initial

stress experienced through infertility and the adoption screening process (McKay & Ross, 2010:608).

A particular factor that helped parents feel closer to their children was seeing them excel or succeed even in basic developmental areas (McKay & Ross, 2010:608, Moosnick, 2004:92-97). This made parents feel more confident so that a positive mutual feedback system is developed between child and parent stimulating further development and success (Germain, 1978:544).

According to many online adoption websites and articles, responding to a newly placed child of any age in the same manner as one would a neonate (immediate soothing and response to need, much reassurance, continuous proximity) is effective in helping the child to attach to and rely on his new caregiver to meet his needs (Borchers, 2004; Parker, n.d; Schooler, 1993.; Solchany, 2014; Steinberg & Hall, 1998). This is further supported by evidence that early intervention training parents to respond sensitively and intuitively assists and infant's attachment and thereafter his confidence to explore his environment (Juffer, Hoksbergen, Riksen-Walraven & Kohnstamm, 1997:1043). This would be particularly important for a child who has experienced the world around him as unresponsive and has deactivated his attachment behaviour (Bowlby, 1980b:70).

2.5.4. Challenging factors in relationship building with an adopted baby

Despite generally coping well overall, adoptive parents are still reported to struggle in various different stages of the child's development and continue to need post-adoption services not just immediately after placement but throughout the child's life (Bird, Peterson & Miller, 2002:219; Dhimi, Mandel & Sothmann, 2007:175; McKay & Ross, 2010:605). Parents experienced more challenges to their parenting skills and relationship with their child when the child was adopted at an older age (though this age is not specified), had experienced multiple placements prior to adoption or the child had other special needs (Bird, Peterson & Miller, 2002:215,218; Dhimi, Mandel & Sothmann, 2007:170). This is in line with Bates and Dozier's (2002:426-428) finding that the age of the child at placement affects the mother's feeling of influence over his development. In terms of mutual feedback, her response may influence his experience of attachment and therefore his future relational behaviour (Holmes, 1993:78).

2.5.5. Advice to prospective adopting parents from adoptive parents

According to McKay, Ross and Goldberg (2010:126), when the challenges of adopting are met with sufficient resources, the transition to parenthood is experienced more positively. Thus, if adoptive parents have access to sufficient resources (both formal and informal) it follows that they may be better equipped to be emotionally and physically available to their babies. CWIG (2015:9-10) and Daniluk and Hurtig-Mitchell (2003:398) also suggest that adopters equip themselves with information and a good support structure. Bird, Peterson and Miller (2002:219) point out that asking for support is not a sign of incompetence but rather one of wisdom and courage.

2.6. Conclusion:

The literature reviewed has explored two theories that illustrate the importance in the attachment process between adoptive parents and their adopted babies. The literature has highlighted some challenges adoptive parents may face, namely the child's previous experience of attachment and the adopter's complex journey to parenthood. The following chapter presents the methodology of this research.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter discusses the research design and methodological approach used for this study. A qualitative design with non-probability sampling was chosen, the merits of which are discussed below. Data collection, verification and analysis are described. Consideration of the limitations of this study and the chosen design is presented towards the end of the chapter.

3.2. Research design

A research design provides the framework within which specific research tools and methods are chosen for answering one's research questions (Fouché & Delport, 2011:73; Fouché & Schurink. 2011:307; Moss, 1988:439). It is a plan of action, determined by one's area of study, that describes what information will be collected, how it will be collected and why (Dudley, 2005:132). This research focused on exploring and examining the motivation of respondents to adopt as well as their personal experiences of the adoption process and relationship-building with their new baby.

This study aimed to discover information on a topic for which there is not much published research available. It was therefore exploratory and descriptive in nature and avoided explaining or evaluating phenomena (Rubin & Babbie, 2008:133). A relatively small sample of research participants was used that would not necessarily represent the larger population of adoptive parents. This is common in exploratory studies (Dudley, 2005:136) as the subject under exploration - adoption - is a highly personal, emotionally-charged subject that individuals are likely to experience differently. Similarities between respondents may highlight commonalities linked to the broader population.

As this research asked questions about the subjective meaning that individuals attach to their experiences, a qualitative (rather than quantitative) design was most useful to employ in order to obtain rich data that is not easily reduced to statistics (Rubin &

Babbie, 2008:435). Instead of determining and explaining facts, it celebrates the diversity and depth of individual stories that may produce common themes or threads between participants.

Qualitative research studies social processes and human experience by interacting with the respondent in their natural setting to explore the meaning and value they attribute to their experience within their personal context (Fouché & Schurink, 2011:308-309). It searches for trends and patterns that may not be easily measured but from which understanding and insight can be gleaned (Carey, 2009:36-39).

Such research uses an interpretive approach that accepts that reality is experienced differently by different people and that there is not necessarily only one reality to be explored (Williams, Unrau & Grinnell, 2008:84). The researcher therefore expected to discover varying opinions and experiences from different participants and to explore these further to find underlying similarities and themes. An interpretive approach discusses the meaning attributed by respondents rather than an explanation of their behaviour. Indeed, because the researcher interacts directly with the respondent, three realities emerge in the data: the researcher's, the respondent's and that which is created through the interaction (De Vos, Strydom, Schulze & Patel, 2011:8; Williams, Unrau & Grinnell, 2008:85). It is therefore important to acknowledge the influence one's own reality could have on one's research and remain flexible so as to openly accept the respondent's reality (Williams, Unrau & Grinnell, 2008:86).

Inductive reasoning is generally used in qualitative research, drawing speculative generalisations rather than concrete conclusions (Schurink, Fouché & De Vos, 2011:399).

3.3. Sampling framework

A sample is a small group chosen from the population to be studied (Dudley, 2005:147). In this case, the population researched was one of parents who have adopted babies. Qualitative sampling is generally more interested in choosing research participants who are able to provide valuable data for analysis and understanding than in representation of the broader population (Carey, 2009:41).

Non-probability sampling was used in line with a qualitative design. Non-probability sampling chooses participants from the population without knowing if everyone in that population was given an equal chance of selection and it is generally aimed at gaining insight from participants rather than gaining data from which to generalise findings (Dudley, 2005:154). Purposive sampling is a method of non-probability sampling that chooses each participant for their individuality so as to provide the richest data (Schutt, 2008:153). This was the most useful sampling technique to use for this research for two reasons:

- a) The limited scale of this research
- b) The research objectives - to explore the personal experiences of adoptive parents with their babies.

Because of the small scale of this study and therefore the need to limit variables, the following criteria were used to select research participants from parents who have adopted infants:

- Heterosexual married couples who were married at the time of adoption: Despite South Africa's reputation of embracing diversity, discrimination and heteronormative social practices still permeate and at times dominate our society (Goldberg, Downing & Sauck, 2007:33-34; Nel & Judge, 2008:19-20). This selection thus avoided further variables that more socially complex relationships may bring to an adoption.
- Couples who have adopted a child between the ages of 0-18 months: This allowed some variance between early adopted babies and slightly later adopted babies without moving into a different field of older child adoptions.
- Couples who have adopted in the last two years: This was in an effort to limit problems of recall, where a participant may struggle to remember events and feelings from a long time ago (Reamer, 1998:177).

Eight couples were selected by adoption social workers from Abba Adoptions, a non-profit organisation in the Western Cape. Two further couples were approached independently of their agent, one of which had worked through a private social worker. Each respondent in the couple was interviewed separately in order to obtain the individual experiences of each respondent and to determine whether there is a pattern of differences in experience between adoptive mothers and fathers.

3.4. Data collection

The data collection methods will now be outlined.

3.4.1. Data collection tool

The collection of data followed the qualitative, exploratory research design. According to Dudley (2005:162), qualitative data collection methods involve either observation or asking questions. In-depth face-to-face interviews provided the opportunity for gaining rich information while using the limited time for this research efficiently. Interviews are likely to have provided more data than questionnaires would, as the interviewer could explore non-verbal cues and experiences specific to a particular participant. Gochros (2008:240-242) describes interviews as advantageous over observation or questionnaires because interviews are more accommodating, less rehearsed and the interviewer has the advantage of being able to observe and control the environment. Due to the fact that the respondents are the best narrators of their own experience and can usually articulate thoughts and feelings more easily through verbal rather than written form (Carey, 2009:111), the in-depth face-to-face interviews conducted are likely to have yielded the most useful data.

Qualitative interviews may be structured, semi-structured or unstructured (Gochros, 2008:244; Greeff, 2011:347). Semi-structured interviews following a basic interview schedule were used in this research as this allowed for specific questions to be asked and for the interview to be guided in such a way that the research questions and objectives were explored openly while remaining focussed on the respondent's subjective experience (Merton, Fiske & Kendall, 1956 in Gochros, 2008:245; Greeff, 2011:352). This approach is good for exploration but not necessarily for uniformity (Dudley, 2005:164). As the goal was to explore individuals' experiences rather than to generate a theory applicable to many, this approach was most appropriate for this research. These semi-structured interviews roughly followed the attached interview schedule (Appendix B). That is, the questions were covered but their sequence varied and in some interviews, new questions were introduced appropriate to the respondent's narrative. Each interview was roughly one hour in length and was held

in the respondent's natural setting (their office or their home) as is suggested for qualitative research by Williams, Unrau and Grinnell (2008:87).

