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Quality of the Relationship between Children Abandoned During Infancy and Their Adoptive Parents

A research report submitted in fulfilment of the requirement for the degree

Master of Arts in Clinical Psychology

In the faculty of Humanities at the

University of the Witwatersrand, Johannesburg

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Declaration

I declare that this research report is my own, unaided work. It is submitted for the degree of Master of Arts in Clinical Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

_____

Leishka Behari-Ram

Signed this_____ day of _____ 2016.

Abstract

Literature on adoption and abandonment in South Africa is somewhat limited. As abandonment is a pressing issue in South Africa, it is important to grow the body of literature so that these children and their adoptive families can be given effective help and support. This study focused on the relationship between adoptive parents and their previously abandoned, adopted children. Emphasis was placed on exploring this relationship and capturing the narrative of these adoptive parents as they provided an account of their experiences in adopting an abandoned child. To help guide this exploration, this study looked at how the experience of being abandoned affects the relationship between the adoptive parent and their adopted child. The study then focused on how good enough parenting ameliorated these early adverse experiences and finally explored the type of help sought by adoptive parents to help their children. The research design employed for this study was qualitative in nature and semi-structured interviews were conducted with five adoptive mothers in Johannesburg. Thematic content analysis was used to obtain themes and interpret the data. The findings of this study revealed that the adopting of abandoned children was a challenging journey yet, given that these adoptive mothers have been good enough caregivers to their children, providing them with consistency and stability in care, they have inspired the birth of relationships that feel more secure. In addition, the findings pointed out that the tracking of the relationship between adoptive parents and the adopted child from pre-pubescent years into pubescent years is likely to reveal more about the relationship.

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Chapter 1: Introduction

1. Introduction

South Africa is home to approximately two and half million children who are in economic and socially vulnerable positions. Included in this is an increasing rate at which children are being neglected and abandoned by their biological parents (Statistics SA, 2011). Abandoned children are placed in vulnerable situations which are likely to be harmful to both their physical and emotional well- being (Mokomane, Rochat & The Directorate, 2011). The vulnerability of multitudes of children in South Africa calls for alternative care or other protective and preventative measures to be made (Statistics SA, 2011). The institutionalisation of these children, through placements in orphanages, places of safety and foster care have been common courses of action with a smaller sub-set of these children being placed for adoption in more stable and consistent environments, affording the child with a second chance of attaching to potentially invested caregivers (Brodzinsky, 2011). This is further acknowledged by the Department of Social Development (2010) who state that adoption is an underutilised form of care for vulnerable children and promote this form of alternative care.

This study placed its focus on these children and looked at the relationship formed between the adoptive mother and their previously abandoned, adopted children. Emphasis was placed on exploring this relationship and capturing the narratives of these adoptive parents as they provided an account of their experiences in adopting a vulnerable child. To help guide this exploration, this study firstly looked at how the experience of being abandoned affected the relationship between the adoptive parent and their adopted child. Following this, the study focused on how good enough parenting ameliorated these early adverse experiences as well as the kinds of help that were utilised by the adoptive parents.

In thinking about the relationship between mother and infant, a theory that almost naturally comes to mind is Bowlby's Attachment Theory. This study used Attachment Theory as a point of reference in terms of understanding the ebbs and flows of the complicated relationship

borne out of adoption, particularly with more vulnerable children. It is important to note that the theory was intended to serve as a guide and not a source of instruction when exploring the relationships between the adoptive mothers and adopted children. A component within Attachment Theory which has proved to be of particular interest in this research was that of the Internal Working Model (IWM) of the child. The IWM was used as a base from which to understand the influence of new adoptive relationships on children with early adverse experiences (referring specifically to the experience of being abandoned and the superimposed level of neglect experienced).

Abandonment affects all involved, the mother, the father and the abandoned child who is often the most scathed. Children who have been abandoned by their biological parents carry the feeling of not being wanted by those who have created them (Sherr & Hackman, 2002). Research suggests that early attachment is significantly disturbed when the attachment figure is not available to the child or when an attachment is formed and the attachment figure goes on to become permanently unavailable which is the case of children who have been abandoned (Paterson & Moran, 1988). In the experience of the abandoned child there are limited (if any) encounters with a continuous and predictable caregiver with whom the child can develop an attachment with (Landerholm, 2001).

The abandoned child's earlier relationships stay with the child in some manner and enter their new relationship with their adoptive parent or parents (Steele, Hodges, Kaniuk, Hillman & Henderson, 2003). Although, Zeanah, Smyke and Dumitrescu (2002) found that "even children who do not have attachment figures in conditions of neglect are capable of forming attachment relationships once they are placed in more normative environments" (Zeanah, Smyke & Dumitrescu, 2002, p.981). Through the narratives of the participants, this study was able to explore how the adopted children's earlier relationships impacted upon them and whether the relationship with the adoptive parent was able to ameliorate early adverse experiences.

1.1 Research Aims

This exploratory and descriptive study firstly aimed to explore how the experience of parenting an abandoned infant impacted the quality of relationship between the child and primary caregiver (i.e. the adoptive parent).The second aim of this study was to explore the ways in which a good enough primary caregiver ameliorated the early loss of the child. Finally, the third aim of this study was to explore the type of help the primary caregiver sought for their child (as this may have impacted the relationship).

1.2 Research Rationale

Abandonment and neglect are pertinent issues which have long lasting effects on children and their subsequent development. Children who have been abandoned are left vulnerable to situations that may be harmful to their physical and emotional well-being (Mokomane et al., 2011). Abandoned children are often taken into the care of orphanages and many go through several foster care placements. Of these children, a subset are adopted and placed in families where they are given a second chance at a life with parents who want to nurture and care for them (Brodzinsky, 2011). However, their adverse early experiences do not leave them and often times tend to affect their new relationships (Lieberman, 2003). This study looked at the relationship between adoptive parents and their children who were previously abandoned in order to explore how the child's experiences impacted and influenced the new parent-child relationship.

The effects of being abandoned or orphaned leave the child at an increased risk of exploitation, abuse, institutionalisation, psychiatric problems, poverty, educational disadvantages and vocational shortcomings (Mokomane et al., 2011). These issues result in human capital disadvantages that further perpetuate the cycle of unemployment and poverty and thereby increase the complexities of the problems that arise in South Africa (Mokomane et al., 2011).

According to the Children's Act (No.38 of 2005) adoption is supported over foster or residential care. Adoption intends to establish a permanent relationship between parent and child where the child is given both child and heir rights (UNICEF, 2008). Further, South Africa is one of five African countries to ratify the 1993 Hague Convention on Inter-Country adoption and is a leader in terms of legislative frameworks established for the protection of children. Despite the country's strong legislation regarding children, little research has been carried out in the area of adoption and abandonment (Mokomane et al., 2011).

From 2003 to 2011 the percentage of children who have access to social and foster grants increased from 15% to 59.2% (Statistics South Africa, 2012). According to Statistics South Africa (2012), these statistics are a reflection of the amount of children who are in economically and socially vulnerable positions that necessitate alternative care or other protective arrangements (Statistics South Africa, 2012).

Using social and foster grants as an indicator, Statistics South Africa has found that over two and a half million children are in potentially economically and socially vulnerable positions that necessitate alternative care or other protective arrangements (Statistics SA, 2011). From April 2004 to March 2009, there have been an estimated total of 14803 adoptions of South African children, approximately 2000 children per annum. The National Adoption Register has accounted for these statistics as having diminished over the years with less children being successfully adopted as the years go by. Of these children, 1690 are children who have been abandoned (Mokomane et al., 2011).

Mokomane et al. (2011) state that adoption rates should be higher than they are, given that the law recognises adoption as the best fit for vulnerable children. The Department of Social Development (2010) states that adoption is an underutilised form of care for vulnerable children and encourages this form of alternative care. Providing support and guidance for individuals who wish to become adoptive parents could possibly make the adoption process easier and less gruelling for potential adoptive parents.

Ludy-Dobson and Perry (2010) state that children who have been exposed to neglect in early childhood are placed at risk for forming maladaptive behaviours and mental health issues later on in their lives. In terms of attachment, it has been found that neglect during the child's early years has an enduring impact on the child's attachment structure. This applies to children who have been adopted in infancy and after their first birthday (Van den Dries, Juffer & van IJzendoorn, 2009). The reason for this is that children learn about relationships early on in their lives and their first encounter with a caregiver has the potential to shape the rest of their interactions with other caregivers (Van den Dries et al., 2009). When a child who has been abandoned after the first six months of life gets adopted, they do not simply forget their previous experience with other caregivers. They bring what they have acquired and learnt from their previous interactions into their new relationship with the new parent (Lieberman, 2003).

It was the aim of this study to determine whether the assumed positive input received from the adoptive parent had the ability to ameliorate the child's experience. The child's attachment process is influenced by the parent's ability to be an effective parent. The parent models meaningful relationships to the child and a secure attachment helps the child believe that they are valuable and helps them in their ability to engage meaningfully with others in their world (McIntosh, 2006). The type of care given by the adoptive parent(s) was assumed to be a positive one because of the rigorous examinations and processes individuals have to go through in order to adopt children in South Africa (Children's Act, No.38 of 2005). However, the care received by adoptive parents may not always be positive and the researcher and supervisor, who has extensive experience in working with children and their families, will be alert to signs of maladaptive care. Such cases would be excluded from the study as this research focuses on how good enough care has the ability to ameliorate early abandonment.

The literature on abandonment and abandonment in South Africa, particularly, is somewhat limited. In addition, literature on the experiences of adoptive parents in South Africa is scarce

making it important to grow the body of literature on this pressing issue in order to provide these children and their adoptive parents with effective support and help.

The following presents an overview of the chapters included in this dissertation.

Chapter 1 briefly locates the issue and subsequent importance of abandonment and adoption within a South African context. The chapter introduces the focus of this study which is to explore the relationship formed between the adoptive mother and their previously abandoned, adopted children. It was further explained that Attachment theory would be used as a base from which to explore this relationship. The chapter then presents the aims and rationale of the study. The rationale explores the social importance of understanding the impact of both abandonment and adoption, it highlights the scarcity of literature in this area within a South African context and promulgates the importance of building this body of literature.

Chapter 2 reviews relevant literature in order to contextualise this study. The chapter begins with an in-depth discussion of Attachment theory. It then proceeds to define and discuss the issues of abandonment and adoption. The chapter follows an engagement of these key issues in relation to attachment theory.

Chapter 3 presents the methodology followed and research framework for this qualitative study. The nature of the sample, the procedure followed, the interview schedules used and the method of analysis were presented. Finally, ethical considerations and reflexivity were detailed in this chapter.

Chapter 4 reports the results obtained using a thematic content analysis (which guided the extrapolation of relevant themes from the interviews conducted). Six major themes were identified including: 1) *The maternal envelope,* 2) *Becoming a mother and becoming a child,*

3) *Maternal fears and worries,* 4) *Cultivating the bond,* 5) *Complexity and growth in the relationship and* 6) *Support.*

Chapter 5 then goes on to discuss the results and their relevance to the literature reviewed, concluding with key observations and thoughts.

Chapter 6 reviews the limitations of the study and provides recommendations for future research in this area.

Chapter 2: Literature Review

2.1 Attachment Theory

Bowlby (1977) states that an attachment is a bond formed with, “some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser” (Bowlby, 1977, p.203). Bowlby (1969) says that, for one to say a child is, “attached to , or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill” (Bowlby, 1969, p 371). One forms an affectional tie between themselves and another, this bonds the two together and continues over time. The behavioural feature of the affectional tie is that one seeks to gain and maintain proximity to the object of attachment (Ainsworth & Bell, 1970).

Bowlby (1977) defines attachment behaviour as, “any form of behaviour that results in a person attaining or retaining proximity” to the attachment figure (Bowlby, 1977, p.203). These types of behaviours encourage closeness and contact with the object of attachment (Ainsworth & Bell, 1970).

In Bowlby’s definition of attachment, he describes an attachment as having certain characteristics. Attachments are directed toward certain individuals, they meet biological needs of survival and are long lasting (Bowlby, 1977). Attachment bonds are formed through repeated mutual interactions and entail the infants awareness of their attachment figure as a distinct person (Feeney, Passmore and & Peterson, 2007). When attachments are formed, maintained or renewed, they have deep positive emotional content but when they are threatened or lost, they hold more negative emotional content. Attachment is a primary drive and directly influenced by certain situations for activation and termination. For example, attachment behaviour is likely to be activated by a sense of fear and terminated by interaction with the attachment figure (Bowlby, 1977).

Bowlby (1969) describes attachment as a gradual developmental process that evolves from the birth of the individual. In demonstrating this process, Bowlby (1969) outlines four phases

in the development of the infant's attachment. These phases are the pre-attachment phase, the attachment-in-the-making phase, the clear-cut attachment phase and the goal-directed attachment phase (Bowlby, 1969). The pre-attachment phase occurs between the ages of 0 – 2 months where the infant uses attachment behaviours in an undiscriminating manner to which caregivers respond. The attachment-in-the-making phases occurs between the ages of 3-6 months. The infant becomes more discriminative in the use of their attachment behaviours, singling out a primary caregiver. The clear-cut attachment phase takes place between the ages of 7 months to 3 years of age. At this point the child actively seeks proximity with their primary caregiver and they treat strangers with caution. In addition, the child now uses language and their locomotor skills to seek out their desired caregiver. The final phase is the goal-oriented attachment phase occurring from the age of 3 onwards. The child becomes able to understand the primary caregiver and her mind and uses this to make inferences about her behaviour. The child enters into a more nuanced relationship with the primary caregiver in this phase (Bowlby, 1969).

The attachment bond comprises of three factors. Firstly, the attachment bond is an enduring relationship between an infant and their primary caregiver. Secondly, this bond provides pleasure, comfort and safety. Thirdly, the loss or potential loss of the primary caregiver stirs up feelings of intense distress in the infant or child (Perry, 2001). The attachment bond can be understood as an emotional glue that connects and holds together the infant or child and their primary caregiver. This bond evokes the attachment behaviours that assist in forming and maintaining the emotional connection with the primary caregiver (Perry, 2001).

It is widely understood that infants create or develop unconscious schemes for responses to different types of care from their parents. The attachment style of the child is largely a reflection of what they have learned about care from their caregivers (McIntosh, 2006). Infant attachment behaviours include clinging, following, approaching, smiling, calling and crying. The infant maintains these behaviours even though he or she is unable to direct them toward a particular object or person (Ainsworth & Bell, 1970). The quality of the attachment pattern

between the child and the primary caregiver is dependent on the nature and quality of the care that the infant receives and experiences (Pearce & Pezzot-Pearce, 1994).

2.1.1 Bowlby's Internal Working Model

As a result of regular and repeated interactions with attachment figures, the infant begins to form internal representations of others and the self. Bowlby (1973) termed this "Internal Working Models" .The Internal Working Model is a mental construction containing both cognitions and affect and include day-to-day interactive experiences between the child and the primary caregiver. Using early experiences with the attachment figure (primary caregiver), the child formulates expectations about their personal role in relationships and the role of others in relationships (Bowlby, 1973). These early experiences are internalised, initially relationship specific and are then used to form and shape attitudes, perceptions and reactions to individuals encountered later on in life. Children use this model to determine whether individuals are uncaring, inaccessible, untrustworthy or unresponsive as opposed to caring, accessible, trustworthy and responsive (Bowlby, 1973). Furthermore, this model is used to develop expectations about their roles in relationships, whether they are capable of obtaining the care of others or whether they are incapable and unworthy of this. This process is an internal one in that the child learns how to care and be cared for by internalising both sides of the experience of the relationship to their attachment figure (Bowlby, 1969). Internal Working Models act as a filter, helping the child understand close relationships (Pace & Zavattini, 2010). Based on a child's internal working model they will perceive events or experiences differently. For example, one child may perceive or interpret another child's disinterest in playing with them as rejection and a reflection of their unworthiness, whereas, another child may interpret this event as a trivial snub (Pearce & Pezzot-Pearce, 1994).

A child's Internal Working Model impacts their evaluation of later social situations and their behaviour within these situations, especially with regard to issues of the self and intimacy with others (Bowlby, 1969). Bowlby posits that Internal Working Models develop and are modified

over time but are automatic in manner and have a bias toward maintaining stability (Bowlby, 1969). However, they become revised in the child's mind when there are significant changes in the caregiving environment (Pace & Zavattini, 2010). It is understood that Internal Working Models solidify over time and tend to become embodied by the individual. However, theory also acknowledges that attachment styles may be positively or negatively influenced by powerful relationship experiences throughout life (Feeney, Passmore & Peterson, 2007).

2.1.2 Patterns of Attachment

Ainsworth's work on attachment theory and the Strange Situation, in particular, played an important role in enhancing the conceptualisation of attachment (Fonagy, 2001). The strange situation allowed for the observation of behaviours and factors that are imperative in understanding attachment and how it works. The mother and infant interactions are observed in a series of scenarios in a laboratory type situation. In short, the mother and infant are placed in a room together, a stranger enters the room and a while later the mother leaves the room. The stranger attempts to comfort the child if they display feelings of distress. The mother then returns to the room and reunites with her baby trying to comfort him or her and the stranger leaves the room (Ainsworth & Bell, 1970). The mother then leaves the infant alone in the room and the stranger enters and comforts the infant. The mother returns for the last time and attempts to comfort, interact with and engage the infant. The behaviours and responses the child exhibits in these various situations were observed and rated by the researchers. Based on the observations made in the Strange Situation, Ainsworth identified three key attachment styles; secure attachment, ambivalent-insecure attachment and avoidant-insecure attachment (Ainsworth & Bell, 1970).

The Strange Situation was designed with the intent of observing how the infant used his or her mother as a secure base when exploring a strange environment (Ainsworth & Bell, 1970). Further, it was used to ascertain the extent to which attachment behaviours are superior to or dominate exploratory behaviours in circumstances of alarm via the introduction of a stranger

into the environment (Ainsworth & Bell, 1970). The infant's response to separations and reunions were used to measure the extent to which the infant expected and perceived his or her mother (primary caregiver) as safe and trustworthy (Pearce & Pezzot-Pearce, 1994). The separation (physical unavailability) of the mother from the infant was not the focus of understanding the infant's behaviour. Rather, what was of importance was the child's evaluation of the mother's absence in relation to the child's expected behaviour of the mother (Fonagy, 2001).

Ainsworth, Blehar, Waters & Wall (1978) found that infants who were securely attached responded to their mothers positively after being separated from them, they sought closeness or interaction with their mothers, accepted comfort from their mothers and directed few negative behaviours toward their mothers. Children who were securely attached used the attachment figure as a secure base. They displayed distress when separated from their attachment figures and express joy when reunited. Children with secure attachment feel secure enough to depend on their caregivers, they will be upset when the attachment figure leaves but feel secure in and sure of their return. When threatened or frightened, these children seek out their attachment figures (using attachment behaviours) trusting that they will attain comfort from them (Ainsworth et al., 1978). A secure attachment is a reflection of an internal working model where the mother (primary caregiver) is viewed as comforting and available (Fonagy, 2001). Children who have experienced a secure attachment with their attachment figure are found to be competent and popular with their peers, empathic, resourceful and resilient (Alexander, 1992). The mothers of securely attached infants were found to be attentive and sensitive to their infant's needs, accessible to the infant and responsive (Ainsworth et al., 1978).