3.4.2. Pilot Study

A pilot study was performed on one couple (two individual interviews) in order to test the relevance and flow of the interview questions, the use of the Dictaphone and the research participants' general experience of the interview. A pilot study may be useful for highlighting potential problems that can be addressed prior to formal data collection, as well as to more accurately estimate time and cost factors (Rubin & Babbie, 2008:250-1; Strydom & Delport, 2011:395). In this case, the pilot study revealed mechanical complications with recording that were then amended. There were no other problems highlighted in terms of the structure or content of the schedule.

3.4.3. Apparatus

In order to accurately document data, the researcher chose to record the interviews with a Dictaphone for later transcription. This allowed the interview to continue smoothly without the distraction of the interviewer taking notes. According to Gochros (2008:263), mechanical recording is the least distracting option for recording an interview. It also allowed the conversation to flow naturally, for eye-contact to be maintained and for the researcher to be more aware and observant of non-verbal cues. Participant permission for recording was obtained in writing prior to the interview.

3.4.4. Data Verification

Guba and Lincoln (1989:113,130) propose a continuum between discovery and verification where discovery is often related to uncontrollable findings and verification to more scientifically predictable outcomes. It is therefore projected that, in areas where little is known or areas more qualitative in nature, discovery processes are more helpful than scientific verification of facts (Guba & Lincoln, 1989:113). As in this study, one is not able to dispute another person's truth or point of view.

Rubin and Babbie (2008:194) discuss the importance of attempting to control the validity and reliability of one's measuring tools. Reliability refers to the precision and consistency of the measuring tool and how helpful it is in generalising the findings to the wider population (Delport & Roestenburg, 2011:177). In qualitative research where

data is not reduced to statistics or numbers, reliability may be based more on reflexive questions regarding the planning, depth of literature explored or choice of method than on how accurate information is or how well it could be generalised to the wider population (Carey, 2009:42). The term “dependability” is therefore preferred by Schurink, Fouché and De Vos (2011:420-421) for qualitative research.

A useful way of testing reliability in the context of this research was by using “alternate form” testing (Bostwick, Jr. & Kyte, 1988:123). This entails placing similar questions with different wording in different parts of the interview. If the answers remain consistent or related, one could view the measurement tool as reliable. This was a method used during the interviews conducted with respondents.

Validity describes the degree to which a measure provides an accurate reflection of the concept it aims to measure (Rubin & Babbie, 2008:198). According to Dudley (2005:98-100), there are four categories by which to decide the validity of a measure: face validity (is it relevant to the research?), content validity (is it measuring the right content with an appropriate sample?), criterion validity (would findings be consistent if different criteria were used?) and construct validity (are the meanings of the construct understood?).

The measuring tool used in this research (the interview schedule) appears to have face validity as it asks questions pertaining to the adoption experience, thus relevant to the main research questions. It also appears to have content validity as it asks questions based on adoption experience of adoptive parents – content that is relevant to the sample chosen. Due to the limited size of this study, only one measure was used. Thus, criterion related validity was assessed as by comparing and discovering a high correlation between the findings and what was been discovered in other studies documented in the literature review. The measure could be seen as having construct validity because participants reported experiences known from prior research to be common amongst adults adopting babies.

Lincoln and Guba (2000:178) propose that validity should also require that the findings be authentic, in other words relevant to how at least some people view the world and trustworthy enough that one would be prepared to base legislation or policies on these

findings. As there was some consistency between respondents, it appears that the research and findings would be relevant to at least some adoptive parents in South Africa. Broader studies should be conducted before using these findings as a base for macro development.

3.5. Data analysis

Data is analysed in order to draw out meaning, find patterns or themes and develop more useful information to be understood in context (Dudley 2005:237; Rubin & Babbie, 2008:476). Analysed data should provide potential answers to one's research questions (Carey, 2009:29). One's data analysis is guided by one's research design (Dudley, 2005:239). As this is qualitative rather than quantitative research, the researcher attempted to explore and discover themes and ideas. Therefore, analytic induction, which begins with observation and attempts to uncover relationships and patterns in data (Rubin & Babbie, 2008:422) was used.

Carey (2009:156-157) explains that data can be deconstructed and analysed by managing the information, finding meaning in the data and thereafter displaying one's findings. Managing the information obtained involves finding a standard unit of analysis which Rubin and Babbie (2008:481) explain in qualitative research will be a concept. Open coding was used to categorise, name and examine the data more closely (Rubin & Babbie, 2008:480-1).

In this research, data was analysed by following Tesch's Approach (Tesch, 1990:154-156 in Poggenpoel, 1998:343-344). The steps followed were to:

1. Read through all transcriptions carefully, noting any ideas that come to mind
2. Carefully look at one interview trying to understand the meaning behind the information gleaned. Do the same for other transcripts.
3. Make a list of topics that have come up and cluster these together into major topics, unique topics and leftovers.
4. Abbreviate the topics as codes. Write codes next to relevant parts of interviews, checking if new categories.
5. Find the most descriptive wording for categories. Link categories together by drawing lines between them to show how they relate.
6. Make a final decision on abbreviations and place in alphabetical order.

7. Perform preliminary analysis.
8. Recode data if necessary.

3.6. Limitations

The limitations of this study pertain to:

3.6.1. Research Design:

As previously discussed, qualitative research focuses more on understanding of personal experience than on generalizable statistics and therefore, while findings may be validated through their authenticity, reliability may be limited in that the same responses may not apply to another respondent (Carey, 2009:42). It is useful to remember that family life is not easily contained to one package and one can never presume that becoming a parent will result in a person behaving in one particular way (Hamilton, Cheng & Powell, 2007:112). The aim of this study was not to provide explanations generalizable to all adoptive parents but rather to explore experiences salient to the individual and examine any trends that occur as possible guidance for future practice and improved service delivery. In this regard, findings remain valid and useful.

3.6.2. Sampling:

Rubin and Babbie (2008:448) explain that generalizability in qualitative research is problematic for three reasons – there is an increase in subjectivity, the deep and comprehensive understanding the researcher gains means that one knows too much to be able to generalise and thirdly, although one might have a large sample from a population, one never knows if they are typical of one sub-group in that population only or of the broader community. The sample used for this research was very small (only 20 people). Out of a very large group of adoptive parents, this is not only a small number but a specific ‘category’ (heterosexual married parents who adopt babies between the ages of 0-18 months) out of a vastly diverse group who adopt children of all ages. It is not possible to generalise these findings to the larger population of South African adoptive parents. The aim of this study was not to provide generalizable statistics but rich, qualitative data that can increase understanding to some degree and perhaps call for a broader investigation at a later date.

3.6.3. Data Collection:

The researcher was able to gain access to eight couples through Abba Adoptions. Due to some Abba participants not being available for interviews or preferring not to share their personal experiences, two couples were sourced through adoption forums.

Limitations could arise if interviewees were not truthful (Carey, 2009:122) or gave socially desirable responses in order to gain the researcher's approval, avoid disappointing the researcher, or out of fear of judgment or the withholding of future services rendered (Reamer, 1998:167). The researcher therefore took great care to reassure respondents that confidentiality would be maintained so as to create a relaxed and non-judgmental atmosphere. The problem of recall (Reamer, 1998:177) should be minimised by the fact that the respondents would have adopted in the last two years. However, this should still be considered as one does tend to forget the more trying circumstances in the midst of overall happiness (McGrath, 2014). Evaluation apprehension (Reamer, 1998:169-70) may also have influenced accurate data collection as respondents may have behaved or answered in ways they would not normally due to their anxiety at being interviewed by a stranger or a social worker. This may have been further increased by using a Dictaphone to record the interview. However, as mentioned by Gochros (2008:263), this method of recording is believed to be the least distracting.

In general, the respondents engaged enthusiastically with the researcher and were generous in sharing their personal experiences. Interviews were most successful when the respondent was alone at home with no interruptions and complete privacy. Respondents appeared to have good recall, sharing their thoughts and feelings clearly. Many seemed resigned to the challenges involved and negative sentiments focussed on bureaucracy rather than personal interactions, perhaps due in part to evaluation apprehension.

3.6.4. Extraneous variables

Respondents' participation and answers may have been influenced by a host of external variables such as their emotional state and their current parenting challenges. The researcher remained aware of and sensitive to these factors and, as far as possible ascertained the current circumstances of the respondent in order to take these into consideration. Where current circumstances of respondents were stressful, the researcher respected the priorities on their time and looked for different couples to interview.

As partners were interviewed individually about their experience of the adoption process and their relationship with their child, the researcher offered the respondent the choice between being interviewed in their home or in a more neutral or private setting where they would not be concerned about being overheard by family members.

3.6.5. Researcher bias

Williams, Unrau and Grinnell (2008: 86) note the importance of acknowledging and exploring the researcher's own values so that the interaction between these values and the participants' responses are understood by the reader and taken into account in the interpretation of the findings. In this case, the researcher acknowledges her own experiences working in the adoption field and the frustrations faced with regards to legislation, practice and delays in placing babies in permanent families. In acknowledging these and receiving careful supervision throughout the data collection and analysis process, the researcher has aimed to avoid contamination of data with researcher bias.

3.7. Conclusion

The qualitative research design chosen for this research has been presented here. Non-probability sampling methods were described and the data collection, analysis approach and limitations were discussed. The penultimate chapter presents the findings of the study.

CHAPTER FOUR

FINDINGS

4.1. Introduction

This chapter presents the findings of the study and discusses them with regard to the literature presented in chapter two. The findings will be presented within a framework of analysis (Table Three) and categorised under each research objective.

4.2. Profile of Respondents

Table 4.1: Profile of Respondents

This table indicates the demographic data of the respondents and the age at which their child was placed in their care, as well as where the baby lived prior to placement.

Resp.	Age	Sex	Occupation	Years married before adopting	Baby's Placement Age	Previous Care	Status of adoption
1	48	M	Policeman	12	4 months	Emergency Safe Care Family	Finalised
2	40	F	Administrator				
3	39	M	Stock-keeper	3	5½ months	Baby Home	Finalised
4	35	F	Bookkeeper				
5	37	F	Magazine Owner	3	5 months	Baby Home	Pending
6	35	M	Sales Executive				
7	38	F	Massage Therapist	8	5 months	Baby Home	Finalised
8		M	Company Owner				
9	42	M	Clerk	10	5 months	Emergency Safe Care Family	Finalised
10	39	F	Teacher				
11	32	F	Manager	7	7 months	Baby Home	Pending
12	38	M	Customer Relation Manager				
13	49	F	Billing Clerk	4	8 months	Baby Home	Finalised
14	49	M	Procurement Officer				
15	42	F	Manager	4	3 months	Baby Home	Finalised
16	42	M	Facilitator				
17	33	F	Events Manager	1.5	12 months	Baby Home	Finalised
18	33	M	Environmental Consultant				
19	35	M	Associate Director	3	birth	Not applicable	Finalised
20	35	F	Training Manager				

The babies in this study were placed with the respondents between birth and twelve months of age. The average age of placement in this group was five and a half months. Prior to placement in their permanent families, two of these children lived with an emergency safe care family, where only one or two babies are cared for at a time in a

family unit. Most however, spent their first months of life in a Baby Home with many other babies and a series of caregivers.

4.3. Framework of Analysis

Table 4.2: Framework of Analysis

This table provides an overview of the way in which data was categorised and analysed.

	Theme	Category	Sub-Category
4.4.1	Adoptive parents' motivations and expectations around adoption	1. Motivation to adopt	1. Infertility
			2. Decision-making process i) Overcoming infertility ii) Desire to be parents iii) Involving others in decision
			3. Knowledge of adoption prior to application
		2. Expectations of Respondents	1. Expectations of the adoption process 2. Expectations around adoption-specific issues i) Fears around the involvement of the biological family ii) Cross-Cultural issues iii) Bonding with an adopted child 3. Expectations around parenting
4.4.2	Understanding the adoption process from an adoptive parent perspective	1. Administration Experience	
		2. The adoption agency	1. General experience of agency 2. The screening process
		3. Placement of the child	1. Meeting the child 2. Meeting the birth parents 3. Post-placement support from agency
		4. Adjustment to new family life	1. Adjustment to parenting 2. The child's adjustment 3. Facilitating factors for adjustment
4.4.3	Factors assisting in developing a close relationship between new adoptive parents and their babies	1. Child's pre-adoption experience	1. Thoughts around not adopting from birth 2. Helping the child to bond
		2. Mutual Feedback	
4.4.4	Challenges faced by adoptive parents while developing a relationship with their baby	1. Child's pre-adoption experience	
		2. Mutual Feedback	
4.4.5	Recommendations to prospective adoptive parents		

4.4. Findings

Findings are presented below under the heading of each research objective.

4.4.1. Objective One: To explore adoptive parents' motivations and expectations around adoption

Participants described their motivation to explore adoption and their initial expectations of what this would entail. They described their hopes and fears around both adopting and becoming parents.

4.4.1.1. Motivation to adopt

The researcher explored what led participants to adopt and how they went about initiating the process. Three main areas emerged: infertility, decision-making and previous knowledge of adoption.

4.4.1.1.1. Infertility

All but one couple chose adoption after efforts to conceive naturally were unsuccessful. The outstanding couple chose from the outset to raise a family through adoption as they had no desire to experience pregnancy and saw a need for adoption in South Africa. These findings correlate with recent studies showing that while perhaps most adoptive parents have fertility issues (Cudmore, 2005:i), there is a slowly growing trend internationally for parents to adopt while still able to have biological children (UN, 2009:xviii).

Most respondents who struggled with fertility tried some form of mild intervention – fertility tests or medication – before investigating adoption. They either could not afford more invasive treatments or did not feel this would benefit them.

“I was just on the tablets... too psychologically draining... I'd looked at... IVF and I'd looked at surrogacy...financially Adoption was the most affordable option for us.” (11)

“(the doctor said) ‘The only thing you can do is Artificial Insemination. But not from him, from someone else.’ ... If we’re gonna go that route then ... we might as well adopt.” (15)

It has been recorded that adopters motivated by infertility have usually tried some form of fertility treatment before considering adoption (Moosnick, 2004:46-47).

4.4.1.1.2 Decision-making process

The following factors formed part of the respondents’ decision-making process: coming to terms with their infertility, realising their desire to parent was more salient than their desire for biological kin, and choosing who to involve in this decision.

4.4.1.1.2(i) Overcoming infertility

In most couples, one partner was initially hesitant or resistant to adopt. Most of these were men who struggled to let go of the idea of not having a genetically similar child. There was a process of shifting one’s mind set that enabled respondents to view adoption as their best option.

“I at first was a little bit hesitant because, being a man... you’d want it to be your own child...coming from your own doing. But unfortunately we couldn’t. And then she spoke about adoption. I researched it a little bit... spoke to a colleague... I spoke to my dad about it and I spoke to my manager.” (2)

“... one would always like to bring your own child into the world ... It’s still a dream [pregnancy] and if not then we’ll probably go the route [of adoption] again for another one.” (9)

“I wasn’t very happy about adopting...she asked me and I said, ‘It’s up to you,’... when he came into our lives it was a different story.” (14)

Adoptive parents have had to go through a non-normative transition from expectations of being biological parents to the acceptance of becoming adoptive parents (Brodzinsky, Smith & Brodzinsky, 1998:22; Daly, 1988:40). They have had to do so

under such macrosystem influences that value biology over adoption (Brodzinsky, 1987:32; Goldberg, Downing & Richardson, 2009:943; Letherby, 1999:359; Moosnick, 2004:6&9).

4.4.1.1.2(ii) Desire to be parents

It was clear that the most powerful driving force behind all adoptions in this research was the desire to be a parent.

“Medically we’re able. We just never fell pregnant. And one day I just felt, what are we waiting for?” (19)

“... unfortunately life threw us a blow. We decided to deal with it... I knew we were going to have kids and whether it was adopted or our own, we were going to have kids.” (6)

“...initially I felt very bad, like I was cheating him of genetics... And he said no, that’s not so important to him, what’s important is to have a family.” (5)

These findings echo those of Danilug and Hurtig-Mitchell (2003:395-396) who note how parents grow as they face these challenges and discover that their need for parenting outweighs their desire for biological offspring. According to Germain (1978:539), the change described above is indicative of internal changes made to adapt to one’s situation when the situation itself cannot be changed.

4.4.1.1.2(iii) Involving others in decision

Most respondents made their decision to adopt between themselves before involving their family and friends. This was usually because they believed their support system may try to dissuade them.

“We told our family when we handed in our forms... it was a symbolic act...they came here and gave us a whole lecture... But we were already in the system.” (7)

“We wanted to make the decision on our own before we told people because we didn’t want what they said to affect our decision.” (17)

Levy-Schiff, Bar and Har-Even (1990:259) explain how negative reactions from family and friends regarding one’s decision to adopt often heighten prospective adoptive parents’ anxiety around adopting and emphasise how they are different to biological parents. Prospective adoptive parents are therefore protective of their plans and wary of involving others before making their own decision about adopting (Goldberg, Downing & Richardson, 2009:958).

This indicates that some adoptive parents may not have a lot of support from family or friends when initiating their adoption process. In many cases this resistance was evidence that family and friends needed to go through a similar shift in mind set between adoption and biological children before accepting adoption within their family.

4.4.1.1.3. Knowledge of adoption prior to application:

Most respondents had little or purely anecdotal (often from unreliable sources) information on adoption before applying. Some conducted their own research into what was involved and which agencies to approach. Some respondents had bad experiences when they initially enquired about adoption and this compounded original fears from what had been portrayed in the media.

“We looked online and I’d applied at a lot of places. And nobody was sort of getting back to you, everyone was saying, ‘Waiting lists,’ and nobody would even see us.” (4)

“We went to (another organisation) first... I found that really terrible... it was kind of cold and people weren’t really interested. That was my personal opinion...” (15)

“I didn’t know anyone who had adopted in my social circle... I Googled ‘Adoption’, I phoned Child Welfare regularly, just to ask questions.” (11)

This is supported by Goldberg, Downing and Richardson (2009:958), who reported that many parents considering adoption often meet with reactions that make continuing with the process more doubtful and worrisome. Adoption research itself, as well as sensationalist headlines, has played a part in the stigma around adoption (Palacios, 2009:89). While often these reports are indeed reflective of common administrative problems with adoption in South Africa, it is important to be aware of the preconceived ideas that prospective adoptive parents inevitably bring with them when they begin their application to adopt, perhaps with certain expectations, hopes or fears.