Infants who displayed an avoidant attachment expressed few behaviours of stress when separated from their mother. When they were reunited with their mother, these infants would avoid their mothers, look away and ignore them. They displayed little or no preference for their mothers over strangers (Ainsworth et al., 1978). Children with an avoidant attachment ignore

their attachment figure when playing and when the attachment figure returns. If the child is given the choice between the attachment figure and a stranger, the child shows no preference. The child does not make many attempts to gain proximity with their attachment figure and their behaviour bears resemblance to an early form of compulsive self-reliance. Children who are reprimanded or hurt by relying on an attachment figure will often avoid searching for help in the future (Ainsworth et al., 1978). An avoidant attachment is an indication of an internal representation that the caregiver is unavailable to the child and the child has little confidence in the caregiver's ability to provide comfort (Fonagy, 2001). These children display hostile or antisocial behaviours, lower levels of empathy, and seek attention amongst their peers (Alexander, 1992). The mothers of children with an avoidant attachment tend to be insensitive to their infant's needs, intrusive in their interactions and avoidant of physical contact with their infant (Ainsworth et al., 1978).

Infants with an ambivalent or resistant attachment were characterised as displaying high levels of stress when separated from their mothers and in the presence of the mother. When reunited with their mother, these infants were ambivalent, resistant and sought proximity with their mother but pushed her away when she got close (Ainsworth et al., 1978). Children with an ambivalent attachment combine proximity seeking and rejection of the attachment figure. These children place all their attention on the attachment figure, so much so that they are unable to play independently (Ainsworth, Blehar, Waters & Wall, 1978). An ambivalent attachment is a reflection of an internal working model where the caregiver is viewed as unavailable to the child and the child overstress's their affect in order to attract the caregiver's recognition (Fonagy, 2001). These children tend to display tenseness, neediness, attention seeking behaviours, frustration, impulsivity, helplessness and passivity in their interactions (Alexander, 1992). The mothers of ambivalently attached infants tend to be inconsistent when attending to the infant's needs and behaved in a withdrawn and passive manner (Ainsworth et al., 1978).

Secure, insecure-avoidant and insecure-ambivalent attachment styles are understood as organised strategies adopted by children that are adaptive to their specific environments. Other attachment relationships, that do not fall within these categories of attachment, are characterised by the break down or absence of an organised strategy and are then understood as disorganised strategies (Main & Solomon, 1986). Main and Solomon (1986) defined infants with a disorganised attachment as displaying contradictory behaviour patterns, apprehension, disorientation and undirected feelings of fear and distress when reunited with their mother. The child's distress or fears are then reflected in their organisation or strategies to cope with their environment (Bakermans-Kranenburg, van IJzendoorn & Juffer, 2005).

Children who have a disorganised attachment show confusion and behavioural disorganisation when they are reunited with their attachment figure. This includes incomplete movements, undirected affect and contradictory patterns of behaviour. These children avoid, resist or avoid and resist their attachment figure (Main & Solomon, 1986). Disorganised attachments in infancy are predictive of problematic stress management, incidents of dissociation in adolescence, increased likelihood of externalising behaviour and lower emotional health at school age (Bakermans-Kranenburg, van IJzendoorn & Juffer, 2005). Attachment figures then become both the comforter and source of fear (Main & Solomon, 1986). The internal representation of a child with a disorganised attachment reflects the child's uncertainty in the caregiver's behaviour (Fonagy, 2001).

2.1.3 Mother-Infant Attachment

Once the attachment between the mother (primary caregiver) and the infant has been formed, the infant then uses the mother as a secure base from which to explore his or her world. As the infant gets older, the distance between the child and the mother slowly increases. If the child is in danger or threatened, the child will attempt to restore contact with the secure base (mother) by using attachment behaviour to gain proximity (Paterson & Moran, 1988). After the child has established his secure base, he initiates his exploration again. In order for the child's

exploratory system to find an avenue of expression, the attachment figure needs to be available as a secure base for the child (Paterson & Moran, 1988).

The intensity of the attachment relationship between the mother and the infant is amplified or reduced based on situational factors. However, once an attachment has been formed between a mother and an infant it cannot be considered to have disappeared in the absence of attachment behaviours (Ainsworth & Bell, 1970).

Mothers of infants who are securely attached were found to be more responsive, sensitive, cooperative and responsible in the first year of life as compared to mothers of infants who are insecurely attached (Pearce & Pezzot-Pearce, 1994). Bowlby (1969) posited that the caregiver's sensitivity to the child's signals is an important factor in fostering the development of a secure bond or attachment. This concept has been termed "maternal sensitivity" and is defined as, "the ability to respond appropriately and promptly to the signals of the infant" (De Wolff & van IJzendoorn, 1997, p. 584). This speaks to the mother's ability to be good enough as postulated by Winnicott (1965). Winnicott (1965) explains that a mother need not be the perfect mother but rather good enough in that she is earnestly preoccupied with being a mother. She provides an environment where the child's needs are held in mind. She pays attention to her baby, offering both emotional and physical care. The good enough mother is able to withstand difficulties, make necessary sacrifices and provide security for her child (Winnicott, 1965). As stated, the good enough mother is not perfect, instead she fails but continues to try again (Winnicott, 1965).

If the child experiences their attempts to engage with or reach out to their caregiver as successful in developing a relationship with their caregiver, it becomes more likely that a reciprocal and interactive exchange will occur between the two, spurring on the formation of a more secure attachment (Bowlby, 1969).

2.1.4 The importance of early life experience in terms of attachment

Perry (2001) states that there are crucial periods in a child's life where attachment or bonding experiences need to be present in order for attachment to develop normally. The critical periods lie within the child's first year of life and is dependent on the infant and the caregiver developing positive interactions and emotional connections (Perry, 2001). Changes in the primary caregivers approach to care during infancy and early childhood has the potential to influence the attachment relationship that the child has (Perry, 2001).

In the early stages of life, the infant does not direct their attachment behaviours at a particular individual. Gradually, the infant is able to distinguish various attachment figures (Pearce & Pezzot-Pearce, 1994). Around the age of six months, the infant is able to form internal representations of their primary caregiver. At this point, the infant has a basic understanding that the primary caregiver exists even when out of the infant's sight (Ainsworth, 1989). At the age of six months, the infant discriminately recognises the primary caregiver or attachment figure and has an exclusive relationship with him or her (Paterson & Moran, 1988). Between the ages of six months to a year, the child tends to develop stranger anxiety where individuals who are unknown to the child arouse anxiety in the child or are resisted by the child. This is a survival benefit to the child as it helps the child avoid potentially dangerous strangers. This stranger anxiety becomes less predominant as the years pass by. However, stranger anxiety does not prevent the child from forming an attachment to anyone other than the attachment figure (Paterson & Moran, 1988). The attachments formed at this age are not restricted to the primary caregiver but extends to other significant people present in the infant's life. However, the primary caregiver remains the preferred attachment figure for the infant (Ainsworth, 1989).

The child's exposure to attuned parenting or caregiving in the early phases of their life sets the tone for the child's ability to take part in and derive joy from mutual relationships later on in their life. The attachment figure's focus on and reassurance of the child helps equip the

child with the ability to resolve conflict and to assimilate the need for intimacy in healthy functional ways later on in life (Hughes, 1999).

Forming a secure attachment or close bond with a primary caregiver includes many lasting gains for the child's adaptation later in life. Children with secure attachments hold a basic trust in their primary caregiver. This allows the child to gain confidence in themselves and their value in the world, their problem solving abilities and ability to regulate their emotions autonomously. Children with an insecure attachment are at risk for not experiencing these lasting gains (van den Dries, Juffer & van IJzendoorn, 2009).

2.1.5 Concluding remarks on attachment theory

"A young child's experience of an encouraging, supportive and co-operative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favourable model on which to build future relationships. Furthermore, by enabling him to explore his environment with confidence and to deal with it effectively, such experiences also promotes his sense of competence. Thenceforward, provided family relationships continue favourable, not only do these early patterns of thought, feeling and behaviour persist, but personality becomes increasingly structured to operate in moderately controlled and resilient ways, and increasingly capable of continuing so despite adverse circumstances."(Bowlby, 1969, p 378).

It can therefore be said that the intensity and severity of the problems that the child will experience depends on factors such as the length and severity of the impaired attachment and care of the child as well as how early in life the child was neglected (Perry, 2001). Children who display patterns of an insecure attachment are said to be at risk for the development of pathology later on in their childhood. These children are more likely to exhibit problems with cognition, dysfunctional relationships, low self-esteem and inadequate social skills (Pearce & Pezzot-Pearce, 1994).

The personality and style of care of the attachment figure shapes the attachment style of the infant. If there are no traumatic stresses in the child's life, their attachment style tends to remain fairly stable. However, their attachment patterns can and do change when they are exposed to various caretakers (Paterson & Moran, 1988). Attachment figures associated with a secure attachment normally are psychologically healthy, non-abusive and not neglectful of the child but are responsive to the needs of the child. Early secure attachments aid the child in forming adaptive models of the self when relating and interacting with others (Paterson & Moran, 1988). It can therefore be understood that attachment is crucial from the cradle to the grave (Bowlby, 1988).

2.2 Abandonment

Child abandonment is a well-known social epidemic however the literature in this area is lacking and as such requires further investigation and thought. Abandonment, particularly in this study, is understood as a permanent parting of the child from the parents where there is an, "obvious intent of creating a permanent separation" (Tolfree, 1995, p2). In terms of defining abandonment, it is helpful to seek guidance from legislation;

The Children's Act (No. 38 of 2005, p. 9) defines an abandoned child as, "a child who-

a) Has obviously been deserted by the parent, guardian or care giver; or
b) Has, for no apparent reason, had no contact with the parent, guardian, or care-giver for a period of at least three months"

The act of abandoning a child can be understood as a form of physical neglect on the part of the biological parent or parents. Physical neglect can be defined in terms of inadequate supervision of a child, delay or refusal to provide a child with healthcare, refusing to allow a runaway child to return home or an expulsion of a child from the home and the abandonment of a child (Mash & Wolfe, 2010). Thus abandonment can also be referred to as a form of

physical neglect. Neglect, according to the Children's Act (No.38 of 2005, p. 15), is defined as, "a failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional or social needs". According to Mash and Wolfe (2010), the concept of neglect comprises of three factors; physical neglect, emotional neglect (inattention to the child's needs, permitting substance use by the child, spousal abuse in the child's presence and the refusal or inability to provide the child with psychological care if needed) and educational neglect (failure to send the child to school, not attending to the child's educational needs and the allowance of truancy) (Mash & Wolfe, 2010). As explained, abandonment constitutes physical neglect, and due to the nature of abandonment, as it entails a permanent separation, one can infer that the abandoned child is then exposed to emotional and educational neglect (depending on the child's age) due to the absence of a caregiver (Mash & Wolfe, 2010).

Sherr and Hackman (2002) state that the implications of abandonment mean that all parties are in some way affected, with the abandoned child being hypothesised as the most scathed of them all. The authors further expand this notion by suggesting that abandoned children may face the psychological effects of abandonment for the duration of their lives, dictating the manner in which they are cared for, how they one day parent their children and how they manage and tolerate their experiences. These factors are influenced by the circumstances and outcome of the abandonment as well as the subsequent care of the abandoned child (Sherr & Hackman, 2002).

It is a part of human nature to connect with primary caregivers which is a manifestation of the proclivity to connect with other human beings (Steele, Hodges, Kaniuk, Hillman & Henderson, 2003). However, for children who have been denied the opportunity to form lasting attachments with their biological parents, who then go on to be taken care of by various caregivers, the experience of connecting to others is greatly different (Steele, Hodges, Kaniuk, Hillman & Henderson, 2003). These children have often experienced a loss of their primary

caregivers as well as experiencing neglect at the hands of their caregivers (Steele, Hodges, Kaniuk, Hillman & Henderson, 2003).

The child who has been neglected has not been made to feel that they are special and do not share the joy elicited from a bond with their mother. Due to the inconsistencies in the parenting of the physically and emotionally neglected child, the child is often not affirmed or identified as an important human being (Hughes, 1999). The child tends to have poor confidence in their abilities and the abilities of his or her mother (or parents), further, the child tends to become self-reliant, realising that his or her basic needs are not being met (Hughes, 1999). In the experience of the abandoned child there are limited (if any) encounters with a continuous and predictable caregiver with whom the child can develop an attachment with and derive pleasure of intimacy from (Landerholm, 2001).

2.2.1 Abandonment (Neglect) and attachment

Paterson and Moran (1988) postulate that if the process of a normal and healthy attachment is interrupted or disturbed by a traumatic separation, between the child and the attachment figure, the child has the potential to develop a generalised fear of losing attachment figures or significant people. Further, the authors suggest that early attachment is significantly disturbed when the attachment figure is not available to the child or when an attachment is formed and the attachment figure goes on to become permanently unavailable (Paterson & Moran, 1988). Van den Dries, Juffer & Van IJzendoorn (2009) found that children who were neglected during their first weeks or months of life were at risk for the formation of a disorganised attachment.

Pearce & Pezzot-Pearce (1994) state that children who have experienced physical abuse or physical neglect were less likely to form secure attachments with their primary caregivers. Insecure (ambivalent) attachments have been found to dominate in populations where children have experienced physical abuse and neglect (Alexander, 1992; van den Dries, Juffer & van IJzendoorn, 2009). Perry (2001) found that the attachments of maltreated children were notably vulnerable to disturbance in the first two years of life.

Crittenden (1992) found that physically neglected children in the Strange Situation showed passive behaviours with their mothers and classified them as having insecure attachment patterns (ambivalent or avoidant types) as well as being isolated during free play. Egeland and Sroufe (1981) found uncooperative and difficult behaviour in neglected toddlers and to a lesser degree in infants. Further, they found that toddlers' coping strategy was more a lack of a coping strategy as opposed to an inadequate or inappropriate one. The toddlers had the ability to contain their anger but struggled to engage with those around them. This behaviour is in line with their internal representations of hopelessness as a character of relationships.

2.3 Adoption

Adoption as a concept implies both risk and protection. The risk factor of adoption implies a potential deprivation or deficiency before the placement, and the protective factor entails the potential love, care, nurturance and stimulation from adoptive parents (van den Dries, Juffer & van IJzendoorn, 2009). Adoption presents security, stability, love, care and familial connections and support for children whose biological parents were unable to nurture them. Adoption offers adoptive parents the joy of parenthood, of taking in a child in need and the ability to restore and improve the effects of previous negative early life experiences of the child. Studies have repeatedly emphasised the benefits of adoption, especially in relation to the child remaining in the damaging environment (for example; neglectful parents, abusive parents, uninterested parents, foster care and orphanages) (Brodzinsky & Pinderhughes, 2002; van IJzendoorn & Juffer, 2006; Hodges, 2008; Brodzinsky, 2011). As much as adoption can be considered a benefit for children in need, it comes with complex challenges linked to the adopted children and their adoptive parents. In the American mental health setting, it has often been said that adopted children are overrepresented (Hodges, 2008; Brodzinsky, 2011). Further the relationship between adoption and adjustment is dependent on a variety of factors which also entail biological factors (such as prenatal drug exposure) as well as psychological

factors (such as the child being able to function as a part of their new adoptive families) (Feeney, Passmore & Peterson, 2007). The reason for this is that adoptive parents tend to be vigilant and sensitive to latent problems and are more likely to opt for professional help (Brodzinsky, 2011; Hodges, 2008). However, the positive side of this is that parents regularly seek help from psychologists and other professionals to help them with their child's development, which provides these parents with guidelines and support for their parenting (Brodzinsky, 2011; Hodges, 2008). Adopted children tend to present with externalising behaviour, internalising symptoms and scholastic difficulties (Brodzinsky, 2011). Brodzinsky (2011) emphasises that it is not the adoption itself that causes problems for the child but rather the child's difficult early experiences. These difficult experiences include adverse prenatal experiences, genetically based problems, neglect, abuse, malnutrition, parental psychopathology and deprivation often found in orphanages. There have been studies which have made an association between adoption and an increased risk for interpersonal problems. This does not suggest that adoption causes interpersonal problems but rather that early adverse experiences and the context in which adoption occurs, including at what age the child was placed for adoption and so on, contribute to an increased risk of difficulties later on for the child (Brodzinsky, 2011). An area of significant concern is the issue of loss. Adopted children's issues with loss are essentially relational in nature and are rooted in the loss of their biological parents as well as the loss of ties with their biological families. These adoption related losses place adoptees in a position where they are more prone to relational difficulties (as opposed to the loss sustained through death or divorce) (Feeney, Passmore & Peterson, 2007).

In thinking about whether adoption has beneficial or non-beneficial outcomes for adopted children, one must keep in mind the multitude of influencing factors. These include the age at which the child was abandoned, the severity and duration of neglect and abuse, deprivation, placements and the conditions of these placements (whether the child was placed in orphanages, places of safety, foster care; for how long and were there multiple moves

between placements?), contact with the biological caregiver, contact with multiple caregivers when in a placement institution, the age at which the child was adopted and the nature of the caregiving they experienced prior to adoption and many more factors (Juffer & van IJzendoorn, 2007). However, the authors state that studies have shown “without exception” that, “the large majority of adoptees are well adjusted and that the problems are shown by a (relatively large) minority pointing to protective factors in the adoptive family context that foster resilience in the adopted children” (Juffer & van IJzendoorn, 2007, p.1068). In a separate study, these authors found adoption to be a more natural intervention that lead to significant rates of catching up in a number of domains of development, in ways which outperformed children who remained in institutional care. Factors that contribute to this change include the move to a nurturing family with more resources than the child had previously been exposed to (Juffer & van IJzendoorn, 2006).

A successful adoption assumes that the adopted child will come to form secure attachments with his or her adoptive parents (Hughes, 1999). Many children have formed secure attachments with their adoptive parents and have then been able to integrate into their new families (Hughes, 1999). Other children who have been exposed to abuse, neglect and multiple placements develop disparities in their development, which has negative effects on their readiness to form attachments with their adoptive parents, even in attentive and caring families (Hughes, 1999). Juffer and van IJzendoorn (2007) explain that having a secure attachment with a supportive parent can act as a protective factor for adopted children with early adverse experiences. Such protective factors are described as acting as a moderator, ameliorating the effects of adversity. Further, protective factors such as the consistency and support of parents are hypothesised to strengthen the chances of normative development for these children (Juffer & van IJzendoorn, 2007).