4.4.1.2. Expectations of Respondents

Respondents' expectations around the adoption process, adoption-specific issues and their hopes and fears of becoming a parent are discussed here.

4.4.1.2.1 Expectations of the adoption process

Due to their initial experiences or preconceived ideas, some respondents said that they avoided creating expectations for themselves or their support structure, either to prevent disappointment and frustration or simply to keep an open mind.

“I didn’t put my hopes up high...I didn’t get excited, nothing.” (14)

“Because of the past [efforts to apply], we were not really going in with an attitude, ‘yes, it will be successful.’ We went in 50/50. If it must be it shall be. If not, then not.” (1)

I don’t think there were any expectations...Some people wait forever... And that is why I didn’t want to put expectation on myself.” (13)

“... calls to government departments about adoption and stuff and they started giving us long stories, making it difficult... I didn’t hold a date [time frame] in mind.” (3)

From this study it was evident that respondents protected and prepared themselves for a long wait and possible disappointment, thus again adapting to the environment

they found themselves in (Germain, 1978:539). Though these respondents have persisted, it is not known how many other prospective adoptive parents have decided against adopting to prevent further pain or frustration (“Adoption must be regulated...”, 2015; Farber & Louw, 2015; Hamilton, 2010; Tlhabi, 2015:16).

4.4.1.2.2 Expectations around adoption-specific issues

Expectations specifically around what challenges adoption would bring fell into three categories:

4.4.1.2.2(i) Fears around the involvement of the biological family:

Some respondents reported fears around the biological family seeking out or claiming back their child.

“We know he’s ours... but you still have that at the back of your head, isn’t the father suddenly going to pitch up...” (1)

“...she didn’t want to meet us... when they phoned us, then I got worried: why? What is her interest? ... worried she would change her mind...” (2)

“There’s always a little feeling about that the parents might decide to come back... but once we met the mother...” (9)

According to Daniluk and Hurtig-Mitchell (2003:393), this is a common fear of adoptive parents. These fears were greatly reduced when respondents met the biological mothers or when their final paperwork arrived as both these gave a sense of security and dispelled fantasies of what a biological mother may be planning. This is further discussed under Objective Two.

4.4.1.2.2(ii) Cross-cultural issues

Just over half the respondents chose to adopt within their culture. The motivation behind this was generally to minimise the identity and social challenges for an adopted child growing up or over fears that a child of another culture may not fit into the family.

“If I take a so-called black child... the culture and tradition of the child, I won’t be able to assist the child.” (1)

“I wanted the baby to not think anything when they look at her [adoptive mother]... How’s he going to fit in? To people who we never told we were going to adopt, are they going to look at him and say, ‘Who’s this child?’” (16)

“I don’t want to have to explain to [child] why she doesn’t have a granny ...or why her granny likes my sister’s kids more than her... that’s where I feel that they have an identity crisis...” (5)

This may explain why Mokomane and Rochat (2012:349) found that most national South African adoptions were within the same culture, despite South Africa’s richly diverse population. This is perhaps indicative of the attitude in South Africa’s macrosystem described by Seekings (2008:22), on one hand celebrating diversity while on the other hand persisting in clinging to one’s own cultural group. Moosnick (2004:58) noted that many respondents’ decisions to adopt cross-culturally were influenced by the extended family’s acceptance of a child from a different culture. This is therefore a pertinent macro and micro issue in South African adoptions.

4.4.1.2.2(iii) Bonding with an adopted child

Roughly half the respondents noted fears around their ability to bond with someone else’s child. For some, these fears were linked to cross-cultural fears, while for others the fears were linked to general acceptance of a child who does not share their genetic heritage.

“I did kind of feel the pressure because I wasn’t sure, am I going to like the child, and, you know, are we going to bond?” (13)

“Would there be that bond between myself and the baby that comes from someone else? So that was one of the big things.” (16)

If one lives within a culture geared to celebrating genetic offspring above the creation of family, then this fear is a part of one’s cultural ideology and is then possibly common to many parents considering adoption (Brodzinsky, Smith & Brodzinsky, 1998:26; Daniluk & Hurtig-Mitchell, 2003:393; Goldberg, Downing & Richardson, 2009:943).

Having explored participant’s expectations around the adoption specific issues, the following section explores their expectations around parenting.

4.4.1.2.3. Expectations around parenting

Most respondents described their feelings and expectations around potential parenting as “normal parent hopes and fears”. For example, respondents hoped for happy, healthy and well-adjusted children. They questioned their own abilities to be good parents.

“Normal hopes... You want your child to be healthy... You kind of dream of being a parent and in those dreams you’re kicking a ball with your son...” (8)

“I prepared myself well so, you know, I wasn’t surprised that my life was suddenly upside down or totally different...” (20)

“Would I be a good mother? My biggest fear personally was: Will I be my mother to my child?... They say the more you try not to be like them, inadvertently the more you become like the person you don’t want to be.” (11).

Hamilton, Cheng and Powell (2007:110) posit that adoptive parents are as invested in their children as biological parents. While adoptive and biological parents face many of the same stressors, adoptive parents often need to adjust to a new identity, coming to terms with the fact that, after facing infertility, they are indeed going to be parents and are adequate for such a role (CWIG, 2015:4-6).

The findings discussed under Objective One reveal that participants generally entered the adoption process having experienced major loss in terms of infertility and therefore had to shift their original ideas of biological parenthood and family. Participants generally had anxious expectations of bureaucratic delays and intrusive screening and carried fears around not being able to love someone else's child. After exploring respondents' expectations and preparations for adoption, their experienced reality is explored below.

4.4.2. Objective Two: To understand the adoption process from an adoptive parent perspective

Respondents' perspectives of their adoption were numerous and are presented here under four sub-headings.

4.4.2.1. Administration Experience

While many respondents did indeed have long waits (particularly around paperwork), some were pleasantly surprised with the speed and ease at which they were matched to a baby.

“The adoption process was very quick, quicker than I expected...The longest was waiting for the papers to come through court.” (3)

“Everything was surprisingly finalised quite quickly... All the paperwork was done quickly and the name change, they still said it would take up to a year and everything just went smoothly, done fast. It was fantastic.” (4)

Perhaps because expectations were low, respondents' experiences were not as bad as they had feared. However, delays in paperwork were frustrating for practical purposes such as not being able to complete one's application or include the child on one's Medical Aid plan. The delays in paperwork led to extreme anxiety in a few participants as to the validity of the adoption and fears something would go wrong with

the placement. Though they may have had court documents, respondents only felt secure in the adoption once they had the child's new birth certificate indicating the child's new name and parents.

"I don't have evidence and paperwork he's ours... I want to see his birth certificate and see it on there." (2)

"But you're always scared that something will happen again in between... We do have the court papers... but the thing is, on the papers he is still [original name]." (1)

"...it's an adoptive parent thing. Because the process is so up and down as it is... it [birth certificate] makes a big difference... still in the back of your head are worried that someone will call you, that someone has made a mistake." (7)

"We're waiting on the name changes... [for] two years." (14)

This correlates with Moosnick's (2004:91) finding that these documents were important to respondents' experiences of legitimately being the child's mother. After having no control over one's biological parenthood, it is therefore understandable that having to step back and let a slow and unpredictable bureaucratic process take its course, is very difficult and leaves adoptive parents once again powerless (Daniluk & Hurtig-Mitchell, 2003:390,397; Goldberg, Downing & Richardson, 2009:942). McKay and Ross (2010:607) remind one that this fear of losing one's child is not baseless as failed adoptions and bureaucratic mistakes are possible. If the turbulent course many parents have taken to get to the point of adoption is considered one fraught with loss (fertility, miscarriages) and uncertainty (CWIG, 2015:3), then it is understandable that it is difficult for a parent to relax into parenting until they feel secure that their child is going to remain with them.

4.4.2.2. Experience of adoption agency

These findings pertain to how respondents experienced their agency and screening process.

4.4.2.2.1. General experience of agency

While respondents were not uncritical, all respondents reported a generally positive and supportive relationship with their social worker and agency. This positive relationship provided the respondents with confidence and a support network with which to face the challenges that adoption brought.

“... We felt very supported when we were struggling... we would have long chats with her on speaker phone about it and she would pray for us...” (17)

“...you know they're going to ask personal questions, they're going to come into your house. But I think in our case, the people that we worked with were very friendly and open so it didn't feel as intrusive...” (18)

“We were very lucky in that the social workers that we had, they knew exactly what they were doing and knew exactly what they needed to let us know.” (12)

Similar to this positive experience, parent satisfaction with adoption agencies and overall experience in the United States is high (McDonald, Propp & Murphy, 2001:90; USDHHS, 2007:42). Bearing in mind that adoptive parents often come into the process at the mercy of difficult bureaucracy and legislation, perhaps wounded by an experience of childlessness, Levy-Schiff, Bar and Har-Even (1990:264) point out that parents are likely to express warmth towards adoption workers who have seen them through this trying time and assisted them in attaining their desired child.

4.4.2.2.2. The screening process

Adoption screening involves a careful assessment of individuals and couples before acting on behalf of birth parents to place a child into their care. As a result, the screening is often intensely personal. It appears that most respondents, though often wishing the process could be shorter, understand the need for stringent measures.

Most were therefore accepting of the process and, by engaging with their social workers, many found that they processed and internalised their own journey to adoption. In the case of infertility, some respondents found healing, and, having met others in the same situation, felt less alone.

“...the actual process, very painless. Very cathartic actually...the realisation that others were also going through the same thing...” (12)

“Not that it’s a judging process. But it’s a good thing to say... ‘Why do I feel the way I feel?’ ... And so for me it was very helpful to ask lots of difficult questions without pressure, for us to go and think about.” (19)

“... it’s lengthy and it’s invasive and stressful, It is what it is...There were tons of questions that force you to process [infertility]...I don’t think it would be healthy to just totally squash everything, that loss and that disappointment and then adopt... I think that’s why they do it.” (20)

Goldberg, Downing and Richardson’s (2009:959) describe how some adoptive parents find the process of screening brings an amount of healing in their own relationship as they reflect together upon their path to adoption. This therapeutic experience is crucial for adoptive parents to work through their infertility issues prior to adopting so as to be able to adequately and appropriately meet adoption challenges as their child grows and develops (Brodzinsky, Smith & Brodzinsky, 1998:22-24).

4.4.2.3. Placement of the child

Respondents spoke about the first time they met their child. Half these couples also had the chance to meet at least one biological parent. Their experiences of these special moments are shared here, as well as the after-care support received from their agency.

4.4.2.3.1. Meeting the child

For the majority of respondents, this meeting was overwhelmingly positive. Many struggled to remember details but remember intense emotion and joy. Only three

respondents found they were sensitive to caregivers or birth parents who were present and thus unable to express the joy themselves fully.

“I can remember holding him and carrying him to the car and seeing his face for the first time... and that happiness. Nothing else seemed to matter at the time.” (3)

“...it was a wave of emotion that I’ve never experienced so fast and intense in a second...We had her birth mother there... So we also had to be sensitive. We had to hold our joy also to a certain point.” (2)

“And they brought this little thing down, this little parcel. And then they put him down and [my wife], she had tears in her eyes...And I looked at him and he looked up at me...my heart melted. And I said, ‘Ah, Ok, I’m going to love this boy. Look at him.’ (16)

Daniluk and Hurtig-Mitchell (2003:395) and Krusiewicz and Wood (2001:792) describe a similar scenario in which adoptive parents are overcome with joy while meeting their child but also deeply aware of the pain and heartache on the biological parents’ part. This deep sense of immediate bonding is supported by Moosnick (2004:90), perhaps because they have waited so long to become parents. Daniluk and Hurtig-Mitchell (2003:396) describe a very similar response as adoptive parents believed their love for their child surpassed their greatest hopes and fears and could not feel stronger if they had given birth to them.

4.4.2.3.2. Meeting the birth parents

As mentioned, only half the respondents met the biological mother (in one case both biological parents). Of these respondents, all saw the value in this meeting: that they would be able to paint a clearer picture for their child of their birth mother’s personality and reason for adoption. They came away with real empathy and appreciation for the biological mother. Only one of these respondents described her experience as stressful, though she valued the empathy she discovered for this mother.

“I think it’s easier that we met her mother and we saw the emotions when she handed her over...we can tell [child], ‘Your mother didn’t just give you away. Your mother made a decision that not a lot of people would have made.’...her mother was big enough to realise that at the time she needs the help.” (6)

“...now we can say, ‘We met your biological mom. She made a really responsible decision and she chose us to be your parents. Here’s photographs’...” (8)

“Knowing her background is something I can manage. And I felt also that, when I met her mom, there was that connection... understanding... why did she do this, why would she give up her child ... if I didn’t meet her I would always have wondered. And I didn’t want to leave any question marks in [child’s] life as to where does she come from. So I can at least say, ‘Listen, I have met your mom. I know what type of person she is.’” (10)

This empathy for birth parents may prove helpful to the child as they grow older and are told how their birth parents’ decision to relinquish them for adoption was a difficult decision made from a place of love and necessity rather than rejection (Krusiewicz & Wood, 2001:793; Moosnick, 2004:69).

4.4.2.3.3. Post-placement support from agency

Respondents tended to rely on their own support network of family, friends and community rather than on their agency post-placement. Overall, respondents were aware of official after-care services should they require them. There was suggestion that more post-adoption support could be provided through adoption groups and ‘mentor’ arrangements with other adoptive parents.

“... They [Abba] are available but let’s see if we can’t delve into the family support we have... so from everywhere we got the support.” (1)

“[The social worker] was always available she said...If we ever needed something, had a problem and stuff like that, phone them. They phoned once or twice just to find out how we were, if we were coping. It was fine.” (9)

“I feel like you get as much support as you ask for.” (17)

It is common for new adoptive parents to turn to friends and family for support (Daniluk & Hurtig-Mitchell, 2003:295). However, parents' needs for adoption support do not disappear once they have adopted. Adoptive parents are likely to continue needing support (from social workers or peers) as new parents and later as they reach significant developmental milestones in the child's life (McKay & Ross, 2010:605). This will then form the child's supportive exosystem, positively impacting on the child's development indirectly through assisting the parents (Bronfenbrenner, 1986:723; Palacios, 2009:81). This is further supported by Belsky (2005:82) and Bowlby (1988:142) who emphasise the importance of support for the mother as directly influencing her interaction with her infant.

This support and other factors influencing adjustment to family life are explored below.

4.4.2.4. Adjustment to new family life

Any new family takes time and sometimes strain in adjusting to new ways of being and interacting. Three salient themes emerged: the respondents' adjustment to parenting, how respondents perceived the child to adjust to their new home, and what helped to make this adjustment smoother.

4.4.2.4.1. Adjustment to parenting

As with their fears and expectations, respondents generally considered the adjustment they experienced as “normal”, meaning they did not feel that it was any different to that which a biological parent experiences. They described sleep deprivation, not knowing what a non-verbal child wants and giving up luxuries of personal time, space and independence.

“I don’t see it as an adoption issue... would have been exactly the same path [if biological child] because I was just struggling with motherhood.” (5)

“We went from no sleep deprivation to full blown...And then she was having problems adjusting and settling so that was added strain ...I only realised how low I was when I got out of it...There is a level of depression associated with it and it’s not immediate...It’s the same load [as biological children].” (7)

“...I think any parent, whether it’s an adopted child or a natural child, will have exactly the same adjustment process to go through. The only difference is that ...when you’ve had that 9 months prea prior, you begin to make adjustments already.” (12)

Parents across all groups (biological, adoptive, step, etc.) have similar experiences in general when they gain a child (Ceballo, et al., 2004:46). Only a few respondents acknowledged extra struggles in adoption adjustment, such as not having a pregnancy to prepare oneself through, dealing with an older baby as opposed to a new born and having added insecurities around incomplete paperwork - concerns also raised in other studies (CWIG, 2015:4; Daniluk & Hurtig-Mitchell, 2003:395).

Many adoptive parents tend to normalise their maternity, according to Moosnick (2004:14). The phenomena of ‘rejection-of-difference’ – whereby adoptive parents deny any difference between their families and biological families - is discussed by Kirk (1964:75,89) and by Levy-Schiff, Bar and Har-Even (1990:264) in a positive light as it may off-set the severity of the stressors thereby allowing adoptive parents to cope better with their adjustment without feeling so overwhelmed. On the other hand, Kirk (1964:89-90) warns that ignoring difference can be equally unhealthy in the long term and a delicate balance needs to be reached.

Despite the many added stresses, adoptive families tend to cope well and adjust with ease, at least early on in the family life-cycle (Brodzinsky & Huffman, 2008:267; Holditch-Davis, Sandelowski & Harris, 1998:992).

4.4.2.4.2. Child's adjustment

Of interest is that respondents perceived their own adjustment to be more difficult and to take longer than that of their child. Most participants described their child as needing a few days to a week to settle in. Behaviours that illustrated to respondents that the child was not settled included constant crying and little sleep. They felt that after a few days, the child settled.

“She was quite serious for a while, a few weeks or so. And then the last month and a half... she just lights up: laughing and making contact, eye contact, interacting and that kind of thing. So she took a little while to adjust.” (8)

“He literally took to the family like a duck to water...It was challenging for me to get used to his cries...Bathing him was terrifying...We had to adjust. [Child] was ‘min gespin’.”(11)

These findings show a reliance on the infant's attachment behaviour to establish how settled and secure a child is feeling. Generally speaking, children cry to signal when they are uncomfortable or in need of reassurance and connection (Ainsworth, et.al., 1978:6). According to Bowlby (1979:50-56) and Brodzinsky, Smith and Brodzinsky (1998:47), though infants do usually appear to adapt well, this is achieved by repressing their experience so that attachment problems may yet occur in later childhood. This is perhaps indicative of the adaptability of infants, their innate capacity to bond and the need to find goodness of fit in their environment (Germain, 1978:539; Germain & Gitterman, 1995:818).

4.4.2.4.3. Parents' perceptions of factors assisting family adjustment

Some respondents helped the child through this transition by trying to keep their immediate environment similar. If the child came with a teddy bear or blanket, they would keep this close to the child. It was suggested to some respondents that the child sleep in their bedroom initially so that they could soothe the child immediately and provide a sense of security and stability for the child, whose world has been newly shifted. They found that keeping the child's routine the same was also useful. Support

from family and friends was helpful and encouraging to new parents, though few participants elaborated on this.