Adopted children, particularly those who have been neglected or were in multiple placements, tend to have mood shifts, maintain an emotional distance to adoptive parents, refuse to be comforted, are often unsociable, aggressive, non-compliant and are found to be lacking in

their preference for the adoptive parents (Lieberman, 2003). These characteristics are difficult for the adoptive parent to handle and they are often times not well equipped to do so (Lieberman, 2003).

The adopted child carries their previous experiences of relationships into their new relationship with their adoptive parent. Therefore, the child is never without their past experience of their biological parents and other caregivers that they have encountered. The child will bring their expectations, fears and behaviours into their relationship with the adoptive parent and impart this onto them (Lieberman, 2003).

Adoptive parents share many of the same experiences as parents of biological children. This includes the concern for the child's well-being, the fear and dread of losing a child, the need to find characteristics that resemble that of the parent as well as a sense of joy in the child's development (Noy-Sharav, 2002). However, having said this, there are also challenges and experiences that the adoptive parent must face that biological parents may never have to deal with in their journey of parenting their children. These challenges include the absence of a preparation phase prior to pregnancy and the birthing process which results in a delay in bonding between the adoptive parent and their infant (Noy-Sharav, 2002). Another challenge is that adoptive parents endure medical procedures and a psychological assessment before being deemed fit enough to adopt a child. There is also an unspoken expectation for the adoptive parent to become attached to and accept another's child as their own (including accepting the child's personal history prior to the adoption, oftentimes without the adoptive parent being privy to this information). And lastly, the adoptive parent bears the responsibility of telling their child about the adoption and having to endure or face their child's response to the truth about their background (Noy-Sharav, 2002).

Due to the lengthy procedures and protocols involved in adopting a child, the adoptive parent often is only allowed to care for their child as a legal parent after repeated failures of caregivers. However, literature shows that in late-placed children (when the child is adopted

after twelve months) there remains a second chance where the adoptive parent can be a reliable, powerful and caring figure for the child to internalise and learn to develop a bond with (Noy-Sharav, 2002). Abandoned, neglected or abused children are understood as being in need of parental figures who are robust enough to repair their former hurts (Noy-Sharav, 2002). This study endeavours to further understand this "second chance", within a South African context, by looking at the relationship between adoptive parents and their previously abandoned adopted children.

2.3.1 The experience of the adoptive parent

As mentioned, adoption offers adoptive parents the joy of parenthood (Brodzinsky, 2011). However, in terms of abandonment during infancy as well as the coupled experience of different caretakers, the rhythm of a caregiver meeting the child's needs is disrupted. This causes difficulty when the adoptive parent attempts to set up a new rhythm with the child (Landerholm, 2001).

Adoptive parents put in extensive thought, emotional energy and commit their financial resources to the process of adopting a new child into their family. They bring a desire to parent into their new relationship with the child and measure their parenting success based on the attachment formed between themselves and their child. This gives rise to a mismatch in the parent and the child (Wimmer, Vonk, & Reeves, 2010). A child who has not had a stable caregiver has not had the opportunity to build experiences of caring and trust which they can use in their new relationship with their adoptive parent. The mismatch can be observed in the parent's desire to love and the adoptive child's particular need for intimacy, comfort and love. For example, the parent might view the child's distrust or unresponsiveness as rejection when, in reality, it is the child's unstable caregiving that causes him or her to behave in this way (Wimmer, Vonk, & Reeves, 2010).

Bird, Peterson and Miller (2002) have identified various factors that cause distress for adoptive parents. Firstly, the older the child at adoption, the more responsible the parent feels for

making amends for the wrong done in the child's history. Adoption, itself, is a major life event that is considered to induce stress, as it requires economic, social and emotional adjustments from the parents. Adoptive parents, in particular new adoptive parents and first time parents, are often inexperienced in negotiating the demands associated with their new role. Bird et al. (2002) suggest that adoptive parents experience chronic and cumulative adoptive strains. This includes concerns around bonding with the child, the child's development, pressures of an almost instant parenthood as well as the financial implications involved with the care of children and a family. Further, the issue of disclosing the adoption to the child is a cause of significant distress for the adoptive parents.

2.3.2 Adoption and attachment

The Internal Working Model of a child who has been neglected guides the child in perceiving adults as untrustworthy. This is especially so in children who have been institutionalised (placed in orphanages or places of safety). Infants who have been raised in institutions are theorised as having limited opportunities for the formation of secure attachments as caregivers in institutions work on a shift basis and are responsible for caring for many young children with various difficulties (Zeanah et al., 2002). These factors then hinder the caregiver's potential to be consistently available and emotionally invested in these children, thereby reducing the child's chance of developing a selective attachment (Zeanah et al., 2002). In a study conducted by Zeanah et al., (2002), findings showed that young children who have been reared in an environment that prevented them from developing selective attachments were less likely to develop preferred attachments, indicating that these children are likely to develop attachment difficulties or disturbances. This has implications for the adoptive parent because even though the adoptive parent may be attentive, caring and positive the child will still hold the notion that the adult is unpredictable (Hodges, Steele, Hillman, Henderson & Kaniuk, 2003). If the child forms a negative internal representation of their biological parent, it could prove to be difficult for the adoptive parent to break through this representation. As a result of neglect or maltreatment, the child may not feel safe to be open to new experiences with the

adoptive parent and this deprives the adoptive parent of the opportunity to respond to the child in a different way and help the child develop more positive internal representations (Steele et al., 2003). For example, children who avert from showing distress because they have been regularly rejected instead of comforted are not likely to allow their adoptive parents to comfort them (Steele et al., 2003). This prevents adoptive parents from helping these children to internalise positive representations. The child's earlier relationships stay with the child in some manner and enter their new relationship with their adoptive parent or parents (Steele et al., 2003). However, very importantly, Zeanah et al. (2002) found that "even children who do not have attachment figures in conditions of neglect are capable of forming attachment relationships once they are placed in more normative environments" (Zeanah et al., 2002, p.981).

Pace and Zavattini (2010) define "late-placed children" as children who are adopted after twelve months of age and who have experienced at least one rupture of an attachment figure (an essential characteristic of this studies sample). In relation to their caregivers, these children have experienced a number of difficulties such as neglect and rejection (and in most cases, eventual abandonment). Given their early adverse encounters these children are theorised to develop insecure or disorganised attachment styles which cause them to display defiant and contradictory behaviours toward their adoptive parents. This in turn creates challenges for the development of affectionate bonds between the child and their adoptive parents (Pace & Zavattini, 2010).

A disruption of the relationship between the first primary caregiver and the infant can place the infant in a state of distress and maladjustment (Bowlby, Ainsworth, Boston & Rosenbluth, 1956, as cited in Brodzinsky, 1987). It is important to keep in mind that although there are numerous positive outcomes of adoption, the act of adoption in itself symbolises a loss for the child and involves the child being exposed to feelings of rejection and confusion as a result of unanswered questions about their biological family and their identity (Johnson, 2002). Further, children can be adopted for various self-fulfilling reasons, including personal satisfaction,

sexual exploitation and organ donation. Children who are adopted into such environments, or environments with inadequate care, are placed at risk and in such instances adoption cannot be considered to be ameliorative (Johnson, 2002).

However, Van den Dries, Juffer & van IJzendoorn (2009) state children adopted into environments with consistent and attuned caregiving have the power to conquer early negative experiences and form good relationships with their adoptive parents. Further, these authors have found that adopted children are less prone to develop insecure attachments than children who have been institutionalised (Van den Dries et al., 2009). In this light, the authors view adoption as a type of intervention that gives children the chance to experience a different life to what their birth parents were able to provide them with (Van den Dries et al., 2009). Furthermore, even with late-placed children, Pace and Zavattini (2010) found that after less than one year of adoption there was a "significant enhancement" of these children's attachment security (Pace & Zavattini, 2010, p.86). The authors state that in cases where the adoption offers or is characterised by stability and continuity, it becomes possible to "reshape the insecure Internal Working Models of traumatised and neglected children in the direction of security" (Pace & Zavattini, 2010, p.86). Further, Barone and Lionetti (2012), in their work with late-adopted pre-schoolers (adopted after the age of one), that adoption provides previously traumatised or neglected children with the "opportunity for recovery" (Barone & Lionetti, 2012, p.695). These authors have found adoptive families serve as a protective factor, buffering against the trauma and loss experienced by these children (Barone & Lionetti, 2012).

Steele, Hodges, Kaniuk and Steele (2010) conducted a study on late placed children (children adopted after the age of one) in which they tracked the children's internal representations of their adoptive parents over a period of two years. The authors used the Story Stem Assessment Profile to track the children's narratives of their internal representations at placement and then again two years later. The authors subsequently found that over a period of two years of being adopted, the children in their study displayed progressively more secure representations of their adoptive mothers (Steele et al., 2010). The authors comment that this

was a remarkable finding as the children had experienced early adversity with being abandoned and left at institutions before being placed with an adoptive family. It is stated that the children's ability to integrate and internalise positive interactions into their internal working representations, which in turn became characterised as more positive and secure, is a testament to the nature of adoption as an intervention and its power to heal (Steele et al., 2010). However, it cannot be forgotten that the child's earlier relationships stay with them in some manner and enter their new relationship with the adoptive parent (Steele et al., 2003). Steele et al., (2010) held this in mind and add that while the children in their study were able to form more positive and secure representations of their caregiver, the more negative representations remained present and were held alongside the more positive representations. The authors suggest that the newer, more positive representations are built up alongside the older, more negative pre-existing representations and with this also remains the potential activation of these old, negative representations, especially when under distressing conditions (Steele et al., 2010). This is to say that while the previously abandoned adopted child is able to form more secure attachments with their new adoptive parents, it does not mean that their history is forgotten.

If the parent is the one who teaches the infant how to care and be cared for, then it can be said that it is important to give attention to the parent's ability to be attuned to their infant (McIntosh, 2006). This includes asking questions around the parent's capacity to display protective thoughts and actions, question their child's full experience of life and recognise and attend to the infant's nonverbal signals. The parent's overall ability to be a good enough parent to the child then becomes an important factor in the child's attachment process (McIntosh, 2006 and Bain, Gericke & Harvey, 2010).

The adoptive mother's sensitivity to her baby's cues (the baby's cries, gurgles and other attempts of attaining proximity) was found to be no different to non-adoptive mother's sensitivity in a study conducted by Juffer and Rosenboom (1997). The authors found that adopted children were able to use their adoptive parents as secure bases, moreover, adoptive

parents were experienced as “sensitive enough” to the cues of their children in order to become that secure base for the child to bond with (Juffer & Rosenboom, 1997, p.103). In thinking specifically about the challenges faced by adoptive parents, which include the adoptive child displaying defiant and contradictory behaviours toward their adoptive parent (Pace & Zavattini, 2010), Steele et al. (2010) found that the adoptive parents ability to metabolise their child’s negative affect and communication shows both an understanding of the child as well as an appreciation of the child and his or her experiences. The authors suggest that in doing so the adoptive mother provides the child with a different experience of an attachment figure and over time this aids the child in being able to use their adoptive parents as secure bases (Steele et al., 2010).

2.3.3 Concluding remarks on adoption

Steele et al (2010) highlight the potential of children who have experienced attachment difficulties with their biological or early caregiver to form healthier attachments to good enough parents who are attuned to their needs. Hughes (1999), suggests that these parents would need to be able to teach the child about parental commitment and love, and make the child’s value and potential known. Parenting children who have attachment problems is a difficult task, requiring the adoptive parent to be mindful of the child’s attachment history (Hughes, 1999). Further, studies have shown that maternal sensitivity is an essential component in raising children and remains that much more crucial in the caregiving of adopted children (Juffer & Rosenboom, 1997). The importance of maternal sensitivity, taking numerous forms and translating to all areas of the relationship between the adopted child and the adoptive parents, lies in its transformative and healing nature. Providing a neglected child with a way of understanding themselves, others and themselves in relation to others has proved to be powerful in the formation of more secure bonds with children from adverse early experiences. The studies discussed in this body of writing highlight how adoption serves as an intervention or protective buffer in early adverse experiences of children and allow these children the chance to form more secure attachments with an attuned caregiver.

2.4 Conclusion

The literature review has sought to explore adoption and the implications this has on the attachment or bond formed between the adoptive parent and the adopted child. Three key concepts in this study; Bowlby's Attachment Theory, abandonment, and adoption were briefly defined and discussed. In particular, Attachment Theory was used as a base in which to explore abandonment and adoption.

Studies in the area of adoption, abandonment and attachment mostly portray adoption as an opportunity for a child to form more secure attachments, although these studies are not always in agreement. However, it was noted that literature does show that there are multiple factors that influence the relationship between the adoptive parent and adopted child. Studies speak broadly on this area and include multiple factors that add to the sometimes unanswered questions around the benefits and implications of adoption. The literature presented sought to contextualise these findings and also brought to light the scarcity of literature in terms of the experience of the adoptive parent of previously abandoned children, particularly in a South African context.

Chapter 3: Methodology

3.1 Research Aims

This study firstly aimed to explore how the experience of parenting an abandoned infant impacted the quality of relationship between the child and primary caregiver (i.e. the adoptive parent).The second aim of this study was to explore the ways in which a good enough primary caregiver ameliorated the early loss of the child. Finally, the third aim of this study was to explore the type of help the primary caregiver sought for their child (as this may have impacted the relationship).

3.2 Research Design

This research is positioned within a qualitative methodology. Qualitative research is based on the notion that meaning is a socially constructed concept. Thus individuals understand and define meaning based on their interactions with the world around them (Merriam, 2002). Qualitative research is defined by three main factors (Merriam, 2002). Firstly, qualitative research focuses on searching for meaning and understanding. Secondly, the researcher can be considered to be a pivotal instrument in the collection of data and the analysis thereof. Finally, the desired end product of qualitative research is obtaining a rich and thick description of phenomenon (Merriam, 2002).

Qualitative methodologies aim to, “illuminate the subjective meaning, actions and contexts of those being researched” (Popay, Rogers & Williams, 1998, p.345). One of the reasons why qualitative research was chosen as the preferred approach is because qualitative research provides room for exploring the multiple ways an issue can be experienced and understood. Qualitative research is useful in that it provides an avenue for the researcher to gain a deeper insight into an individual’s understanding of phenomena (Parker, 2004). This is important as the focus of this study revolves around the quality of the relationship between the adoptive

parent (primary caregiver) and the adopted child. Qualitative research places an emphasis on comprehending the individual's constructions of their perceptions and viewpoints and how each individual constructs their own reality (Parker, 2004). This has allowed the viewpoints of the participants in this study to come alive, providing each participant the space to verbalise their personal experience of being an adoptive parent and the quality of their relationship with their adopted child. Even though there are set definitions of phenomena, the way an individual interprets the phenomena given their history and context is more important when it comes to exploring the meaning of experiences or events (Parker, 2004). Further, when looking at the experiences and worldviews of participants, qualitative research is considered to be the most helpful approach (Parker, 2004). Therefore, in considering the aims and questions of this study, a qualitative approach was chosen as the most useful and appropriate.

3.2.1 Research framework

The qualitative paradigm used was an interpretive phenomenological analysis (IPA). IPA studies entail a detailed analysis of accounts given by a small number of participants (Larkin, Watts & Clifton, 2006). Focus groups, semi-structured interviews and diaries are used to portray the accounts given by participants. The analysis then involves finding meaning in these descriptions and accounting for them in a thematic fashion. This process is characterised by flexibility and variation in interpretation as well as the thematic analyses of accounts given by participants (Larkin, Watts & Clifton, 2006).

Larkin, Watts and Clifton (2006) state that IPA is not a method that is required to be rigidly followed but rather it is an angle or viewpoint from which to conduct a qualitative analysis. As IPA is based on phenomenology, this approach places great emphasis on the experience of the participants (Larkin, Watts, Clifton, 2006). The authors suggest that a researcher tackles IPA with two main aims in mind. Firstly, it is the duty of the researcher to describe the participant's world and what it means for them to exist in their world. While IPA focuses on the participants account and experiential claims, it must be acknowledged that the researcher

can never truly separate themselves from the documentation of the participants' account. Therefore, the challenge with this aim is to ensure objectivity and to report clear and coherent documentation of the participant's thoughts and experiences. The second aim of IPA is contextualising the accounts of the participants and interpreting these accounts accordingly. This means that the information disclosed by the participants needs to considered in relation to their cultural and social context (Larkin, Watts & Clifton, 2006).

IPA allows the researcher to, "deal with the data in a more speculative fashion: to think about what it means for the participants to have made these claims, and to have expressed these feelings and concerns *in this particular situation*" (Larkin, Watts & Clifton, 2006, p 104).

This research study endeavoured to explore the relationship between the adoptive parent and their adopted child by looking at the parent's experience of the relationship. The sample is a small group and their accounts were captured by the use of semi-structured interviews. Further, it was the goal of this study to uncover various patterns of meaning in the narrative of the adoptive parents. It is for these reasons that a qualitative paradigm, in particular IPA, was believed to be the best fit.

3.3 Research Questions

In order to address the research aims, the following research questions were asked;

1. How does the experience of being abandoned during infancy impact the quality of the relationship between the adopted child and their primary caregiver (i.e. the adoptive parent)?
2. In what ways does a good enough primary caregiver (adoptive parent) mediate or repair the early loss of the child?
3. What type of help or support has the primary caregiver (adoptive parent) sought and how has this helped or hindered the relationship?

3.4 Sample

This sample consists of five primary caregivers (adoptive parents) of children who were abandoned between six and twelve months of age by their biological mothers and subsequently adopted by the age of three**.** In addition, all adoptions were transracial; all adoptive mothers were White and all adopted children were Black. These children are currently between the ages of six and ten. Given the specificity of the sample, it was challenging to find participants who would qualify. Further, it was found that most children who are abandoned in their early years are not easily adopted within the first three years of life due to the rigorous procedures involved in the adoption process. As such, only five participants were included in this study. However, given the length of the interview (being 90 minutes in duration and sometimes longer) and the richness of the information obtained it was decided that the sample size of five was sufficient for the purposes of this exploratory study.

Given that the sample size was five, the particulars of each adopted child will be discussed in detail below:

Interviewee 1: The child was abandoned at twelve months of age and was in the care of the biological mother during this time. However, the child suffered from multiple illnesses and complications and it was reported by the adoptive parent that within the first eleven months of life, the child had multiple long hospital admissions and was rarely in the care of the biological mother at home. Both biological mother and child were referred to The Love of Christ Children's Home (TLC) to assist the biological mother with managing her ill child. The biological mother ultimately chose to leave her child in the care of TLC at twelve months of age. The child was then adopted at the age of two and a half years.

Interviewee 2: The child was abandoned at birth and then placed in the care of TLC. The child was never in the care of the biological mother and was adopted by the age of two.

Interviewee 3: The child was abandoned at the age of two weeks and was in the care of the biological mother during this time. The child was then sent to Impilo Children's Home for six months before being placed at TLC. The child was adopted at the age of two.