“Our first support is of course my father that stays in the house... And then of course we have our sisters and our brothers who give us guidance” (1)

“The Den Mother [House mother] gave us a frog that he had been sleeping with and he kept in the cot.” (12)

“With him I needed a routine... So I spoke to my sister who have bigger children...she sit with me and spoke with me... and I found the routine!” (2)

Most of the children in this study were placed in their permanent families around five months of age. According to Bowlby (1974:266-268; 1980a:22; 1980b:438-9), continuity of care is important to the child’s formation of a competent and omnipotent sense of self during this first phase of attachment (up until six months of age). As the child grows older, so their awareness of their constant caregiver grows and with the development of mobility, so to comes separation-anxiety (Holmes, 1993:75). Thus it would be expected that the child needs time to adjust to their new home and new caregivers. Providing the child with a transitional object such as their familiar blanket or teddy could assist in providing some small feeling of security or familiarity in otherwise strange surroundings.

4.4.3. Objective Three: To discover what factors assist in developing a close relationship between new adoptive parents and their babies

Findings showed three specific areas relating to initial bonding between respondents and their babies: The child’s pre-adoption experience, the participants’ impressions of their child, and the mutual feedback of interaction between child and respondent.

4.4.3.1. Child's pre-adoption experience

Two areas of interest were found: the respondents' thoughts about not adopting a baby from birth and how respondents actively helped their child to bond.

4.4.3.1.1. Thoughts around not adopting from birth

Most respondents acknowledged their child's first months and had some limited insight into early attachment of infants. Most still felt that their child adjusted quickly and easily into their home. Still a significant number discounted any personality or "real bonding" in the child's early months and were of the opinion that a child's ability to bond begins as they grow older.

"The seven month gap ... I don't think there was that much that we missed... when a baby is that small they... They don't have a personality... all they literally are is a little biological bundle that eats and shits and sleeps... I don't think you can really bond with something like that. Up until the point where they start doing something outside of that pattern that you can identify with... The bond was there [at 7 month placement] but it was very slight. And it only got stronger and stronger as you interact more." (12)

"I felt that because she was five months she didn't really understand what was happening. And so... it didn't take her such a long period to actually adapt to us as her parents." (10)

"... Most people take maternity leave and... when the baby's 6 months old they go back to work... we get a baby that's already partially aware... It's a different level of bonding and attachment. So it's almost, a more positive time to spend that real, intense time with your kid, as opposed to the first bit." (7)

"I think [not adopting from birth] the one part of the process that I categorically disagree with and that I think is not protecting the child, it's harmful to the child. It's just protecting the adults who need to be strong enough to handle that emotion..." (20)

This shows the ages at which respondents understand attachment and bonding is important. In contrast to most respondents' sentiments, Ainsworth, et al. (1978:26); Holmes (1993:111) and Niemann and Weiss (2012:206) found that infants do (and need to) experience attachment to a primary caregiver in their first three months. Bowlby (1988:9-12) explains that much of the initial attachment process is led by the baby's response to the environment around him, which is then established and affirmed by the mother's response to him. Thus initially, the parent may feel that attachment is one-way and that their role with the child is replaceable. However, what they are establishing is a secure and constant (unshifting) base that will later on give the child confidence to explore (Bowlby, 1988:13).

The majority of the respondents were resigned to the 60 day rule and many preferred the security it brought knowing their child would not be removed from their care.

“You want to go into it calm and as prepared as possible...there were also a lot of programs on Carte Blanche about people adopting and then a couple of months down the line the babies get taken away because the paperwork's not done properly or the parents have changed their minds. And we were very clear...as long as it's a secure adoption and all the paperwork is done and all that, that when we get our baby, he's not going to be taken away... we made sure of all that before. Ja, it's terrifying.” (4)

“I think it would be for us, and I'd like to say for everyone, unhealthy to live out the 60 day period not knowing whether or not the kid was yours...I don't believe that you've got 120% buy-in if there's a possibility the child's not going to be there.” (7)

Moosnick (2004:91) also found that respondents felt more legitimate as mothers when the legal process had been completed. There is a delicate balance between not disrupting a crucial period for attachment and providing parents who feel secure enough to bond with the infant. Though each situation may be different, it appears that most adoptions no longer occur at birth and therefore adoptive parents need to be fully prepared and equipped to manage and encourage bonding, even when the child

appears to be settled and content. The following sections further explore how respondents' thoughts and feelings about the child influence their attachment.

4.4.3.1.2. Helping the child to bond

Though most of the respondents were screened by the same organisation, only two respondents spoke about actively teaching their child to depend on them. Both described their understanding that an infant who shares many carers with many other babies at times may inevitably, even with the best intentions, not have his needs met. These respondents understood that such a child may then stop using attachment behaviour signals. Here they describe their efforts to reactivate these behaviours.

“... They learn that they’ve got to wait sometimes [in Baby Homes]. And that’s where they have attachment issues...even babies of five months takes her getting used to attaching...But now after four weeks she learnt... that these two people are going to cater to my every need. So she started crying every two hours, testing us, waking up every two hours, wanting her bottle...So the only indicator in my mind was when she started regressing was the fact that she’s starting to bond. The fact that she started to become needy...” (5)

“...they say it doesn’t matter how old the baby is, when you adopt it you basically start from scratch, as if it’s a new born...just to give him that perspective of this is Mommy and this is Daddy... it’s ok to cry for attention... definitely took about 6 months for us to get into where both he and myself relaxed... it’s Ok if he needs something there is one person who’s always going to be there.” (4)

This attentive caregiving is encouraged by many online adoption websites and articles (Borchers, 2004; Parker, n.d.; Schooler, 1993.; Solchany, 2014; Steinberg & Hall, 1998). It is further supported by evidence that early intervention enhancing “parental sensitive responsiveness” promoted security in infant attachment and thereafter their confidence to explore (Juffer, et al., 1997:1043).

4.4.3.2. Mutual Feedback

Almost half the respondents described how the child's ability to cope or attach raised their own confidence levels and encouraged bonding.

“It’s also nice, adapting to [child]. Because at night he wants to sleep in your arms...” (1)

“...he’s actually more calm and relaxed...he wasn’t so restless and niggly. That also helped us bond.” (16)

“...amongst all the heartache and everything that’s happened, we’ve definitely done a good job. I’ve somehow managed to stay calm and balanced. My child’s really well behaved at the best of times... I don’t have any doubts now [that I wouldn’t be a good enough parent].” (4)

This is supported by McKay and Ross (2010:608), who found that it is helpful in one's transition to adoptive parenthood to see one's child excelling or coping with the adjustment. Parents also found that when they were confident, their children were more relaxed, which in turn boosted their confidence. This is an example of the mutual feedback between parent and child (Germain, 1978:544). This is further explored by Rubin, Nelson, Hastings and Asendorpf (1999:938), who describe parents as adapting their behaviour towards the child based on the child's temperament or characteristics. Moosnick (2004:92-97) confirms that a mother's bonding with her child is often guided by the clues the child gives her and that parents measure their parenting by how their child develops.

Factors assisting participants in developing a close relationship with their babies were found therefore to include participants' understanding of their child's pre-adoption experience and need for careful measures to be taken in order to stimulate bonding with the infant. This understanding was reflected in the minority of participants. A facilitating factor for all participants was seeing their child settle easily and respond positively to their instinctive parenting.

4.4.4.. Objective Four: To investigate what challenges adoptive parents face while developing a relationship with their baby

Respondents generally tended to refute any major difficulties in bonding even if the child's initial adjustment had been extremely challenging. Respondents refrained from relating any attachment challenges to their child's personality.

4.4.4.1. Child's Pre-Adoption Experience

As mentioned previously, only two couples recognised the significant losses their child had experienced, initially from their birth parents and subsequently from their first primary care givers. For some, the child's difficulty in settling resulted in the respondent doubting future bonding possibilities.

“He was just crying day and night. And I was saying to my husband, ‘I don’t think that he can actually bond with me...Am I doing something wrong?’... Our family doctor said that there’s actually separation anxiety...” (15)

“...by the Friday evening I didn’t want him. He was crying – obviously it’s a new home, new people, don’t have the people he’s used to... for 8 months, he was with these people... And now he’s sitting with someone he don’t know in a place he don’t know...And when he do sleep he sleeps only ten minutes and then he’s awake.” (13)

As noted, children experience trauma, even in infancy, at the disruption of their attachment, especially after six months of age (Bowlby, 1980b:70). They often need special attention to overcome this (Lieberman, 2003:282).

4.4.4.2. Mutual Feedback:

While children's successful development boosted parents' confidence, so signs of discomfort or unhappiness were linked to a parents' lack of confidence in their own abilities.

“I achieve at everything that I generally do. And here’s this baby and I couldn’t achieve at anything... So I failed. I was like failing at everything because I could not figure her out.” (5)

“...we still don’t feel like optimal attachment is there yet... he’s very easy-going but... he’s not a cuddler, so that makes it hard... sometimes when he gets annoyed, he’ll walk to me and then reverse away from me... walks away and then he plonks down. So it’s difficult, like he wants me and then I come to him and he head-butts me...” (17)

“I was like very nervous [the first three days]. And I think he could maybe feel, you know, I was tense. And once I’d actually settled down then he started to settle down as well.” (15)

Moosnick (2004:92) notes how the child’s personality contributed to adoptive mothers’ bonding with the child, a more affectionate child being easier for a mother to engage with and feel close to than one who pushed her away. According to Bowlby (1980b:70), it is also possible that an older child has learnt to deactivate his attachment behaviour after learning that it does not satisfy his needs. A child who does not know how to ask for help does not then elicit his mother’s nurture and this can lead to a mother feeling redundant, helpless and rejected by the child (Bates & Dozier, 2002:419,421).