Interviewee 4: The child was abandoned between the age of six and eight months. Given the nature of the abandonment, the child's exact age of abandonment is unknown. The adoptive parent's sought the assistance of a bone density specialist to help them determine the child's approximate age of abandonment. A further complication is that the parents do not know whose care the child was in prior to being abandoned. However, once the child was found, the child was taken to a place of safety and then adopted by the age of two and a half years. In addition, this child has received a diagnosis which poses challenges for the bonding process between mother and child.

Interviewee 5: The child was abandoned within a few days of life and was in the care of the biological mother during this short time. Following the abandonment, the child went to eight different placements before being taken in by Othandweni Children's Home between the age of three and four months. The child was then adopted by the age of three.

It was noted that each participant was different to the next however, they fell within the requirements of their adopted child being abandoned within the first year of life and subsequently adopted by the age of three. In addition, these children have experienced at least one rupture of an attachment figure within the first year of life. Within the first six months of life, the child is not able to direct their attachment behaviours to a particular person (Pearce & Pezzot-Pearce, 1994). It is only after six months that the child discriminately recognises a primary attachment figure (Ainsworth, 1989). Therefore, if the child is adopted soon after birth, there is an opportunity for the adoptive parent to form a secure bond with the child. However, if the child is adopted after six months of birth, the child's previous attachment to the biological parent is likely to have been disrupted. The cause of the potential disruption is the abandonment of the child after an age where he or she has the ability to intentionally direct

their attachment behaviours to an attachment figure. Thus, according the literature, the risk for an insecure attachment in this sample is heightened (Ainsworth et al., 1978).

The primary caregivers who participated in this study were interviewed four to eight years post adoption thereby giving the adoptive parents sufficient time to settle into their relationship with the child as well as their role of the parent.

3.5 Procedure

Upon receiving ethical clearance, the researcher used purposive and snowball sampling in order to recruit candidates for the study. Candidates were obtained through contacts at Johannesburg Child Welfare and The Love of Christ Children's Home. Permission to obtain a sample from these organisations was previously obtained (see Appendix A). These organisations then extended an invitation of participation to suitable adoptive parents. Candidates who met the abovementioned criteria were formally invited to participate in the study and those willing to participate formed part of the study. The participants were contacted telephonically and informed about the study. Participant information sheets (refer to Appendix D) were sent ahead of time in order for the participants to familiarise themselves with the content of the study. Interviews were set up telephonically at a time convenient to the participants. At the interviews, participants were requested to sign participant consent forms (see Appendix E) as well as participant consent forms for the interview to be audiotaped (refer to Appendix F). All participants willingly gave their consent to be interviewed and for the interviews to be audiotaped. Two interviews were conducted at The Love of Christ Children's Home, two interviews were conducted at the participant's private homes and one interview was conducted at a coffee shop (upon the participant's request).

During the interviews, which lasted on average 90 minutes each, participants were asked open-ended questions in a semi-structured interview, namely a Biographical Questionnaire and The Working Model of the Child Interview (see Appendix B and C). All interviews were

recorded and transcribed by the researcher. Transcripts have not been attached in keeping with ethical requirements of the Human Research Ethics Committee of the University of the Witwatersrand. Recordings have been kept on a secured computer and will be stored for five years, after which they will be destroyed.

3.6 Interview schedules

The Biographical Questionnaire (see Appendix B) was used to gain background information as well as some aspects of the child's history. Further, the information disclosed in the Questionnaire has helped provide a deeper understanding of the information given in the Working Model of the Child Interview (refer to Appendix C).

The Biographical Questionnaire asked questions about the child's age, gender and race. Race was included as it might be salient in interracial or transracial adoption. Lee (2003) conducted a review of literature on transracial adoption and found that transracial adoptees are not at risk for any particular shortcomings, such as behavioural or emotional problems. The author did find that the common issue with transracial adoptees is that of questions and conflict around ethnicity and cultural identity (Lee, 2003). The influence of race on adoption and attachment is not within the scope of this study, however, one should be mindful of the potential influences that would arise in transracial adoptions. Other questions in the Biographical Questionnaire focused on the child's history. Questions included reasons for abandonment, who provided the child with care prior to their adoption in order to gain an understanding of the child's early experiences as well as identify potential early attachment figures, and other information participants wished to disclose regarding their child's history. The reason for this was to contextualise the participant's relationship with their adopted child as well as to understand potential obstacles this relationship may have needed to overcome.

The Working Model of the Child Interview was be used to interview participants. The Working Model of the Child Interview is a structured interview that is used to explore the internal

representations or working model of the parent's relationship to their child. The parent's attachment to the child is the key focus of the interview (Zeanah & Benoit, 1995).The authors of the Working Model of the Child Interview set up the following guidelines when using the interview; firstly, the authors emphasise that the environment in which the interview will be conducted needs to be a comfortable and relaxed one to allow the parents the space to be reflexive and to engage with the questions being asked. All participants in the study were obliging and very forthcoming with the information provided and none of them refused to share certain information. The authors state that interviewers should follow the outline of the interview but mention that interviewers have the freedom to engage with parents in ways that elicit or elaborate a response that are not mentioned in the interview. The authors warn that interviewers should refrain from making interpretative comments as the interview places emphasis on the extent to which parents make connections for themselves without being prompted. The interviewer is allowed to ask the parent to clarify contradictions but only to ascertain if the parent holds contradictory views of their child and only once the parent has been allowed the opportunity to recognise and resolve these contradictions for themselves. The authors emphasise that the focus of the Working Model of the Child Interview is to allow parents to disclose and uncover as much as they can about their feelings, motives, perceptions and interpretations of their child in the form of a narrative account (Zeanah & Benoit, 1995).

The Working Model of the Child Interview is intended for use on biological parents. Therefore, the interview was slightly adapted in order to fit the sample of caregivers used in this study (Van der Merwe & Gericke, 2009). The interview is primarily used to arrive at an attachment classification, however, this study explored the themes that emerged from the narrative.

Participants who wish to receive feedback on the overall research results will be contacted once the report has been examined.

3.7 Data analysis

The chosen method of analysing the data obtained was Thematic Content Analysis. Thematic content analysis can be described as a theoretically flexible and useful method of analysing qualitative data (Braun & Clarke, 2006). It is an approach which aims at identifying, analysing and reporting patterns and trends that exist in data. It allows for the organisation of data in a manner that provides rich information (Boyatzis, 1998).

Braun and Clarke (2006) posit a six phase method of conducting Thematic Analysis so as to provide for rigour in this approach to qualitative analysis. These six phases were utilised in this study and have been outlined below:

1. The first phase is **"familiarising oneself with the data"** (Braun & Clarke, 2006, p. 87). Given that the data used was verbal in nature, all data was transcribed into written text in order for the thematic content analysis to be conducted. At this point, the researcher became familiar with the data collected and took notes. The limited number of five transcripts made for rapid immersion into the data (Braun & Clarke, 2006).
2. The second phase is **the generation of initial codes**. The researcher organised the data into meaningful clusters extracting and coding interesting and recurring patterns across the data set (Braun & Clarke, 2006).
3. The third phase is the **search for themes** in which the researcher grouped codes into potential themes and collected all data relevant to each theme generated in phase two (Braun& Clarke, 2006).
4. R**eviewing (revising, recoding and re-establishing) themes** is the fourth phase and included the researcher reviewing the categorised themes from phase three, ensuring consistency between phase one and two (Braun & Clarke, 2006).
5. The fifth stage entailed **identifying and defining the essence of the themes** as well as certifying the scope and ambit of the themes with each theme including a detailed analysis (Braun & Clarke, 2006).

6. Finally, the researcher compiled a **final write up and analysis** providing a discussion section based on the themes presented (Braun & Clarke, 2006).

The advantages of using Thematic Analysis is that it is a flexible method that allows the researcher to move freely and make decisions that are deemed relevant in relation to the data and is also useful for summarising large data. A disadvantage of this method is that the flexible nature of the analysis can become problematic when trying to focus on specific areas (Braun & Clarke, 2006).

3.8 Ethical considerations

This research study only commenced once ethical clearance from the Non-medical Human Research Ethics Committee of the University of the Witwatersrand was obtained. Following ethical clearance for the study, Johannesburg Child Welfare and The Love of Christ Ministries were approached to obtain a sample. The organisations liaised with the appropriate adoptive parents and extended an invitation to participate in this study. Adoptive parents who responded then became participants in the study. Two participants were obtained through snowball sampling and three were obtained via purposive sampling through the abovementioned organisations.

A participant information letter (see Appendix D) was provided to ensure that participants were fully informed about the details of the study and what would be required of them as participants. Participants were asked to sign an informed consent letter in agreement to participate in this study (Appendix E). Further, participants were provided with a letter requesting permission to audio record the interview as well as for the use of direct quotes from the interview (Appendix F). The confidentiality of the participants was guaranteed by the use of pseudonyms in the write up of the study. Therefore, it is not possible to link any findings to a particular participant. Only the researcher heard the audio recordings, thereby ensuring confidentiality. Transcripts are safely stored in a locked cupboard and audio recordings are

stored on a password protected file on a computer. The researcher and supervisor have access to the transcripts, for reading and guidance purposes, but only the researcher has access to the audio tapes. The transcripts and audio tapes will be kept for two years in the event of publication and five years if not, after which, both transcripts and audio tapes will be destroyed. Participants were informed that they have the right to withdraw from the study at any point, however none of the participants expressed such a wish. Furthermore, participation in this study did not result in any harm being done to the participant.

As mentioned previously, the type of care given by the adoptive parents was assumed to be a positive one due to the rigorous examinations and processes individuals have to follow in order to adopt a child in South Africa (Children's Act, No. 38 of 2005). However, the care received by adoptive parents may not always be positive and the researcher and supervisor, who has extensive experience in working with children and their families, were alert to signs of maladaptive care. Any instances of maladaptive care would have been respectfully explored and further, it would have been respectfully suggested for the parent to seek supportive counselling (and subsequently referred to the counselling services provided on the information sheet). Furthermore, any concerns, whether there was clear evidence for maltreatment or not, would have been discussed with the research supervisor who would have then advised how to proceed and whether there would be a need to report the parent in line with the Children's Act, No. 38 of 2005. Such cases would have been excluded from the study as this research focused on how good enough care has the ability to ameliorate early abandonment.

The possibility existed that when the adoptive parent spoke about their relationship with their child, they may have to relive the struggles they experienced when adopting a previously abandoned child. Care was taken to ensure mindfulness and sensitivity when dealing with each participant's story. However, participants were open, contained and did not express discomfort or distress about the questions being asked. As such, none of the interviews were terminated prematurely. Further, none of the participants required any counselling services. Even so, all participants were provided with numbers for the Emthonjeni Centre (free

counselling services offered), FAMSA (minimal costs involved) or Lifeline (free counselling services offered) should they need it in the future.

It was noted that there was the potential that the interview process could offer adoptive parents a platform to speak about their experience of adopting an infant with a difficult beginning. In terms of the research as a whole, the study has the potential advantage of helping the participants express their journey of being adoptive parents to abandoned infants. Care has been taken in the writing up of the findings to ensure sensitivity and care when reporting the participant's experiences.

3.9 Self-reflexivity

Qualitative research tends to be criticised for lacking in empirical rigour. Qualitative research is often dependent on the subjective values, beliefs, attitudes, intention and motivation of the researcher (Mrcuk & Breuer, 2003). Given these observations, it is important that I locate myself as a researcher within this particular study. In thinking about the participants of this study, I share the experience of being a female, however, I differ from the participants in that I am not a mother and in particular I am not an adoptive mother. This significant difference has the potential of being both an advantage as well as a limitation. The difference has proven to be advantageous in that it has allowed me to be curious and occupy the seat of observer. Simultaneously, the difference between myself and the participants has potentially prevented a more experiential engagement with the participants.

It is helpful to add that during this study, I was being trained as a therapist. The reason for my awareness of this was that my role as researcher was different to that of therapist. A conscious effort was made to bear this in mind during interviews so that the distinction between therapist and researcher would not be blurred. As participants brought up various issues and difficulties they were experiencing, I had to resist the inclination and temptation to explore these difficulties therapeutically as opposed to being in line with the limits of the research. As such,

I fully occupied the seat of observer. In addition to this, my lack of personal experience in the area of being an adoptive parent further cemented this role of observer or researcher. Encompassed in this role is my understanding of as well as subsequent reliance on the selected theoretical framework of attachment theory to help connect the participants' narratives to the research being conducted. While these factors were helpful in terms of providing a structure for the research or study to be conducted, it potentially prevented me from fully immersing myself into the experiences of the adoptive parents. However, as the research continued over time, I found that my understanding of attachment and adoption as well as the experience of the participants grew into a deeper understanding.

The acknowledgement of my subjective role as researcher is not anticipated to disadvantage the research process but rather, understanding how the researcher is located within the realms of the research provides the reader a context from which to understand the findings (Mrcuk & Breuer, 2003).

Chapter 4: Results

4.1 Introduction

The five transcripts were analysed and explored using a thematic content analysis and the following themes arose.[1] Six major themes were identified including: 1) *The maternal envelope,* 2) *Becoming a mother and becoming a child,* 3) *Maternal fears and worries,* 4) *Cultivating the bond,* 5) *Complexity and growth in the relationship and* 6) *Support.*

Relevant subthemes were identified for each theme. The validity of thematic content analysis relies on supportive data (Braun & Clarke, 2006) and as such, extracts from interviews are quoted throughout this chapter. For the sake of clarity, repetitions, non-fluencies and non-essential information in transcripts which are not particular to the analysed themes have therefore been removed from quotes and omissions are indicated by ellipses.

For the purpose of this study and from this point on, the terms “adoptive mother”, “mother” and “caregiver” will be used interchangeably at times.

4.2 The maternal envelope

This theme was informed by the general responses to questions from the interview schedule. This particular theme is understood to be an important component in the research as it reveals a common thread in the primary caregivers (adoptive mothers) of the study. These caregivers have a common trait of responding to the needs projected by vulnerable children. This

[1] It is important to note that a few of the adopted children faced numerous physical challenges and medical conditions that the adopted parents had to manage. Specifically, one participant’s child was diagnosed with a condition which poses challenges for this adoptive parent and the bonding with her child developed along its own very unique path, differing in various instances from the other adoptive parents who participated in this study.

immediate response and reaching out to the children appears to be the beginning of the initial stages of bond formation.

> **Interviewee 1 :** *"I think there is definitely a maternal envelope that sort of, that goes around a child that is a little more vulnerable than others so I always felt an affinity for him…it's just not healthy for babies to be without a parent so I decided I would adopt him and he's been with me ever since."*
>
> **Interviewee 2:** *"…when I heard that she was going to be going, they were going to look for a foster family but because of her [medical conditions]…they would probably not find a good family for her and my heart went a notch fast…You are not going to do that, this child, she fought death three times already…and we said not going to happen, I am not letting her now not survive because the system does not allow."*
>
> **Interviewee 3:** *"I'm the kind of person that if I see a little one that is struggling and needs more, they're the ones I go to immediately. I just, there's something about me, I get drawn to little ones in need…I love to be arms of love for these little ones, you know. For me, I find a passion in me when there's a little person that is so ill and just needs around the clock loving and care. It brings something out of me, I don't know what it is. And so, so I'm so thrilled to be there when someone needs so much care and love and so, I guess I'm just thankful to be able to be part of the care because I think so many little ones don't get it."*
>
> **Interviewee 4:** *"I think I might have started crying, to be totally honest, because he was in such bad shape. Like I said, he was just…he was so little and even… yeah it was weird, like I was just automatically drawn to this child…I just want to say… this was not an adoption based on the fact that we can't have biological children. This was based on a bond with this child and we wanted him in our lives."*

Interviewee 5: *"… so I remember looking at her and thinking this is a child [with a medical condition], but by the time you've met them it's too late, by the time you've met them they're already your child… and for me once I put eyes on either of them that was that, they were my child… it's quite emotional, it's quite overwhelming and I think for me it's one of complete love and protection".*

4.3 Becoming a mother and becoming a child

In adopting these children, the women in this study have stepped into the role of mother and as such, the abandoned infants have become children. In the narratives of these caregivers, a key theme of the children choosing these women as their mothers unfolded and in these happenings the mother-child bond or relationship was birthed.

Interviewee 1: *"You know I think for me I always wanted to adopt… I always wanted them to just say well this is my mom and if you don't like it then lump it kind of thing you know and I feel like we have that and I think for me that is the best thing about our relationship is that they don't see me as their adoptive mom. I am just their mom. Yes, so yes that means a lot to me."*

Interviewee 2: *"…compassion would probably be a better word and the fact that this child had been in hospital so many times and was fighting for her life and had these massive, beautiful, big brown eyes that said help me and my heart just went here I am, let us do this, we can do this together… She decided I was it… She decided I was going to be her special carer, long before I knew that I was going to do that"*

Interviewee 3: *"She was my first adopted child. And she just fit in so beautifully, she was so thrilled to have the one on one attention. She just soaked it up. She ate suddenly beautifully, she slept beautifully. She really just transitioned into having a*

mom so well. There was, I don't remember ever having a big bump. She just fit straight in… from the very first day I think, I had this little something with her."

Interviewee 4: *"…and look I am not particularly maternal, I won't lie to you. So, I didn't get attached to the kids you would go, you do what you can do, and then you know you kind of get on with it. But this kid just haunted me. So we went on holiday, and I now kept phoning, like naively, 'Have you found his mom'… we came back from holiday already had some connection with this child…I don't want it to sound wishy washy or hippy you know what I mean. Like he…he just came to us in a different way. The fact that he wasn't in my stomach doesn't mean he's any less my child".* (In speaking about visiting her child at the children's home prior to adoption).

This theme includes the following subthemes; a) *Attaching to the mother and b) Bonding to the child.* These themes were mostly informed by responses to particular questions in the interview schedule and other related questions.

4.3.1 Attaching to the mother

This subtheme revealed the children's need for physical closeness to their adoptive mothers and shed light on the importance of this before the child could feel secure in the emotional attachment. The children required the physical closeness of their adoptive mothers in order to know that they were still there and that they had not been abandoned. The adoptive mothers responded to this need which set up the foundation for the potential development of a trusting relationship.

Interviewee 1: *"…he prefers to be where I am and if he can't be where I am, he wants to know where I am so that at least that's, you know, in his mind. I am always grilled when I come home. Where was I, what did I do, you know did I see anyone he knows, all those things? He is very interested in what happens when he is not around me…He will come and want to see, he will seek out my closeness."*

Interviewee 2: *"The biggest challenge to begin with was the fact that I had her stuck to my side. She did not want to leave my side, she did not want to go anywhere without me…If I got up to go to the kitchen then she was panicky and you know not sure about life. That took a little while before she would trust anybody else but she fully trusted me from the beginning because we bonded here already…she would sit here and watch, talk to people in her own kind of way and relate to them no problem as long as my hand was there and her hand would come to my hand so that security of knowing that mamma was there, was what kept her and it still does. She still puts her hand out to hold me often, often, often she is in a situation, her hand would come out… You know as long as I am around and she knows exactly what is going on in my life, when I am coming and going and I try to stick to that purposely because it is her security blanket, ja"*

Interviewee 3: *"…it was just her and me she was so happy to have me, that as long as I was there whatever was different in the routine, she was always fine…But on the occasions where I did, for a small amount of separations, she was often very worried and anxious when I was gone and very happy to see me when I came back… Um, she comes to me if she needs things, if she needs hugs, if she needs cuddles, she's very open with what she needs when she needs it and trusts that I'm going to be there to fill it."*

Interviewee 5: *"she became attached to particularly me and I think really for a very long time I was her safety…she's my daughter…she trusts me."*

It was noted that this experience was different for interviewee 4. Her child had been diagnosed with autism and as such did not connect through physical closeness.

4.3.2 Bonding to the child

This subtheme speaks to the bond that the mother has with her child. It is also a reflection of the mother's dedication and fierce protection of her child. These extracts bring to life the

connection between mother and child and how the mother has embedded the child into her being.

> **Interviewee 1:** *"I definitely feel like we have got that, the bond and I can foresee that no matter what happened, whether I was to die today or you know he was to be removed from me for whatever reason, I would always be his mom. I would be his mom, I am sure of that."*
>
> **Interviewee 2:** *"I am a very protective mom…we very seldom leave her"*
>
> **Interviewee 3:** *"They wanted to keep me there, it was three days after that they finally did the plastic surgery because it was so dirty they needed to clean it. And so they wanted me in for the full three days until the surgery and I said "huh uh". I said my kids are at home, I needed to go home. So I begged, borrowed, stealed and they ended up leaving an IV in my arm and I came in everyday for a couple of hours to get my anti-biotics and my drips. I wasn't coping with not being with them. I said "huh uh", I have kids, I'm going home."*

4.4 Maternal fears and worries

It is understood that it is the general experience of caregivers or parents to hold fears and worries concerning their children. However, for the mothers in this study, their fears and worries manifest differently given the difficult histories these children have endured. The relationships are all coloured with fears and worries about the future of these adopted children. There appears to be a strong feeling of, "will I have done enough for my child?" The mothers have a sense that they will not be in as much control of their children as they become older. They express worry and concern that the vulnerability of the children and their challenging start to life might place them in potentially painful or harmful situations on the future. (All the caregivers in the study also expressed normal maternal concern towards their children, worrying about them being bullied, making bad decisions and being negatively influenced during adolescence for example.)

Interviewee 2: *"I do worry about her because I think the world is not ready for [her]… In the environment we are in, she is in a predominantly higher class because it is a private school, I mean children of all races, colours and creed but predominantly well off environment and I think, to be blunt, the white community will retract their children… but I just think she is not ready to be rejected by her friends or their parents or whatever and the meanness that comes with that rejection and I worry a lot when it does come out, how is she going to be able to cope with [her medical condition]. Is she going to be able to cope with it? Have I given her enough of a strength of character to deal with, which is what I am trying to build."*

Interviewee 3: *"I think every mother worries. You want the best for your child, you know, and life's rough, life's hard, there's tough things that are gonna come and I think my biggest worry is just that she has enough strength, inner strength, that no matter what life throws at her she's going to be able to overcome it, you know. And so, I think she's possibly, she's going to have more to overcome than most people just because of what life's thrown at her, and I just hope that at this age she's able to build this inner strength that she's going to need to overcome everything that life's going to throw at her… You just worry that the sensitive little heart's going to get squashed you know. And so I just really hope that as she goes through life, that she'll be able to keep that sweet, kind, loving heart and that she won't get tarnished or have to build that shell around it to keep it safe. So many people do have to hide you know. I hope that she can keep all of the loving, caring, beautiful her and use that as she gets older and not have to hide that in order to survive the world."*

Interviewee 4: *"In this case, the main driving factor that worries us is because of his [diagnosis], he's probably never going to be independent and what happens to him when we no longer here. So that's been a big thing because and here it's not just the fact that he [has this diagnosis], it's the fact that he*

has this [diagnosis] and he's adopted. So you can't expect other people to love your child as much as you do. When it's an adopted child, even less so and because unfortunately that's just how people are, not everybody's views on these things are the same. Plus, tasking somebody with your special needs kid for the rest of their life and having to take that responsibility is not a joke. So that's the thing that keeps me awake at night, yes. As for the rest of it, we've kind of made peace with the fact that he [has this diagnosis] because it's all relative."

The subthemes that emerged within this theme include; *a deep wish to undo what was done* and *pressure to be a consistently good mother*.

4.4.1 A deep wish to undo what was done

The primary caregivers in this study carry a strong sense of responsibility to undo what was done to their children. There is an acknowledgment that they are unable to reverse the effects of their children's histories however, there remains a silent desire to make things better for their children and fix or mend the damage caused by their children's pasts.

Interviewee 1: *"you love them as best you can knowing that they are a gift to you and you can't undo what someone else did to them. It's just a fact… It is, it is hard because as a mother you want to protect them from everything and having had that done already I can only cringe when I think of what it must be like to have a child that is your own that someone has abused for example. You know that you weren't there to protect them and to save them from that and now you have got to try and you know, it's a similar experience, now you have got to accept that they are broken, you have got to accept that this damage has been done and all you can do is, you know try and love them through that hurt and it's hard. It's a hard walk to walk especially when they get to teenagers and they just want to fight you. It's hard but yes it's what being*

a parent is I think, you know it's just taking each day as it comes and doing the best with what you have… so maybe those are all sort of personal judgements on me that I would have liked to be a better parent to him and at the same time you feel like well, you can only do what you can do."

Interviewee 3: *"I wish I could take away some of her pain from starting, I wish I could give her an easier story, an easier history. So that as she gets older and has to go through all the questions she's going to go through, the wonderings and all the emotions, there'd be some way to sugar coat it and make it easier to take. You know, I can look forward and see all the places we still have to go and I wish I could find a way to just simplify it… I think looking ahead is such a hard thing, there's so many variables and so many 'if's' and 'what could be's' and… I honestly don't know. I think when she comes of an age when she can really reflect back on her start to life. The fact that she was left, and the fact that um, life isn't always kind and she'd been dealt a bit of a rough end, um, whenever that age hits. I don't know what age she'd be when she can really start intellectualising and internalising that but I think she's gonna go through a bit of a bump, so I hope that at that point we can just ... give her the tools to work through it."*

Interviewee 4: *"Well I mean other than his start you know with obviously the malnutrition, that stuff doesn't just go away overnight or doesn't get fixed overnight – yes and I mean like I said to you before I will always wonder how much of his aloof or distantness (for lack of a better word) is because of the abandonment that he experienced and how much of it is the [diagnosis]"*

4.4.2 Pressure to be a good/perfect mother

In line with the previous subtheme, there comes the pressure to be a good or perfect mother. Being aware of their children's beginnings, these mother's work hard to ensure that their children have a different and better encounter with adult figures.

> **Interviewee 1:** *"It's just you're a human too and I always, you know, it's hard, I always forget that part sometimes and I judge myself very harshly but then you have to remember well you know you are dealing also with your things and the way you carry their hurt you know will also reflect in the way that you help them through their hurt. So you just got to do the best you can and remember that it's, you know, we are all imperfect in an imperfect world… I mean even if their leg is hanging by a thread, I would still be in control until they were being seen to by someone else and then I would lose it".*

> **Interviewee 3:** *"But there's sometimes where you wish you had the little more, you know, the little more stretch and I have to realise that I'm only me and I'm a single mom that works and I have to raise my little ones, and I have all these doctor's appointments and all the therapies and there's only so much of me to go around. And I have to just make peace with that and realise my kids are happy and they're thriving and not be too hard on myself."*

> **Interviewee 4***: "I mean I'm like on a Council… and you know we have these talks all the time about how you are only capable of so much and how there is always guilt, you know, no matter where you are, if you're at home you feel guilty about the fact that you need to be working, if you working you feel guilty about the fact that you need to be at home and trying to cope with all of those things and how society is changing. Their perceptions are changing slower than the actual day to day reality is changing which means that we sitting in a situation where people judge you, you know… So, I often think about, or I wonder how that*

would be if it wasn't for the fact that he had [this diagnosis] … what kind of a mom I would have been you know"

4.5 Cultivating the bond

In thinking about the narrative of the adoptive mothers, it was found that there were multiple factors that contributed to the development of the bond between caregiver and child. While there are numerous contributors, it is helpful to hold in mind that the relationship is complex and multifaceted with many levels. The nature of the development of the relationship between the caregivers and their children is therefore complicated and each child uniquely vulnerable with their own specific needs. As such, the factors that contributed to or led to the cultivation of a bond are vast and numerous as each bond has developed along its own unique pattern and path. This theme includes a number of key subthemes or factors that have been outlined as the most prominent as revealed by the participants of the study: a) *Identifying and attending to the child's needs, b) Delighting in the child, c) Creating a predictable environment, d)Mediating the child's difficult experiences (being a protective buffer), e) Integrating the child into the parents world, f) Allowing the child to mourn, g) Acknowledging the child's heritage and maintaining their identity, h) Faith and spirituality and i) Unconditional maternal love.* These themes were mostly informed by responses to particular questions in the interview schedule and other related questions.

4.5.1 Identifying and attending to the child's needs

The adopted children in this study have all been abandoned by their biological parents and have been in the care of Children's Home and Places of Safety prior to being adopted. As such, having caregivers who have been able to identify their needs, whether physical or emotional, and also meet these needs has proved to be an important factor in developing the bond.s The children have felt noticed and heard and this helped with the development of a trusting and safe relationship.

Interviewee 2: *"I used to spend a lot of time at her bedside because she was really ill, actually just sitting holding her hand because she was not able to sit or crawl or walk or anything at that stage. She was really sickly and yes, I did all her hospital visits with her, lugging along an oxygen tank and I pushed her so you bond when you are doing those kind of things."*

Interviewee 3: *"I've been so many places where they're just left and to know that she could be somewhere just left and instead she's in an environment where we are able to love her and care for her and give her all that nourishing and loving up that she needs. It's just a wonderful feeling you know… It was unbelievable, she started gaining weight, she started keeping her food down. We just gave her the whole everything and she just improved drastically."*

Interviewee 5*: "When she was in Grade R I think, might have being Grade 1, six or seven, my parents had their golden wedding anniversary and I went to New Zealand for that on my own and it was such a big deal, I mean she was a basket case for weeks in advance. She was in the bed with my partner every night and when I came back she was in the bed with me every night for about three weeks before we got her out of it again, and I did things like, I wrote little cards so she got a little card every day, and there were a variety of little presents that I wrapped up for her that were for my partner to give her and she would settle down…"I don't know that I really think about what I feel like; I just do what I need to do to get her, to give her what she needs, this has helped her trust that well be there for her and that her demands aren't too much for us, you know"*

4.5.2 Delighting in the child

The primary caregivers have taken delight and joy in their children, allowing these children to have a different experiences of others as well as of themselves. The children are the gleams

in the eyes of their caregivers, they are important to someone. The sense of belonging that was fostered in the children helped promote the development of a bond.

> **Interviewee 1:** *"…every child that I have has been a gift to me. I didn't have any say in who they are, no I didn't have any say in the package that I received and the gifts that they came with. So for me it's like playing pass the parcel, you know and each layer that you open shows you something new. For me it's like a never-ending game of that. Every child that I have adopted has shown me new things and it has been an adventure and you know it's thrilling to me when one of them shows a musical talent or one of them scores a soccer goal or one of them has an incredible memory for scientific things you know because I don't. Everything is just like a new gift to the family and so we rejoice in all of that… You know let's unwrap, let's grow you, let's build you and one day we are going to have this incredible piece of art that maybe you know develops the new latest street sweeper and maybe it's going to be the new President or you know it's all an adventure and so yes, each of my children are an adventure and I try and encourage them to see themselves as an adventure and yes, it's not about filling someone else's shoes."*
>
> **Interviewee 2:** *"she has a very unique gait but she is the most determined little soul and she does anything and everything. She swims, she rides horses, she dances. She is just an amazing little thing!"*
>
> **Interviewee 3:** *Well, I think because of her start to life and all the challenges she's had to overcome. I think she is sort of wise beyond her years. She sees things a lot deeper than even a lot of adults see. A couple of weeks ago, I had taken a little one from TLC, she had a severe [medical condition] and she goes to the same [specialist] as Thando* (participant's daughter) *does. Thando had an appointment so I was bringing the little one as well, so she could have her splints fixed. And we were feeding her a snack just before leaving, giving her a banana and some juice. She has trouble swallowing, she*

was dribbling everywhere, she was full of slobber and food and she was a mess. And Thando's sitting beside me and watching me feed her and she goes, "Mommy, isn't she just so…" And I'm expecting her to say messy or dirty or…. "so beautiful and charming". You know, and I think, I don't know of one adult that can sit there looking at this child and have that to say. And you know, she (Thando) *saw passed the mess and the drool to the beautiful charming girl… And that is just how she is in life generally, you know, that's just, that's her.*

Interviewee 5*: "She was a very early and very very fluent talker, there was somebody doing some research from Wits, from the speech therapy departments who wanted under two's to look at their preverbal language and so the lady came with her video camera and we both had to be here, we were in the lounge there, and she had done things like she put dolls on the mantelpiece and she put you know, and she said to us, so is she talking, is she communicating as much as she normally would now, how is she, is she quiet?. We're going, she's incredibly shy, now she's not saying anything, and this woman looked at us and it was the look of like oh so you're those kind of parents who think your child can do anything. So she did things like she'd say, can you see the dolly, wait to see if the child looked, can you do this, you know. So she responded and then I had to go see a patient, my partner was still here with Leena* (participant's daughter) *and the lady was packing up her stuff, and apparently the minute she turned off the video camera and put it away Leena started, mamma what's that thing, why was the lady doing that, what was she doing, and the woman's eyes nearly fell out of her head and the deal was you would get a printed report so, so the report came through that she was basically off the scale for communication skills and we were like, that's our girl"*

4.5.3 Creating a predictable environment

The mothers presented with a common theme of the importance of providing a safe and predictable environment for their vulnerable children through routine, consistency and structure. This allowed for the development of trust in the consistency of care with the adoptive mother and a belief that she will remain and not abandon the child.

> **Interviewee 1:** *"I think that the first few weeks would have been a big transition for him. He spent a lot of time just, what we call in our nest* (at TLC)*, so it's a very nurturing environment and he just, I think, yes he just spent time recovering emotionally and physically just absorbing that sort of calm and more predictable, secure environment…we tried to, well we do try to keep things as sort of predictable as possible, the children respond better to that. I think they tend to come with the natural insecurity from all their histories so it's important for us to try and keep things predictable."*

> **Interviewee 2:** *"No tears, no drama we have had no nonsense ever so it worked doing it that way. As hard as it was, it was a good way of doing it but it was difficult…* (speaking about how providing a routine benefitted the child when transitioning into her new home)…*Her routine is very definite, her morning routine is very definite as well because of her mind, the way it works, she needs constant reminder of the next step… routine is the one thing that is very important in her life. It is just, she needs structure for school work as well, you know, because if you do not have structure, you cannot be organised in the classroom so I have got a bit of psychology studies in my brain so I know the importance of it and especially because she is special needs, she needs to have structure and if we are going to have to do something, I have to tell her beforehand, we are going to go today, we are going to do this, this and this. It does not matter the time, as long as I say what we are going to do because if I do not, then 'but mommy, you did not tell me that*

we are going to do that" so it is very important in her life that she needs to know where things are going and how they are going so ja."

Interviewee 3: *"Crèche, took about a month of me dropping her off and she would just go hysterical. And they would say it took about a half an hour for her to calm down and then she seemed fine for the rest of the day. And obviously, when I came in the afternoon, she was just over the moon. And it took about a month of that and she finally settled in and she realised I was going to come back every day and she started enjoying her friends and she sort of managed to get over that. I think again the routine happened and then after that she realised that this is how it is….so she can see it's (*referring to the consistency of the caregiver or the caregivers presence) *not gonna change just because what she does changes, you know"*

Interviewee 4*: ""Yeah well he did have a regular routine with us…But because of his [diagnosis], he also likes specific routines, like we go on a Saturday morning for a walk at the Damn, and so there is a specific way that we go around, and like well good luck to you trying to change that, you know what I mean."*

*****However, it is different for Daniel, perhaps due to his diagnosis, as he does not attach as readily and does not need or depend on his parents as much as the other children in this study.

Interviewee 5*: "I think this might be the first year we haven't really had a meltdown, and she's nine, so it's taken a long time for her to, but she's a control queen of note and if she feels like she's not in control she has a meltdown…Consistency is really important for her, you can never, like if you spring something on her, she's better now, but if you sprung something on her she would go to pieces."*

4.5.4 Mediating the child's difficult experiences (acting as a protective buffer)

These adoptive mothers played the role of mediator, acting as a protective buffer, helping their children make sense of their world. This is another factor promoting the bond by ensuring safety and being a trustworthy enough for the child to rely on. The caregivers have provided their children with protection as well as guidance in managing difficult situations.

> **Interviewee 1:** *"The world is hard enough without adding people's prejudice and people's stereotypes and so I, yes, I do, I try to protect them a lot from those sorts of things and we're fortunate that we are so many. I do, I think that helps a lot. They are their own support group, you know, they grow up with other kids like them, we have all now got a big family who share the same experiences so that is an advantage but still I think a mother's heart, you know…I think the world is nasty anyway but when you are a child that has been abandoned, people look at you in two ways. There is always this sort of - ah shame, poor you kind of thing, which I think is unhelpful, you know when you're trying to raise a person who feels like they can be productive and part of society, that ah shame is not helpful, it doesn't make them, it makes them feel like they are entitled to be dependent and that's, it's just, I don't like that but on the other hand I also don't like that people feel like somehow there was a judgement in it, you know, that they somehow deserved to be on the outskirts of society. So I do, I tend to maybe overcompensate quite a bit for protecting them from those sorts of experiences."*

> **Interviewee 2:** *"What I do now, is if I know if we are going to an environment where there are going to be loud noises, I tell her beforehand and she covers her ears, she walks like this and she just holds her ears as we are walking because she cannot cope with it. She will stay with me, right with me, but she is better now, if I say to her dad is going to drill a hole, take her into the room and say dad is going*

to put a picture on the wall, he is just going to use the drilling machine." Hope (participant's daughter) *has an almost crippling fear of loud noises and they are not able to figure out where it came from, we acknowledge it and we try our best to make it easier for her to cope with her fear.*

Interviewee 3: *"I often always find that she can't always keep up with her friends so she does tend to often be a bit of a loner. She plays by herself, she does things by herself because if kids are playing touches or if they're, you know what I mean, when they're running around like mad, she tries for a certain length of time and then she can't keep up and so I will often see her sitting by herself like in the sand box. You know and I think that could have impact on her as she gets older …so I have to help her realise the reason that it's happening is not personally geared at her it's just unfortunately, with her mobility, it's something that's there and it's something she knows she can speak to me about and we figure things out"*

4.5.5 Integrating the child into the parent's world

These mothers have absorbed their children into their worlds, fully taking them in with no questions or conditions. They have provided their children with a sense of belonging and they work hard on helping their children to not feel misplaced and different. Thereby promoting a bond built on acceptance for who the other is. This integration occurs in terms of the mothers' daily lives as well as their cultures.