It appears from these findings that not all parents felt well prepared or equipped for challenging and overwhelming responses from their children.

4.4.5. Objective Five: To learn about the recommendations parents would make to couples considering adoption

All respondents advocated for adoption and were glad of their decision, recommending it as a viable, healthy and positive option for building a family. Though many adoptions were not straightforward, no one regretted their decision. The most common aspects that people would change if they could would be reducing the paperwork and the lengthiness of the process.

“...it was a hard path...but at the end of the day I wouldn’t change nothing...the only thing: if they could make it easier for people to adopt... not try and put obstacles in the way.” (6)

“Just make it shorter. I think it wouldn’t be so off-putting to people if it was maybe shorter. The paperwork, like I said [forms lost in post, etc.], some of it is a nightmare.” (11)

McKay and Ross (2010:608) also found that adoptive parents found their fulfilment from parenting compensated for the stressful steps taken to get there.

Respondents generally had varied recommendations, with no single recommendation given by the majority. This is perhaps because each participant was speaking from their own experience about what was most salient to them at that point. The most common recommendations to prospective adoptive parents were to have a good support system in place and to do one’s research in terms of agency selection, understanding the process and parenting skills for later on.

“Talk to couples who’ve adopted...it’s helpful but every situation is different.” (17)

“Get as much information as you can... make sure that those [positive] people are around you and that you keep them involved and included because you need their support.” (18)

“Talk to somebody that is knowledgeable about it... Talk to a social worker, talk to somebody that you trust and can give you good advice.” (10)

“Maybe they should emphasise a bit more [for parenting skills]: do your research, read books, as much as you can, talk to people, get advice. Because nothing prepares you...” (8)

This is in line with what agencies advise, to surround oneself with support and to find out as much information about the process as possible (CWIG, 2015:9-10; Daniluk & Hurtig-Mitchell, 2003:398). Furthermore, Bowlby (1988:142) emphasises the importance of maternal support and the influence this has over a mother's ability to respond to her child appropriately.

Whilst making recommendations, respondents also felt that adoption agencies could provide more support both before and after placement.

“What I'd really like out of adoption and support is pre-adoption...almost like a support group beforehand...so there's other people there who have actually adopted already. They could give you advice because they know...And then once again, post-adoption talks, support groups where you can go to.” (16)

“...give them a bit of extra support where you're preparing them more and telling them the emotions...attached to it.” (6)

“...they (adoption agencies) should know about these (support) groups, put people (who have adopted) in contact.” (8)

These sentiments were shared with respondents from Daniluk and Hurtig-Mitchell's (2003:298) research.

4.5. Conclusion

The findings illustrate how respondents perceived their personal adoption process. Though many were quite individual experiences, all were emotional, all experienced difficulties at some point and all needed support and guidance of some description. Respondents tended to view the overall complex experience positively, focusing most negative attention on lengthy paperwork. The final chapter discusses the conclusions and recommendations of the study.

CHAPTER FIVE

CONCLUSIONS

5.1. Introduction

The final chapter presents the conclusions drawn from the study's findings. Recommendations for further research and practice are provided at the end of this chapter.

5.2. Conclusions

The conclusions will be discussed under each research objective.

5.2.1. Objective One: To explore adoptive parents' motivations and expectations around adoption.

Most respondents entered the process carrying disappointment and loss from infertility and had tried various treatments before turning to adoption. Many went through a non-normative and testing transition of accepting the reality of being an adoptive rather than a biological parent, an identity that was foreign not only to respondents but to their micro and macro systems as well. For many this meant only including their support system once they had already chosen adoption, both in order to avoid critical comments and to protect those close to them from unfair expectations. It could be concluded that for many respondents adoption was, at least initially, a second best option.

The influence of the respondents' micro and macro systems on their process was observed to be significant, particularly with regards to decisions about cross-cultural adoption. Participants rely on these systems for support as parents and therefore need to consider how these systems will adapt to the child they adopt.

Participants faced many fears coming into a system they had heard to be difficult. These included fear of the biological family later claiming rights over the child, the child being taken away from them due to administrative issues, an inability to bond with a child born to another person or not being able to provide sufficiently in terms of culture

and identity for a child of a different race. There also appeared to be much anxiety around respondents' competency to parent. Thus participants expected to struggle through the process and, as a result, kept their expectations very low.

It could be concluded that respondents were disillusioned, insecure and vulnerable when they initiated the adoption process. While this unhealthy state of mind needs to be addressed to provide stable and secure parenting when their child arrives, it is perhaps a protective factor for adoptive parents. Though their vulnerability leaves them open to potential abuse (paying too much for an adoption, privately arranging an adoption without a social worker), they are also open to support, and to learning and do not raise their expectations unrealistically.

5.2.2. Objective Two: To understand the adoption process from an adoptive parent perspective.

Once respondents began the process, their confidence grew as they experienced supportive and knowledgeable social workers, developed greater understanding of what adoption means and how the system works, and found common ground with others in a similar position. Screening also assisted respondents to process any lingering issues they had around infertility. Meeting birth parents helped respondents to gain empathy for rather than fear of the biological connection their child has to other people. Therefore developing an understanding and sense of orientation appears to have reduced fears significantly and made the once overwhelming problem of adoption a more manageable solution to parenthood.

One fear that was realised for many respondents was frustratingly slow paperwork. This appears to be due to inefficiencies in the system such as overloaded departments that may not outsource adoption specific tasks of clearance from criminal registers, changing the child's birth certificate to reflect their new name or registering the adoption. It can therefore be years before the child has a birth certificate indicating their new family membership. This complicates efforts to place the child on the family Medical Aid plan or to enrol the child in school under their new name. Aside from these

practical frustrations, the indefinite waiting for a final birth certificate caused much anxiety in respondents.

Once the child was placed, participants finally experienced the joy they had been longing for. A few still felt insecure in their role as new parents, especially before the child settled with them. Most found that their child appeared to adjust easily to the transition and it was the respondents who took a little longer to become accustomed to parenthood. It could be concluded that, in this regard, the younger baby is more adaptable to their new environment than adults are to their new role and lifestyle. Some particular obstacles were not having a pregnancy to prepare for a baby and a sense of having to be the perfect parent from the start.

It appears that, apart from the administrative side of adoptions (which remained extremely trying for respondents), the reality of adoption was a surprising relief after the fears and expected disappointment that respondents initially brought to the process. Of particular interest was the value that screening, though uncomfortable at times, held for respondents.

5.2.3. Objective Three: To discover what factors assist in developing a close relationship between new adoptive parents and their babies.

All participants acknowledged their child's transition from his first few months in alternative care but many showed a lack of deeper understanding regarding the significance and life-long effects of early bonding and the disruption thereof. Though most respondents were screened by the same organisation, only a few showed healthy insight into this crucial stage in a child's development. While respondents are not expected to be experts in this field, it could be concluded that they either received insufficient preparation in this regard or that it is something that respondents choose not to focus on as it emphasises the differences between adoption and biological parenting. It is also perhaps an area overlooked by adoption practice as little empirical research has been conducted into the effect of alternative care prior to adoption of infants.

A tendency to normalise the experience of becoming parents was noticeable and has been described as the rejection of any difference between adoptive and biological parenthood. One could conclude that this is a protective function for respondents so as to facilitate the transition to adoptive parenthood (which entails loss of fertility, loss of their child's early months and doubts about one's capacity to parent), and attachment with their child.

Many respondents felt reassured in their parenting abilities when their child was easily soothed, showed affection to his parents and settled easily into the home. Once again this highlighted the vulnerability and insecurity of respondents, perhaps because they were new parents or perhaps due to the difficulty experienced in becoming parents.

It could be concluded that positive feedback from the child and rejecting difference between adoptive and biological parenting are two facilitating factors in building a close relationship between respondents and their babies at least in the initial stages of development.

5.2.4. Objective Four: To investigate what challenges adoptive parents face while developing a relationship with their baby.

Adoption administration was observed to be a major cause of anxiety and insecurity in some respondents. Even when a child was placed, their fear of disappointment only lifted and their sense of parenthood grew only after they received the final paperwork reflecting the child's new name and family membership. As anxious parents may struggle to attach as deeply to their child as secure parents, the inefficiencies in adoption bureaucracy could be viewed as a challenging factor in bonding with one's child.

As observed under objective three, mutual feedback had a significant effect on respondents' relationship building with their baby. Some respondents found that they felt insecure and incompetent when their child was not settling or refused to be soothed.

Most respondents were hesitant to say anything negative regarding their child or their bonding process. It did not appear as if they were intentionally hiding anything but rather that they genuinely felt their relationship was close and had developed very naturally. As mentioned in the literature, it could be that, having taken the respondents so long and so much effort to become parents, they have a different appreciation of their child and are less likely to take him for granted. It is noted that overlooking challenges to minimise difference could result in later attachment difficulties as the child grows older.