Interviewee 1: *"I have some, I try to put photographs of all my children around my house because I feel like that also helps them to feel a part, not just adopted but part of a family, you know like that they all share similar experiences… it's only myself and my children and we all sort of saw it as a fun thing to do really, you know, to absorb this child in and he's just, he's always fit in. He really does well, he is just absorbed by all of us and we enjoy his company."*

Interviewee 2: *"…regardless of where we go, she comes with us in the environment we are going to…"*

Interviewee 3*: "Um, I've given her two middle names, XYZ... Y means love, she is just my loving girl, she loves everybody, she just has such a heart. And Z is my mom's middle name, and she has always been such a support for me in general. I wanted her to also have a little bit of grandma, yeah."*

Interviewee 4*: "…if we have got plans or we are doing things, he comes along, you know. We try and include him in as many things as possible, and expose him to as much as possible, and create a … a frame of mind that where he is as comfortable adapting to things you know, as possible… to me you know it's like if you part of this family, you part of this family. .*

Interviewee 5*: "I think it's really important for her to know her place and know her extended family and know that she's cherished by people other than us, and I have this sense from her that she, she kind of knows that if something happened to us there would be people for her, and I think that's being quite important for her"*

In speaking about visiting family in New Zealand)…this participant also added the following about their child; *"The meaning of it, X means flower and Y, which is her middle name, a Maori name which means of the sea, so she's got an African name and a New Zealand name."*

4.5.6 Allowing the child to mourn

While this theme has not been prominent across all the mothers, it is helpful to include the caregivers who have allowed and encouraged their children to mourn the loss of their parents. This acknowledgment that the child's biological parents are no longer is an important step and process in helping the child make sense of their past and their history. The caregivers who

have supported this process have allowed their children the space to be their own people, separate to their adopted mothers, with their own story and this harnessing of independence is a factor that has promoted the deepening of the bond between caregiver and child.

> **Interviewee 1:** *"You know I think that the knowledge that his birth mother is dead or the belief let's say, that his birth mother is dead will lead him to maybe mourn her at certain times and the only thing I can do is mourn with them, you know but give him the consolation to know that one day he will still see her again, you know and that these are the things we can do now to help him cope. We can say a prayer, we can light a candle, we can put a flower in the garden, you know we have a little memorial garden… it helps them to have a physical, tangible place to grieve and we just try and walk that walk with them as far as we can and it's hard"*

> **Interviewee 3:** *"One of the things I found that seems to really upset her the most, is the loss of her father. Which I find is very interesting because she never even met her father you know. He died while she was in the womb. But I think maybe because I don't have a husband, she doesn't have a dad, that is the whole part of her life that she feels is missing and so that's what she clings to. Some days, she'll just burst into tears. And I'm like, "Thando, what's wrong?", "I miss my daddy, I want my daddy", you know. I've actually, I've gotten her a little candle and she got to come to the store with me and choose it. Whenever she's having a really sad daddy day, we light the candle and we think of her dad and we pray for her him and we pray that God helps her to feel happy in her heart. And it seems to help her. For her that just seems to do what she needs. It gives her that little bit of, it's okay to be sad time, we blow out the candle and she goes on and she's happy and fine for the rest of the day. And that only happens maybe once every three or four months. It doesn't happen often but it does recurrently come through."*

4.5.7 Acknowledging the child's heritage and maintaining their identity

This subtheme includes the adoptive mothers acknowledging that their children are their own people with their own culture and heritage. Embracing this part of the child has also promoted a sense of belonging in the children which then feeds into the development of a trusting relationship and bond.

> **Interviewee 1:** *"So that must be an innate intellectual ability which I thank God for and I thank his family for and I tell him that and I say wow you know your people must have been incredible because look at this amazing brain you got and I allow him to be proud of both sides of who he is, you know the sides that were born in him and the sides that he has allowed to be moulded in him and yes, so I think it's a balance again."*
>
> **Interviewee 2:** *"Her mother gave her that name and I did not want to change it because it is who she is."*
>
> **Interviewee 3:** *"That was the name her mother had given her and so, I thought it was a beautiful meaning. X means beautiful, it also means 'gift from God', and I thought they were such gorgeous meanings and they suited her so perfectly. And when she came to TLC we had always called her X, so it was a name we had used with her and so I can see no reason to change it."*

4.5.8 Faith and spirituality

The mothers incorporated faith and spirituality as a way to provide meaning for the child and the child's experiences. They have taught their children that there is a greater purpose to their lives and that they are alive for a reason and not by chance. This perspective gives the child's life more meaning and they have internalised a greater sense of purpose.

> **Interviewee 1:** *"We have conversations, deep conversations. I am always trying to find ways to give them, not just comfort but an idea of God's love, you know,*

of the fact that a mother who abandons her child doesn't necessarily go to hell, you know, it's not something that you do to be a bad person, you do it because there are terrible things happening in your life and God doesn't judge you for that so, you know one day, they will get to meet each other and he can ask her all the questions he has that he would like to ask her and you know if I have any answers like maybe I know the mother's birth, their first name or things like that I can tell them."

Interviewee 2: *"…you know God sent you to her for a reason so we have to take care of her…Someone up there sent her to us so that we could prime her to become somebody important…"*

Interviewee 3: *"I do think of it but I'm a Christian, so for me if I have worries like this, I try to give them to God. I know that He made her he loves her and at the end of the day I can't change anything, I can't be there to fix these things for her, so I try to give my worries to God and I teach her to do the same."*

Interviewee 4: *"…but I often think that he was brought into our life so that we could teach people tolerance for multi-racial relationships"*

4.5.9 Unconditional maternal love

The abovementioned factors have allowed the children to hold the belief that their parents (caregivers) are consistent, reliable and love them unconditionally. This is a factor that is of deep importance in the continued cultivation and deepening of the bond between the caregivers and their children.

Interviewee 1: *"Yes, that no matter what they do, no matter how naughty they are, no matter how angry they make me, the anger will never overshadow the love part so yes, I think that's very important to me."*

Interviewee 2: *"But love is not negotiable…if she hurts, I hurt too. So that bond is very close."*

Interviewee 3*: "You know, I went into it knowing I loved her and I would support her no matter how she developed, you know. So I think a lot of her development has really surprised me. I didn't think she would develop quite as on target as she has….I think I've seen her so ill and so sick, that when little things happen, I'm really happy to be able to be there to help her. But it honestly doesn't traumatise me. You know, I just wanna be there for her, you know."*

4.6 Complexity, development and growth in the relationship

This key theme speaks to the nature of the relationship the caregivers share with their children. They have communicated that their relationships are complicated and pose their own set of challenges. However, despite these complexities (which is unique in each relationship) there has been development and growth. The mothers reflected on how different their children are and they noted some of the significant changes they have noticed over the course of the relationship. The relationships have taken the course of being trying initially, however they have progressed into something these women delight in.

Interviewee 1*: "Very close, I think we're very close, yes, all my children. I don't feel like I have a distance. It takes time, I won't lie, in the beginning it's difficult especially when you get, adopt a child a bit older you know and so that actual, official mother/baby kind of relationship only gets sealed a bit later. It does take longer for you to feel that they 100% accept who you are in their life but I definitely I feel like we have got that, that bond and I can foresee that no matter what happened, whether I was to die today or you know or he was to be removed from me for whatever reason, I would always be that mom. I would be his mom, I am sure of that so it's lovely… So definitely as it's been built*

we've strengthened and deepened our relationship to the point where I feel like yes, he definitely regards me as him mom."

Interviewee 2: *"The relationship has matured. From her being a very needy, not independent, close to me little person to actually where she is now, where she is still needy but not as much. She is certainly becoming independent, self-thinking and it is allowing me to step back a little bit and know where she is and what she is doing but giving her space, she has now got the confidence to deal with a lot of things. I do still back her up a lot because it is why we are there but from having to nurture and care all the time and watch and look all the time and watch and look and look at the time for medicines and to deal with this and to deal with that. We have got to a situation where it is a little bit more relaxed. The environment is relaxed."*

Interviewee 4*: "Yeah, like I said when he was a baby, I was … I felt really close to him. Then, with the period leading up to his diagnosis, and probably for a couple of years after that, I felt very much detached, and like I was a bad mother and yadda yadda whatever. But now that I am at peace with that, you know I can joke about the fact that I am … I just live here … that type of thing … we are doing well now … and it seems like there's a shift in his focus and he's focusing on me quite a bit more than usual which I thought was yes, particularly interesting, yes well I'm loving it, I'm lapping it up."*

Interviewee 5*: "I mean I'm glad I'm there and that I can provide it. I'm glad there's something that can provide you with security and I'm glad that she is starting to need it less because I think she is developing and she is starting to be able to generate a degree of self-soothing and self-support. Support that she's going to make her way in the world."*

This theme includes two prominent characteristics of the relationship; *enduring and the healing and transformative nature of the relationship.* These themes were mostly informed by responses to particular questions in the interview schedule and other related questions.

4.6.1 Enduring

In explaining the nature of the relationship, a subtheme that emerged was around the caregivers experiencing the relationship as enduring and strong. This subtheme reflected that the challenges and complexity of the relationship has birthed a relationship that is tenacious and withstands difficulties. The adoptive mothers and adopted children have been able to survive their difficulties.

> **Interviewee 1:** *"So with X's [medical condition], you know he is one of those ones that has to go every six months for blood tests and initially as a young child it was very, very difficult because you can't explain it to him. You know the older he has gotten obviously the more sort of relaxed he is about it but as a young child and especially in the beginning when our relationship was a bit more tenuous I think I always felt like I was sort of making our relationship regress, you know like sort of go backwards a bit because I was betraying him in this way, allowing somebody to come and stick this big needle in his arm and it is not just like one, they have to take like six vials of blood and it's horrid, I always, you know I hate feeling like I am complicit in their, in making them feel vulnerable. You know like it's just, I don't know it just doesn't come naturally to a mother."*

> **Interviewee 2:** *"…it was difficult to work out a structure and a time and how to put things together, work out bed time routines, you know all those kinds of things, you know putting structures in place. We did have difficult times with that. There were times I had to sit with her at night time because going to sleep was not what she felt she needed to do so we worked out our little routine so our three little songs we*

sang, she now has fairy music in her bedroom when she goes to sleep. It is still on, it goes on every night, so you know that was difficult and hard, working out where we fitted together and how our personalities could actually mould together, when it was the right time to say no and when it was actually she cannot do that so I have to help her. So you know those kind of things, those were difficult times. I will not lie about that because we did take a while… as long as we are together, we will deal with the unknown because we make it an adventure"

Interviewee 3*: "I have to do stretches with her. There's a lot of things we have to do, not as much now as before but even still now, that aren't always fun. You know stretches some days she's very stiff and they hurt. And so I have to be tenacious knowing that this is something she needs, you know. For my love for her, sometimes I have to do things that she's not gonna like in order to help her. And she, even though she doesn't want it necessarily, she knows it's gonna hurt, she goes, 'no mommy that hurts', she still at the end of it loves me just as much as before. You know, like we have this, she knows that we need to do it, she knows why we need to do it, she knows afterwards she's walking better and she doesn't fall as much. So even during the hard things we have to do together, we still have that tenacious love…we're not gonna let something tough stop that... And for the first month, I would put those things on her and she would scream for an hour straight, scream and scream and scream, I would hold her and I would cry. It was horrible! But I knew that she needed this to get to where I knew she could go, you know. So I think we've had that relationship from a very young age, of caring through the easy and caring through the hard, you know."*

4.6.2 The healing and transformative nature of the relationship

A common thread that emerged in the narrative of the caregivers was that they found that their bond with their children was a source of healing and transformation for their vulnerable children. The relationship has acted as a secure base for their children to flourish and grow in.

These children have become their own people with their own way of being through this bond. The consistency of the caregiving has promoted growth and healing for the children.

> **Interviewee 1:** *"I think it has made her more secure and comfortable in herself. She is able to speak her words, her voice, she is able to speak her thoughts. Knowing that she has got structure and background and backup and you know, if she has got a problem we can deal with it. Whether it is a good or a bad thing, we deal with it and I think she is secure in herself and she knows that she is loved and cared for."*
>
> **Interviewee 2:** *"I definitely think it's helped her confidence. I mean as I mentioned, she used to be so much more emotional, you know, she used to cry so easily. If I even just looked at her wrong, she would burst into tears you know. She was so sensitive and tender but to an extreme. And I think we've been able to work through and she's been able to learn that even if I do say, 'X, that's not acceptable', she can say oh sorry mommy and just go on with life, she doesn't have to fall to pieces. My love doesn't change, um, I'm there no matter what, I love her no matter what. And I think her confidence in that has improved drastically and that in turn has transferred into school and has transferred into every other part of her life, you know."*
>
> **Interviewee 5***: "I don't do that now, like there was a thunderstorm the other night and she was crying so I put her in the spare bed with me and, but she doesn't need so much physical contact anymore, she's starting to get more robust which is good…and probably a close second is her security issues and that really I provide her security and I'm fine to do it. It worries me a little bit about how moussed up she can be still but in the last year I see quite a big shift and quite a big change. Quite big in correcting her willingness to come stand on her own two feet and do her own stuff."*

4.7 Support

This subtheme was informed by the general responses to questions from the interview schedule. The main themes will be listed as they directly respond to the research question enquiring around what type of help the caregivers have sought for their children. All caregivers sought help for their children and the help sought was in line with the help that a biological parent would have sought should their child need any professional assistance. They did not seek any particular help or any additional help separate to the required procedures involved in adoption, in relation to the adoption or being an adoptive parent. Rather the support sought further addressed the prominent narrative of identifying and meeting their children's needs and how this has further strengthened the bond.

4.7.1 Medical assistance

Interviewee 1: *"We have an inhaler if she needs it but I have not used it now for maybe a year. She is just so well and healthy, she does not have a problem."* (This child was previously diagnosed with a chronic lung disease but was treated for it).

"She goes for Botox every six months for the last three years where we actually have Botox placed into her legs to release the tension for muscles and she responded very well to it except for the last time now in September when she had it done, she has grown so much that it is not effective enough anymore. They are going to do the muscle release on Monday and the Botox just to give her that extra little stability… We do physio, we did OT, she graduated from OT the beginning of the year. They said that is as far as we can take her so she has just grabbed life with both her hands and running with it. Amazing little girl."

"We had full leg splints and we had small splints and then we had shoe inners and then we started Botox, we did the physio and OT and all those kind of things. When it was time to get ready for school, I did all those processes because we were not

sure if she would need to go to special needs school or whether the ability would be enough to keep going in mainstream schooling."

Interviewee 2: *"I did all of the medical visits, all the doctor's appointments. And so I would take her for all her different visits at hospital. She was [ill], she was in hospital for two weeks, I visited her every day, um, I took her for her therapies. And so I just spent a lot of time with her, I did a lot of therapies back at TLC with her and so I think from a very early time we developed a bond. So, ya."*

4.7.2 Family support

Interviewee 1:*"I think again I am fortunate maybe in a little bit of an unusual way in that we are our own support group here. We all have very similar experiences and so we share support with each other. I think apart from medical assistance, I didn't really require emotional or counselling kind of assistance. I had already got experience with HIV - several of my siblings had adopted HIV positive children so we had already dealt with a lot of what that meant… but if there is something that is really worrying me, my sister is a great source of support… So I always seek her out but I must say we tend to visit the doctor quite quickly if I'm concerned about something that I don't know or what it is and I suppose that's also down to the HIV. You know, I don't take risks. I can't."*

Interviewee 3:*"But when I brought her up originally, um, my mum was amazing. I remember she said, 'Well, I would think really carefully about this. You know if you bring her back to Canada she's most probably going to be the only black child for miles around, so I really recommend you adopt two" (laughs). So, that was how it went. My dad took a little longer to come around to the idea. I think for him, me being a single parent, being way across the world, it scared him a little you know. But at the same time, they've been coming here for a lot of years and knew my heart. And so it didn't*

take them that long to warm up to the idea...I have a younger sister and younger brother and they are amazing! They love them (the children) *to bits."*

"Well, because my family is in Canada, it's me. I have one really close wonderful family group that I've met here that are just, they've started to become really special. They're like second parents to me, that's where my kids are today. And they've played a very important role but it's not like we see them every day, you know. We see them once a week, or once every two weeks. When we see each other it's really really special but they have their own busy life and they support whenever I need support but it's not a daily thing. So it's a lot of the time it's literally just me and the four."

Interviewee 4: *"…like I will be during the week phoning my mother and saying it is such a mission bathing Daniel in our corner bath, so like how does one do that? Because now you have got to soap them up and then you know … she went oh, you might want to try a mat and like a bath ring. Oh wonderful idea … then the next thing was, I will never forget, I mean we were just actually terrible. I phoned my mom and I am like Nicholas is jut vomiting for no reason, and I don't know what to do … she is like what did you feed him? I am like his normal rice … well what did you mix it with? No, the normal formula stuff. Okay, like I was obviously now having a full blown panic here, and sure as hell, my mother then says to me well how much did you give him? I said well our normal bowls… she said well no wonder, that is enough to feed a grown man. So, I mean we were stupid … we were just doff you know. So it was very much a learning experience on our part, because I didn't have nine months to read every book known to man and it wasn't a planned adoption either."*

Interviewee 5:*"So by the time that she was coming everybody already knew and everybody was very supportive, and in fact my partner's parents were here and they came to the children's home and met her before she came home"*

4.8 Summary of Results

The results revealed that the adopting of abandoned children was a challenging journey. This was highlighted in the adoptive mothers' experiences in which they shared that their children's early experiences with their first caregivers had remained with them when they entered their new relationship. The children in this study shared the internal working model of caregivers being abandoning. The adoptive mothers in this study found that they had to prove themselves as consistent caregivers before their children were able to settle into the relationship. It was also noted that these children sought out connections with their adoptive mothers, despite their early exposure to abandonment. In providing their adopted children with maternal sensitivity, consistency and stability in care, these adoptive mothers inspired the birth of relationships that were perceived as more secure by their adopted children.

Chapter 5: Discussion

5.1 Introduction

This research study aimed to explore the relationship between the adoptive parent and their adopted children and in particular how the act of being abandoned impacted or affected the relationship between the adoptive parent and their adopted child and how, if at all, the early adverse experiences of being abandoned were ameliorated through good enough (adoptive) parenting. This was achieved through looking at the adoptive parent's experience of their relationship with their child. Attachment theory was used as a base to explore the nature of the quality of the relationship. Given that this study was intended to be an explorative qualitative study, there were no formal hypotheses or suggestions about the nature of the relationship. In addition, it is also important to note that literature around the relationship between the adoptive parent and their previously abandoned adopted children is scarce. The narrative experience and personal accounts of adoptive parents have not been widely captured by the field. As such, this section will endeavour to bring to life the experiences of adoptive mothers in the study, relying more on their narratives and accounts as sources of reference. This chapter explores the six main themes found within these narratives which are; a) The maternal envelope, b) Becoming a mother and becoming a child, c) Maternal fears and worries, d) Cultivating the bond, e) Complexity and growth in the relationship and f) Support.

For the purpose of this study, the terms attachment and bonding will be used interchangeably and will be understood to mean a dynamic process in which individuals make psychologically meaningful connections with one another (Pugliese, 2007).

In their study with late-placed adopted children Steele et al. (2010), cited an excerpt of a transcript in which an adoptive mother described the shifts noticed in her adopted child post adoption which captured the essence of the narratives of adoptive mothers in this study;

> *"And then the other day at breakfast he says to me, 'Mum, of all of the children in all the world, you chose me, didn't you?' I said 'Absolutely.' Which is lovely. So as well as*

him having to cope with this realization of his having been rejected, he's beginning to realise that there was some choosing involved, as well. He's only just beginning to get his head round this" (Steele, Hodges, Kaniuk & Steele, 2010, p.25).

5.2 The maternal envelope

This theme was guided by general responses in the interview schedule. The concept of the maternal envelope is a key proponent in this study and refers to the mother's immediate response to their children upon meeting them as their own child. As an envelope completely contains and encases its contents, so too do these mothers envelop the very being of their children, covering them with their maternal being. The importance of this theme lies in its catalytic nature in which the maternal envelope sparks the formation of the bond between the adoptive mother and the adopted child; the stage in which the relationship begins.

One of the adoptive mothers in this study coined the term "maternal envelope". When speaking of this "maternal envelope", this particular participant explained that a mother, adoptive or biological, envelops their child, completely taking the child into their very being. However, when a child is needy or vulnerable in any way, the participant theorised that the natural envelopment intensifies in its urgency to respond to the child. The need to respond to the child's desperation is then amplified, causing the mother to almost hone in on the child, making the child's well-being and safety her main goal.

The adopted children in this study all have a common history of being abandoned by their biological parents. Further, each child has suffered a serious physical ailment or illness (with one child being diagnosed with Pervasive Developmental Disorder). The combination of these two factors intensified the vulnerability in these children and prompted their future adoptive parents to reach out to them. The adoptive parents in this sample shared the common experience of reaching out to and responding to the needs and desperation projected by them. This is also highlighted by Trout (1996) who found that it is a common experience for adoptive

parents to respond to the projected need of their abandoned or orphaned children. This immediate maternal response is understood as being a very different experience to what these particular children have previously been exposed to. The maternal envelope provided these children with a different experience with a caregiving figure.

5.3 Becoming a mother and becoming a child

The relationship between the adoptive mother and adopted child starts with each receiving and stepping into the role of mother and child respectively. A common theme that unfolded was that of the adopted children choosing these women as their mothers. Within these happenings of choice, the mother-child relationship was born. Winnicott (1960) reminds us that there is no infant without a mother and conversely no mother without an infant. Bain, Gericke & Harvey (2010), expand on this and illustrate that there is a psychological interdependence between mother and infant. This is seen in the blurring of boundaries between mothers and their infants in that where the mother starts and the infant ends is blurred (Bain et al., 2010) and is echoed in the theme of the *maternal envelope*. The adoptive mothers share the experience of feeling chosen by their children to be their mother.

This theme includes the subthemes of a*ttaching to the mother* and *bonding to the child* and were mostly informed by responses to particular questions in the interview schedule and other related questions.

The adoptive mothers shared the narrative of their adopted children desiring physical closeness with their caregivers (adoptive parent). This is in keeping with a hallmark feature of attachment behaviours where the child seeks to gain and maintain proximity to the object of attachment or adoptive parent in this case (Ainsworth & Bell, 1970). The adoptive mothers also painted the picture that their adopted children initially struggled to hold their caregivers in mind which appeared to have prompted their desire for physical closeness. The children felt that if they could not see or feel the skin of their adoptive mothers it meant that she had gone,

disappeared and left them. According to Steele et al. (2003), the child's earlier relationships stay with them in some manner and enter their new relationship with their adoptive parent. Thus, they entered their new relationship carrying an expectation (or internal working model) that adults abandon and leave you. The child then anticipates that their caregivers will leave them in some way. According to Bowlby's phases of the development of attachment (1969) and based on the ages of the children in this study, the children should fall within the clear-cut attachment phase. What is interesting about these children is that they initially appeared to fall within the pre-attachment phase (occurring between birth and 2 months), where the infant uses attachment behaviours to which caregivers respond. This was the case with the children in this study in the beginning stages of their relationship with their adoptive mothers as they desperately sought out physical closeness (Bowlby, 1969). Further, and of importance is that these children were still open to attaching to a caregiver at the point of adoption. They desired a closeness, used attachment behaviours as signal cues to communicate this desire to which the adoptive mothers positively responded. In being adopted – chosen, enveloped- these children were able to start again and reattach, so to speak, to a new caregiver who was earnestly preoccupied with being their mother. This is supported by Pace and Zavattini (2010) who state that it is possible to "reshape the insecure internal working models of traumatised and neglected children in the direction of security" (Pace & Zavattini, 2010, p.86).

The children in this study sought out a connection with their adoptive mothers and desired their presence, seeking them out as a source of safety. This perhaps relates back to our inherent propensity as human beings to relate and connect with one another (Steele et al., 2003). While these children should have technically fallen within the clear-cut attachment phase, perhaps their propensity for attachment also relates to them being adopted at an age in which they are instinctively seeking out proximity and contact with a caregiver (between the ages of 2 and 3) (Bowlby, 1969). Their adverse early experiences have potentially complicated this process, however, this does not remove the child's biological need to attach, especially to a caregiver who in turn seeks them out (Bain et al., 2010). This finding is further confirmed by

Steele et al. (2010) who found that even late-placed adopted children appear to carry the propensity and capacity to attach into their new adoptive families.

In response to their children's desire to attach to them, the mothers' found that they were in turn forming a connection with their children. As stated above, the infant's biological need to attach binds him or her to the mother, conversely, the mother's natural instinct to bond, binds her to her infant (Bain et al., 2010). The accounts of the adoptive mothers show how the connection that exists with the child is instinctive and has become embedded in these women's beings. They see their children as a part of them. A part of this instinct and connection includes a dedication to the child, being devoted to them and their needs and a fierce protection surrounding these children, ensuring that no harm should befall them (Bain et al., 2010). Based on the accounts of the adoptive mothers, it can be said that there is a connection shared that is bone deep and entrenched in the beings of both the adoptive mother and child.

5.4 Maternal fears and worries

Parents, biological or adoptive, hold fears and worries concerning the overall well-being of their children. The adoptive mothers in this study expressed normal maternal concerns about their children, worrying about them being bullied at school, making bad decisions in their lives and succumbing to peer pressure. However, the theme of "*maternal fears and worries"* in this study reflects the specific fears and worries held by these adoptive mothers. Across participants, their relationships with their children are coloured with multiple worries about the children and their futures. The adoptive mothers wondered whether they will have done enough for their children yet hold the insight that they will be in less control as their children grow up and journey in their worlds more independently. There are further concerns as to whether their children's adverse beginnings may place them in harmful situations in the future.

Within this theme lies two subthemes; *a deep wish to undo what was done* and *pressure to be a consistently good mother*.

Literature in this area regarding the fears and worries that are unique to the adoptive parents with previously abandoned children is hard to come by. As such, narratives and accounts of the adoptive parents during the interviews will be relied on as a source of information.

The adoptive mothers in this study have a shared understanding of the importance of maintaining open lines of communication with their children. McGowan (1996) outlines that the maternal role includes maintaining open lines of communication with the child and that part of this open communication entails the need for the mother to acknowledge the pain and sadness held by adopted children. This was echoed in the accounts of the adoptive mothers. Additionally, these accounts brought to light the difficulties and complexities embedded in the communication between adoptive mother and adopted child. An example of this is the adoptive mother's responsibility of helping their children understand the meaning of adoption in their lives (McGowan, 1996). The adoptive mothers in this study expressed little difficulty with this but rather forecast challenges as their children become older and begin forming their individual identities. This relates to the theme of these mothers' wish to undo what has been done to their children. In contrast to other adoptive parents (as described by McGowan, 1996), the adoptive mothers in this study feel better equipped to deal with helping their children make sense of being adopted as opposed to being abandoned. In their narratives, these women shared deep feelings of guilt around what it means for their children to consider themselves as abandoned children. The mothers' shared an understanding that their children's early experiences may be ameliorated by their unconditional love and care, however the experiences cannot be undone. Steele et al. (2010) highlight this by suggesting that the new more positive internal representations formed through adoption are held alongside the old, pre-existing less positive internal representations of attachment figures. While these mothers are aware of the positive power of their maternal care, they are also aware that their children's

histories cannot be taken away or undone; leaving one with a sense of hopelessness and sadness when listening to or reading these narratives.

These worries about feeling hopeless to ameliorate the child's adverse early experiences intermingle with the difficulties that come with adopting a child. McGowan (1996, p. 24) states that an adoptive mother must "recognize the temperamental characteristics of the adoptee and the hereditary differences between themselves and the child, while at the same time claiming the child as their own". This speaks to the pressure experienced by adoptive mothers to be a good/perfect mother. Again, the desire to be a good enough parent to one's child is inherent in all parents and these feelings are not unique to adoptive parents. However, the women in this study speak about feeling as if they are being spread too thin, as if there is not enough of themselves to go around to meet the demands placed on them as adoptive mothers specifically. They are aware of and sensitive to their children's difficulties and have to balance this reality with effective parenting. They echo the difficulties around accepting the differences between them and their children and yet simultaneously embracing their children as their own. The pressure to ameliorate the past, be present in the moment and prepared for the future is experienced as immensely trying and is shared by all the adoptive mothers in this study.

5.5 Cultivating the bond

This theme looks at the most common factors that allowed for the development of a bond between the adoptive parents and adopted children in this study and include; *identifying and attending to the child's needs, delighting in the child, creating a predictable environment, meditating the child's difficult experiences (being a protective buffer), integrating the child into the parents world, allowing the child to mourn, acknowledging the child's heritage* and *maintaining their identity, faith and spirituality and unconditional maternal love.*

Of importance to note is that all the adoptive mothers in this study had met, interacted and began bonding with their adopted children for a significant amount of time before the adoption

had been finalised. In thinking about this, one is aware that the bonding was set in motion prior to the child and the adoptive parent becoming an official family. The participants have been invested in their adopted children from the beginning and have become attuned to their needs from an early stage. It is suggested that this has been an important factor contributing to the development of the bond which is potentially different to the experience of other adoptive parents. It is further noted that there is limited literature available in this area.

Carlson, Hostinar, Mliner and Gunnar (2014) found that stability and quality of care are crucial to the formation of attachment as well as individual differences in attachment quality. As has been stated, literature explains that a child's Internal Working Model tends to remain relatively unchanged over time, however, with certain interventions these models can be reformulated. It can therefore be said that the consistency and quality of care that the adoptive mothers in this study have shown their children has created a space for them to reformulate their previous ways of attaching to adults. Providing this space has allowed for the adopted children to develop a trust in the stability and consistency of the caregiver, as well as the development of a belief that their caregiver will remain. This has been an important factor in building the foundation of the bond between the adoptive parents and their adopted children. Linking to the creation of a predictable environment, these adoptive mothers also helped their children make sense of their worlds or environments. They have played the role of mediator in their children's worlds, acting as a protective buffer. The women shared an experience of wanting to protect their children from the difficulties they encounter in their worlds, ranging from stigma to being bullied at school due to physical difficulties. As reported by the adoptive mothers, it was found that providing their children with a predictable environment as well as protecting them from the outside world, facilitated the formation of a trusting bond. Over time, these children were able to develop a more secure attachment to their adoptive parents. This speaks to Schore's (2000) writing on the earned secure attachment. Schore (2000) explains that one's neural pathways can be modulated in such a way that one's attachment style can be altered. This has helped the adopted children reformulate in their minds their internal working model

as their fear of being abandoned is less of a reality and less of an impingement upon their well-being (Pace & Zavattini, 2010).

Another important factor that was found in this sample was how the mothers have delighted in their children. Kohut (as cited in Jacoby, 1981) writes about the child being the “gleam in the mother’s eye”. This refers to the child’s inherent need to be seen and admired. Jacoby (1981) writes that the mother’s ability to delight in her child and allow him or her to be gleam creates a healthy level of self-esteem and serves to strengthen the bond. This was observed in the relationships in this study. In delighting in their children the adoptive mothers have allowed their children to experience themselves differently in relation to others and allowed them to be viewed as more than someone who has been discarded but rather as an important being in whom one can delight. In addition, this has created a sense of belonging in these children and further facilitated the development of the bond.

This delight and joy is further solidified by the adoptive mothers when they integrated their adopted children into their worlds. This was achieved through including them in all things and giving them a place in the family that belongs only to them, thereby providing the children with a sense of belonging to someone. This promotes the bond between adoptive mother and adopted child through fostering a feeling of acceptance in the child. In all things the mother and the child are together, which serves as a reminder to the child that he or she is a child in relation to an invested mother.

As discussed elsewhere in the research, the concept of adoption naturally comes with loss. The child who is adopted has experienced the loss of their biological relatives and this is more amplified in children who have been abandoned by their biological parents (Feeney et al., 2007). Frasch and Brooks (2003,) have found that it is important for the adoptive parent to support and validate their children as they work through the layers of loss that come with being an adopted child. These losses include the loss of their biological parents, their relatives, as well as potentially a loss or separateness from one’s culture, race and ethnicity (Feeney et al.,

2007), which applied to all mother-child dyads in this research. Having to manage these feelings is a difficult task for the adopted child, making it the adoptive parent's duty to support and guide their child through their loss. Allowing and facilitating one's adoptive child in these moments can have the effect of deepening and strengthening the bond, as was observed in this sample. In allowing their children to mourn their biological mother's while remaining their mother, it was observed that these adoptive parents gave their children the experience of being deeply understood and validated. This further reaffirms the understanding of these adoptive parents as secure bases for their children- from which not only to explore the world but also themselves.

As discussed earlier in the study, the sample is characterised by transracial adoptions implying that this sense of loss experienced by these children extends to also includes the loss of one's identity, biologically, culturally and ethnically. The adoptive parents in this study have made efforts to acknowledge their children's heritage and maintain their identity. In maintaining their children's identity these adoptive mothers have asserted that their children come with their own biology and predisposed way of being, the good and bad of it all. Trout (1996, p.95) brings this to life in his description of the adopted child; *"She was a well-informed, real human being, with characteristic ways of moving, coping, looking, being. She might have a funny second toe just like her father, and a particular way of blinking … just like her mom. But, another part of her remains to be formed- particular ways of relating, ideas about how the world works and how she fits in it"*. This rings true for how adoptive mothers in this study have viewed their children. They have acknowledged that their children bring with them behaviours and traits that they have inherited from their biological parents. Some of the adoptive mothers in this study appeared to have harnessed the ability to simply acknowledge their children's identity and heritage by allowing their children to be proud of their biological heritage, for example, by keeping the names given to them by their biological parent. Accepting the uniqueness and differences of their adopted children created an atmosphere of unconditional love and acceptance. This aspect bridges the racial and cultural divide that exists in transracial

adoptions (Brodzinsky, 1987). These acts communicate to these children that they are accepted and also helped foster a sense of trust in the relationship. This developed trust, as reported by the adoptive mothers, appears to aid in the formation of the bond between the adoptive parent and the adopted child.

Another way in which the adoptive mothers have worked to cultivate a bond between themselves and their adoptive children is by incorporating an element of faith and spirituality. By doing so they have provided a sense of meaning for their children in a way that would surpass interactions between human beings. They appear to have instilled in their children that they are alive for a reason and have a purpose on earth to fill. These children seem to have been able to internalise a feeling that they are being invested in and that they will not be discarded by their caregivers.

Finally the most fundamental characteristic in this study, which is a shared experience in motherhood, is the concept of unconditional love. It is hypothesised that the factors discussed above have allowed the children to internalise a representation of their adoptive parents as consistent, reliable and accepting. It is suggested, as researcher, that the child's experience of this consistency in relation to a caregiver has allowed them to begin developing a bond with their caregivers. The theme of unconditional maternal love, shared by the adoptive mothers, has proved to be of significant importance in both cultivating and deepening the bond between these caregivers and their children.

5.6 Complexity, development and growth in the relationship

This core theme reflects on the nature of the relationship shared between the adoptive mother and adopted child. Throughout their narratives, the mother's in this study have shared difficult and complicated aspects of their relationships with their children, with each relationship being uniquely complicated and challenging. However, each mother has also noted the development and growth underlying the relationship. The duration of the relationships between adoptive

mother and adopted child in this study span a period of between four to seven years. Given this, the mothers have had a substantial period of time in which to reflect their thoughts and feelings around the nature of their relationships with their children. This theme includes two prominent characteristics of the relationship between adoptive mother and adopted child, which are; *enduring* and *the healing and transformative nature of the relationship.*

When the participants reflected on their relationships with their adopted children, they reported their relationships as growing and developing. There exists a common theme that the relationships were initially difficult and hard to navigate. The adoptive mothers reported feeling like they had to make up for lost time in bonding with their child, feeling distant from their child and experiencing their children as very clingy or needy. At the point in which these interviews took place, the participants shared a mutual feeling that their relationships with their children had matured and developed over time. It is hypothesised that the ability of these mothers to be attuned and in touch with the needs of their children facilitated the development of the relationship. In linking this to attachment theory, it is theorised that the children in this study have all reached the clear-cut or goal-directed attachment phases in that they have a sense of trust that their caregivers will respond to their signals, they are able to seek out and maintain contact with their adoptive mothers and they appear to be entering into a more complex relationship with their adoptive parents (Bowlby, 1969). The gradual developmental process of attachment as outlined by Bowlby (1969) becomes evident. In attaching to their new adoptive parents, the children in this study have gone through all or some of the phases as they remodel their old representations of attachment figures and work toward security (Pace & Zavattini, 2010).

Given that theory tells us that internal representations are formed early on in life and tend toward stability, one could not help but question whether these adoptive mothers were able to make inroads on the child's ability to integrate a new experience and in turn reformulate their internal representations (Steele et al., 2003). However, the ability of these mothers to take on the challenges posed by adoption and the particular difficulties faced with their children and

endure whatever arose appeared to have strengthened the bond between them. In showing their children that they are both willing and able to tolerate difficulties and negative experiences, they provided their children with a trusting relationship from which to reformulate their negative internal working models. Langer (2004) writes that a mark of mature functioning and a mature parent is the ability to tolerate painful affect. Parenting an adopted child calls for the adoptive parent to operate within a realm of mature functioning; which includes the ability to tolerate past adverse experiences and the accompanying painful and anxious affect (Langer, 2004). The ability of the relationship between the adoptive mothers and the adopted children to be enduring in nature reflects too the stability and security found within these relationships. The children were able to trust that their caregivers would remain and not leave should things become too much to tolerate. This solidified the formation of a trusting, safe and dependable relationship that it is capable of weathering storms.