5.2.5. Objective Five: To learn about the recommendations parents would make to couples considering adoption.

Despite initial fears and bureaucratic frustrations, all respondents wholeheartedly recommended adoption as a positive option for parenting. One could conclude from this that the joy of parenthood and the meeting of mutual needs between participant and child overrode concerns about biology and fears of disappointment. Once respondents had been through the process, it appeared for the majority that adoption was no longer second place to biological parenting but rather their best option.

Though there were many different recommendations amongst respondents, a prominent suggestion was to be well equipped with information and to surround oneself with a good support group. Thus it could be concluded that, having come through the process, respondents were able to recognise in hindsight the need for support and adequate preparation.

5.3. Recommendations:

Recommendations are made to adoption agencies, adoption administration services and for future research. These recommendations are based on the conclusions discussed above.

5.3.1. Recommendations for adoption agencies:

Reducing parents' initial anxiety:

In order to reduce anxiety in prospective adoptive parents, it is recommended that particular attention be focussed on creating a comfortable, accepting and non-threatening environment from first contact with applicants. This would involve having information easily accessible on websites and in hard copy. Orientation meetings should be friendly and relaxed while conveying necessary information without overwhelming applicants with facts and legalities. More detailed information should be provided in hard copy for applicants to take home and read with points of contact provided for further questions or concerns.

Screening and waiting periods:

Adoptive parents pointed out their desire for further parenting training and support or communication in dormant periods (such as waiting for clearance or waiting for a child). Adoption agencies could provide seminars during this time on general parenting and on attachment issues in adoption. Costs could be included in the fees charged for adoption. Adoptive parents who have been through the process and parented for some years could also be recruited to volunteer as mentors for applicants in screening, those waiting for placement and for new adoptive parents. Adoptive parents could be linked with The Parent Centre as an excellent and affordable resource for parenting skills.

Training for adoption social workers:

It is possible that adoption social workers are not sufficiently trained on the impact of early attachment and the disruption of early bonds. Investment in such training would be highly recommended. It could perhaps be provided by multi-disciplinary experts involved with adoption panels either at cost to agency (as part of continued professional development) or at a reduced rate should such experts be open to such an arrangement.

5.3.2. Recommendations for adoption administration services:

Improving efficiency:

Outsourcing of certain functions (such as security clearance, birth registrations and new birth certificates for adopted children, etc.) could assist the paperwork flow and prevent backlog. This could be arranged through the Department of Home Affairs in a manner similar to the arrangements hospitals have for birth registrations.

Early placement where possible

It is current practice in the Western Cape to avoid placing babies with adoptive parents from birth. As seen in this study, many respondents preferred a more secure placement when the child is slightly older. However, according to literature, this is not necessarily in the child's best interests and can cause relational problems later in the child's life. Such problems could threaten the crux of adoption – to provide stability and permanency so that the child can develop to their full potential. Thus it is recommended that early placements from birth be supported when adoptive parents are prepared to take the risks of the child being returned should biological parents withdraw their consent. In order to protect this system legally, contract could be drawn up and signed so that all parties are fully aware of the risks and implications involved.

5.3.3. Recommendations for future research:

This study focused on an extremely small sample of local adoptive parents. As little research has been found on this topic in South Africa, further research would be extremely valuable, particularly as current policies are not based on any empirical research. Future research could expand this study with a greater number of respondents for a larger perspective as well as including single adoptive parents and same sex couples.

A comparison between the experiences of adoptive parents who have adopted from birth and those who have adopted in the child's first year could highlight differences in these experiences.

As theory notes that early attachment issues are more likely to manifest in middle childhood, adolescence or early adulthood, a longitudinal study on the attachment experienced between these respondents and their children could be conducted in future years to re-evaluate the effects of later placement.

A comparison between respondents who have received training on attachment issues against those who have not, could provide information on the value of such training.

5.4. Conclusion:

Through the lenses of Ecological and Attachment theories, this study has explored the journey that twenty participants took to become parents through adoption. Their responses and insights have described their experiences, particularly of what has been helpful or challenging in building a relationship with their baby. Conclusions reached were that all participants, despite the challenges they faced, were more than satisfied with their decision to adopt and would recommend adoption to future parents. This should be viewed as remarkable resilience in the face of massive bureaucratic challenges rather than as evidence that current adoption practice is satisfactory. Respondents' positivity also perhaps shows the depth of desire to parent as well as one's innate ability and need to attach to another. It was also concluded that many parents have limited understanding of the attachment needs of their children, which is a problem specific to adoption when the baby has experienced loss on two separate occasions. Recommendations were provided in terms of managing this challenge as well as general recommendations regarding support for adoptive parents and the efficiency of adoption paperwork. Recommendations for further research were also suggested.

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APPENDIX A:

PARTICIPANT INFORMATION AND CONSENT FORM:

Title of Dissertation: Adoption: Parents' perceptions of facilitating factors and challenges in the development of their relationship with their baby.

Researcher: Penny Henwood

Contact number: 082 641 0681

You are invited to take part in a research project. Please take some time to read the following information about this study to see if you would be interested in participating. You are welcome to ask questions at any point for further clarity. Please note that participation in this research is completely voluntary. If you agree to participate and feel uncomfortable along the way, you are entitled to withdraw from the project at your convenience.

This study has been approved by the ethics committee of the University of Cape Town.

What is this research about?

I aim to explore the experiences of parents who have adopted in South Africa in the last two years as there have been few studies documenting how adoptive parents find this process. Similarly, the researcher is interested in the way relationship is built between adoptive parents and their babies and whether or not, our adoption procedures and systems support or challenge this.

It is our hope that the information collected will inform agencies and perhaps future South African policy so that adoptive parents will be attracted to adopt and will also receive the appropriate preparation and support.

Why you have been invited to participate:

You have adopted a baby in the last two years and therefore are an expert of your own experience.

What will be required of you:

I would like to interview you once about your adoption story. This interview should take roughly an hour of your time. Interviews will be recorded via Dictaphone for transcription purposes only.

The time and place of the interview may be determined by what suits you best. Due to the personal nature of these interviews, you may find the interview covers sensitive topics. Please note that if you are uncomfortable with a question asked during the interview you are under no obligation to answer it.

Should you find the interview brings up difficult memories or emotions, debriefing and counselling will be freely offered by your social worker at ABBA Adoptions.

How will participating benefit you?

Participation may not have direct or immediate benefits to you. However, sharing your experience may well benefit future adoptive families. You will not be paid for your participation.

What will happen if you do not agree to take part?

Absolutely nothing. Choosing not to participate will in no way jeopardise your relationship with ABBA and their services or any other adoption-related services.

Who will have access to this information?

Your name will not be mentioned in the research report – confidentiality will be carefully protected. The Dictaphone recording will be heard only by the interviewer.

How public will this research be?

As per UCT procedure, all Master’s level dissertations are published on OpenAccess and therefore available to be read by the general public.

INFORMED CONSENT OF PARTICIPANT:

I
agree to take part in a research study entitled “Adoption: parents’ perspectives of the facilitating factors and challenges in the development of their relationship with their baby.”

I agree that:

- I have read the information above
- I understand the information given above and it is written in a language with which I am comfortable
- I have had a chance to ask questions about this research and my questions have been answered adequately.
- I understand that my participation is voluntary and I have not been forced or pressurised to take part.
- I understand that I may choose to leave the study at any stage or not answer questions with which I am not comfortable without any resulting consequence or prejudice from any body.

Signed at: _____ on _____ 2015.

Signature of participant

Signature of witness

APPENDIX B:

Semi-Structured Interview Schedule:

1. Demographics:

- How old are you?
- Where do you live?
- What is your occupation?
- How long were you married before you adopted?
- How old was your child when placed with you?
- Has your adoption been finalised yet? If so, how long did it take from placement?
- Can you tell me about where your baby stayed before he / she came to you?
- How much do you know about your child's history prior to adoption?

2. Motivation to adopt:

- What were your feelings about adoption prior to making the decision to adopt?
- What led your decision to adopt a child?
- Who made the decision to adopt?
- Was this something you agreed on easily?
- Once you had made this decision, how soon did you apply to adopt?
- Did you discuss your decision to adopt with anyone?
- Was anybody else involved in this decision?
- What were your expectations regarding adoption?
- Did you have any hopes for the adoption process or the child you would adopt?
- Did you have any fears regarding this process or adopting a child?
- What were the reactions of your family, friends and larger community to your initial decision to adopt?

3. General experience of adoption process:

- How long was your wait for your child after your screening was completed?
- How did you find the process of adopting?
- Were any of your expectations realised?
- Were any of your hopes realised?
- Were any of your fears realised?
- What did you expect the first meeting with your child to be like?
- What was it actually like?
- Can you describe the first few days and weeks together as a new family?
- How did your family, friends and larger community respond to your child when he / she arrived?

4. Facilitating factors in relationship building with child:

- What has your adjustment to parenthood been like?
- What has assisted your adjustment to parenthood?
- What support did you receive?
- Who did you receive support from?
- Was formal support (for example from an agency) easy to find or access?
- How did you feel your child settled into your home?
- What do you think their adjustment to you was like?

5. Challenging factors in relationship-building with child:

- What, if anything, has been difficult in forming a relationship with your child?
- Has it been easier for one parent than another?
- What has made it easier or harder?

6. Recommendations to prospective adoptive parents and adoption agencies:

- What suggestions do you have for parents considering adoption?
- What can adoption agencies do differently to better support, prepare and understand adoptive parents?
- If you could change anything about the process, what would you change?