Having developed a new foundation from which new internal working models can be reformulated, this study found that the bond between adoptive mother and adopted child is also a source of healing and transformation. The relationship acted as a secure base from which the children were able to grow and flourish. With consistent and dependable caregiving the children were able to find their own voices and speak for themselves, they were experienced as less emotionally sensitive and becoming more emotionally robust and also required less physical proximity. This was an important aspect that spoke to the participants as a whole. As the relationship grew, the children were able to hold their mothers in mind without needing them to be physically close. This indicates that the children have been able to reformulate their internal representations, moving from difficulties with bonding with their adoptive parents to having a more secure representation of them (Pace & Zavattini, 2010). Further demonstrating these children's move toward a more goal-directed attachment (Bowlby, 1969).

5.7 Support

It was found that all caregivers sought varying kinds of help for their children which would be in line with the help sought by biological parents in similar positions. Essentially, the adoptive mothers in this study did not seek help that was specific to them becoming adoptive mothers or adopting a child. Rather, they sought help pertaining to their child's specific needs which proved to further strengthen the bond between adoptive mother and adopted child. In thinking about reasons as to why they did not seek help in relation to becoming an adoptive parent, it was found that these women had taken numerous measures to educate themselves around adoption and they all experienced their families and loved ones as supportive of their decision to adopt. Having this kind of support when making a transition of this nature gave these mothers the strength needed to cope and adjust to their new families.

There are more similarities than differences between adoptive families and non-adoptive families when it comes to the well-being of the family and seeking support. Research has shown that when adoptive parents seek additional help they tend to seek help for particular special needs of the child or to further educate themselves around adoption (Bird et al., 2002). This was case with the adoptive mothers in this study. Some of the children in this study experienced severe challenges and were facing varying illness that required immediate attention. The mothers responded to this and met these instrumental needs of their children. What is important about this is that it helped solidify and strengthen the bond. These children had the experience of a mother who was consistent and attuned to all their needs, physical and emotional. In addition, being aware of the difficulties and joys that come with adopting a child appeared to have placed these mother's in good stead for their relationships with their children. This knowledge seems to have allowed them to be more present in their relationship with their children and thereby more attuned to their needs (Langer, 2004).

Bird et al. (2002) related help seeking behaviour of adoptive parents to their level of distress. If the adoptive parent experienced the adoption as a major life stressor, the chances of seeking

help were higher. Further, adoptive parents who did not feel supported by their loved ones were more likely to seek external guidance to support them (Bird et al., 2002). In terms of the participants in this study, they held the view that their adopted children were blessings (that were difficult at times) and the process as a major life event to be celebrated. In addition, the participants were supported by their families and experienced them as a source of support. As such, the help sought by these adoptive mothers were more along the lines of the normative help that would be sought by non-adoptive mothers. Adding to this, it has proven to be more stressful for adoptive parents to adopt children who are older in age, as opposed to during infancy or when the child is a toddler (Bird et al., 2002). Implying that children who are placed into an adoptive family earlier are easier to manage than children who are placed later (Bird et al., 2002). This understanding of help-seeking behaviours of adoptive parents may help in explaining the lower rates of help sought amongst the adoptive mothers in this study.

5.8 Conclusion

This study aimed to explore the quality of the relationship between adoptive parents and their adopted children abandoned during infancy by using Bowlby's attachment theory as a base to think about this relationship. Specifically, the study focused on how the experience of parenting an abandoned infant impacts the quality of relationship between the child and primary caregiver (i.e. the adoptive parent). This was further investigated by exploring the ways in which good enough parenting ameliorates the early loss experienced by the abandoned children. Broadly, it was found that literature in the area of the relationship or attachment between adoptive parents and their adopted children, as accounted for by the adoptive parent, was hard to come by.

From the interviews, it was found that the adoptive mothers immediately responded to the needs held by their adopted children who had been abandoned and in most cases were subject to serious physical illnesses in their earlier years. The adoptive children appeared to

have projected their deep and desperate needs and vulnerabilities into their adoptive mothers. The immediate response of wanting to meet these needs was a common experience shared by the women in the study. This shared immediate response was important as it indicated the stage at which the relationship began – this immediate response sparked the formation of the bond.

The findings of this study highlight that in the beginning stages of the relationship, the adoptive mothers found that their child's early experiences with their first, early caregivers had remained with them and entered the new relationship. As literature points out, the child's early experiences are carried with them into their interactions with their adoptive mothers (Steele, Hodges, Kaniuk, Hillman & Henderson, 2003). The adoptive mothers found that their adopted children initially struggled to hold their adoptive mothers in mind, requiring physical closeness as surety of their presence. The children in this study shared internal working models that caregivers are abandoning, that caregivers are lacking in permanency and physical closeness ensured that their caregivers were still there and had not left. The adoptive parent then had to prove themselves as consistent caregivers before their children were able to settle into the relationship. However, despite this, these children also sought out a connection with their adoptive mothers, pointing to the inherent propensity we carry as human beings to relate and connect with each other (Steele, Hodges, Kaniuk, Hillman & Henderson, 2003)

Furthermore, research points out that adopted children have the ability to conquer early adverse experiences and form healthy relationships with their adoptive parents (van den Dries, Juffer and can IJzendoorn, 2009). Adoptive parents who are experienced as "sensitive enough" to the cues of the adopted child have the potential of becoming secure bases for the child to form a bond with (Juffer & Rosenboom, 1997, p.103). This experience of being "sensitive enough" may include a number of factors which are particular and unique to the early mother-child dyad. Within this study, the factors that promoted maternal sensitivity and hence solidifying the bond were: identifying and attending to the needs of the child, delighting in the child, creating a predictable and stable environment, mediating the child's difficulties by

being a protective buffer in the face of difficulties, integrating the child into the world of the parent, allowing the child to mourn the loss that is inherent in the process of adoption and acknowledging and maintaining the child's unique identity and heritage. The adoptive mothers shared that their faith and spirituality allowed them to bring a sense of meaning and purpose into the relationship as well as their children's lives. Adding to this, the theme of unconditional love has allowed the relationship to grow and flourish, solidifying the adoptive mothers as consistent, reliable and accepting. The above mentioned factors have allowed the children to internalise their caregivers as different to their early experiences, thereby helping them to reframe their internal working models.

Whilst this study was explorative in nature and did not set out to establish hypotheses, it was found that adoption (within the context of this sample) served as a type of intervention or ameliorative process for children who have been previously abandoned. The adoptive parents in this study were able to endure difficult times, thereby allowing the relationship to heal the child and transform their internal representations of caregivers. This was done through multiple avenues specific to the mother-child relationship. All adoptive mothers were found to be consistent in their care, predictable and provided unconditional love for their children. These factors helped provide a trusting space for the adopted child in which they were able to reformulate their internal representations and form a close bond and connection with their adoptive mothers.

Chapter 6: Limitations of the research and recommendations

The nature of this study conducted, as well as the limited information in the area of abandonment and adoption in South Africa required the use of an exploratory study. While this was deemed an appropriate method in which to conduct the present study, it is important to acknowledge the possible shortcomings or limitations. While qualitative research provides rich and thick descriptions of phenomenon, which facilitate meaning making and deepen understanding, there remains fundamental limitations that lie within this method (Merriam, 2002). In terms of this particular study, a potential shortcoming includes the limitations set by a theoretical framework. While a theoretical framework provides a foundation from which to explore the data, it simultaneously has the ability to limit or narrow this exploration (Parker, 2004). Adding to this are the limitations involved in the sample size. This sample consisted of five very specific participants. The sample was very specific in terms of its requirements, the participants spontaneously elected to form part of the study and they were all motivated adoptive parents, therefore solidifying the degree to which the sample is not generalizable or representative of all adoptive parents in South Africa. A more diverse sample which also includes adoptive fathers or the adoptive couple may help capture more widely the experience of being an adoptive parent. Ultimately, the replication of this study to a larger more representative sample would allow for more variation and thus enabling the research to be more generalisable to other adoptive mothers in the country.

The research was conducted using self-report measures. The interview schedules required the participants to look at their thoughts, feelings and behaviours in relation to their relationship with their children. Given the limitations attached to self-report measures it is possible that the participants may have presented themselves in a more favourable light by diminishing some of their difficulties at times (Langer, 2004). The authenticity of the participants responses are not at question. What is being considered is the adoptive mothers unconscious desire to be the same as or no different from the biological mother (Langer, 2004). If this were a feeling held by the participants, it is likely that the extent of their difficulties were minimised in order

to come across as more socially desirable. The adoptive mothers in this study were able to disclose certain difficulties around bonding with their children and feeling the pressure of being a perfect mother who is responsible for their children's earlier adverse experiences. However, it was felt that certain issues were not disclosed in the interviews and were potentially avoided, be it consciously or unconsciously, due to the pain that comes hand in hand with adopting a previously abandoned child.

This study did not focus exclusively or in depth on the topic of race and culture and, as such, is considered both a limitation and a recommendation for future research. Given that the adoptions in this sample were cross-racial, a focused exploration in this area had the potential of elucidating these adoptive parents' experiences and thereby deepening the understanding of the relationships between adoptive mother and adopted child. Exploring issues around cross-racial adoptions within a South African context, given the country's past and current history, is a crucial recommendation for future research.

Taking into consideration Bowlby's work on attachment theory, he postulated that the age of three was the cut off mark, so to speak, for primary attachments to occur and be solidified. As such, the participants in this study have just managed to fall within this optimal period. Even though the adoptions of the children in this study were finalised between the ages of two and three, the children had regular contact with their soon to be adoptive parents for a period of time beforehand. Thus they had already started their connection prior to the adoption. These factors might have contributed greatly to the rapid formation of a bond between these adoptive parents and their previously abandoned adopted children and is likely to have influenced the findings in this study, painting a more positive picture of the attachment or bonding between the adoptive mothers and their children (Pugliese, 2007). Taking this into consideration, the exploration of the quality and consistency of the interactions between adoptive parents and the adopted child prior to the child being placed in a new family might serve as a potential recommendation for future research. It is hypothesised that consistent interaction beforehand

may positively influence the development of the bond between adoptive parents and their adopted children.

A further recommendation for future research is to follow these families into the adopted child's adolescent years, tracking the nature and quality of the relationship into a complicated time in the child's life. In studying this time in an adopted child's life, it may help to understand the relationship and dynamics between the adoptive parent and adopted child in a more enriched and nuanced way. It is recommended that the adoptive mothers in this study be contacted during this time to ascertain if they are open to participation in a follow-up study. This current study is helpful in that it provided a personalised and in depth account of the experience of being an adoptive parent. However, the study accounts for a certain time period in the adopted child's life (as all children are ten years old and younger). Tracking the relationship from pre-pubescent years into pubescent years is likely to reveal more about the relationship between the adopted child and adoptive parent and thereby provided a richer and deeper understanding of this relationship.

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Appendices

Appendix A: Permission letters

Permission Letter

Dear Pam Wilson

I am currently completing my Masters degree in Clinical Psychology at the University of the Witwatersrand and have to submit a piece of research as a part of the course requirements.

The research I will be conducting will explore the quality of the relationship between adoptive parents and their adoptive children. I am specifically interested in children who were abandoned within their first year of life and adopted by the age of 3, and who are now between the ages of 6 and 10. The adoptive parents will be interviewed in order to explore this relationship.

All interviews will be audio taped for the purpose of maintaining accuracy of the information disclosed by the participants. All participants will be asked to sign forms providing their consent to being interviewed and audio taped. The research will only be conducted once I have obtained ethics clearance from the Human Research Ethics Committee (HREC Non-Medical) at the University of the Witwatersrand.

Confidentiality of all information disclosed by participants is guaranteed and pseudonyms will be used in the final report in order to protect anonymity. Participants have the right to withdraw from the study at any time, in which case, all information disclosed by the participant will be destroyed. Supportive measures, in the form of counselling that is either of minimal cost or free will be provided for participants who would benefit from speaking to a professional. Participants will be offered feedback.

Finally, my supervisor is Ms Renate Gericke- a lecturer in the Department of Psychology at the University of the Witwatersrand. You are welcome to contact her if you have any questions. Her contact details are: (011) 717-4255; Email: renate.gericke@wits .ac.za.

Thank you for your time.

Yours sincerely,

Leishka Behari-Ram

Email: leishka@gmail.com

Cell: 072 620 1738

Permission Letter

Dear Vivviene

I am currently completing my Masters degree in Clinical Psychology at the University of the Witwatersrand and have to submit a piece of research as a part of the course requirements.

The research I will be conducting will explore the quality of the relationship between adoptive parents and their adoptive children. I am specifically interested in children who were abandoned within their first year of life and adopted by the age of 3, and who are now between the ages of 6 and 10. The adoptive parents will be interviewed in order to explore this relationship.

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Thank you for your time.

Yours sincerely,

Leishka Behari-Ram

Email: leishka@gmail.com

Cell: 072 620 1738

Appendix B: Biographical Questionnaire

[Opening: “I would like to talk with you about your experience of being an adoptive parent and your thoughts and feelings about your relationship with your child. I will ask you a series of questions. You can take your time when answering the questions. Please try and include as much information as you can in your responses. If you would like me to repeat or explain any of the questions, feel free to ask me to do so. Before we continue, do you have any questions?”]

Demographics:

Age of the child: _____

Gender of the child: _____

Race of the child: _____

History

1. Are you aware of the circumstances under which your child was abandoned? (Ask parent to elaborate)

   _____

   _____

   _____

   _____

2. At what age was your child left by his or her biological parent(s) or caregiver?

   _____

   _____

_____

_____

3. Was the child ever in the care of a biological parent or both biological parents?

_____

_____

-If not, in whose care was the child left after they were abandoned?

_____

_____

_____

_____

-How long was the child in the care of this individual/these individuals?

a) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

4. Was the child placed in a facility (social welfare, orphanage, children's home)?

_____

_____

-How long was the child placed in this facility for?

_____

_____

5. While in the facility, was the child taken care of by more than one caregiver?

_____

_____

6. How old was your child when s/he was placed with you?

_____

_____

7. Have you sought any help for you or your child during the adoption? If so, what type of help did you seek?

_____

_____

_____

_____

8. Is there any other information about the child's history that you would like to share with me?

_____

_____

_____

_____

Appendix C: Working Model of the Child Interview

**italicised sections are prompts for the interviewed and will not be posed to the participant.*

1. I'd like you to begin telling me about your child's development.
   1.1. What was your first reaction when you saw the baby? What was your reaction to having a boy/girl? How did your family react? *Be sure to include husband/partner, other siblings.*
   1.2. To your knowledge, did the baby have any problems in the first few days after birth? How soon was the baby discharged from the hospital? *Adoptive parents will be asked to answer this to the best of their ability.*
   1.3. How would you describe the first few weeks at home in terms of feeding, sleeping, crying etc. *This is often a very important time because it may set the 'emotional tone' of the baby's entrance into the family, particularly if the delivery and perinatal period were routine.*
   1.4. Tell me about your baby's developmental milestones such as sitting up, crawling, walking, smiling and talking. *Be sure to get a sense of the way in which the baby was thought to be different, ahead or behind in motor, social and language development.* Did you have any sense of your baby's intelligence early on? What did you think?
   1.5. Did your baby seem to have a regular routine? What happened if you didn't stay in the routine?
   1.6. How has the baby reacted to separations from you? *Try to get a sense of the baby's reaction at various ages.* Were there any separations for more than a day in the first or second year? How did the baby react? How was it for you? How did you feel? What did you do?
   1.7. How and when did you choose your baby's name? *Find out about family names, etc.* How well does your baby's name fit him/her? *How did you feel about your baby's name? Did you change his/her name?*

2. Does your child get upset often? *Give some time to respond before proceeding to specific queries.* What do you do at these times? What do you feel like doing when this happens? What do you feel like at these times?

   2.1. What about when he/she becomes emotionally upset? Can you recall a specific example (or tell a time when your child was emotionally upset [eg; sad or frightened]. *Make sure that subject describes incident(s) about the child being sad, frightened and not only angry. Also, indicate that you want an example by providing a reasonably long time to think of one.* What did you do when that happened? What did you feel like doing? How did you feel or what was that like for you to see him/her upset like that? *If the subject becomes extremely anxious and cannot recall an example, then proceed to part 2.*

   2.2. Tell me about a time when he/she was physically hurt a little bit (eg; *a bump on the head, scraping knees, cuts, bleeding)* – in terms of what happened, what you did and what you felt. *Be sure to find out what the subject felt like and did.*

   2.3. Tell me about a time when your child was ill *(eg; ear infection, measles, flu/cold etc)*, in terms of what happened, what you did and what you felt like. *Again, include what this experience was like for the parent and how they responded to the child affectively and behaviourally).*

3. Describe your impression of your child's personality now. *Give the subject enough time to respond to this before proceeding to specific descriptors below.*

   3.1. Pick 5 words (adjectives) to describe your child's personality. After you have told me what they are, I will ask you about each one. *For each one.* What is it about him/her that makes you say that? *Then again for each one,* tell at least one specific incident which illustrates what you mean by each word you choose. *You may tell the subject that it is fine to use any of the descriptors they used in response to the general probe above, but do not remind them what they said before you have given them time to recall themselves. Some subjects will have a hard time coming up with 5 descriptors.*

If you feel that they cannot come up with 5 then move on. The numbers are less important than the descriptors.

4. At this point, whom does your child remind you of? In that ways? When did you first notice the similarity? *If only one parent is mentioned ask;* in what ways does the child remind you of (the other parent)? *The following questions should be asked whether or not the parents have been mentioned.* Which of his/her parents is your child most like now? In what ways is your child's personality like and unlike each of his/her parents?
   4.1. Are there any family characteristics on your side you see in your child's personality? What about (other parent)'s side?
   4.2. How did you decide on your child's name? How well does the name seem to fit? *Will only be asked to parents who have named their child.*

5. What do you feel is unique or different about your child compared to (what you know of) other children?

6. What about your child's behaviour now is the most difficult to handle? *Give a typical example.*
   6.1. How often does this occur? What do you feel like doing when your child reacts that way? How do you feel when your child reacts that way? What do you actually do?
   6.2. Does he/she know you don't like it? Why do you think he/she does it?
   6.3. What does the child do after you respond to the difficult behaviour in the way you described? How do you imagine the child feels when you respond this way?
   6.4. What do you imagine will happen to your child's behaviour as your child grows older? Why do you think so/what makes you feel that way?

7. How would you describe your relationship with your child now? *Give time to respond.*

7.1. Pick 5 words (adjectives) to describe your relationship. For each word, describe an incident or memory that illustrates what you mean.

8. What pleases you most about your relationship with your child? What do you wish you could change about it?

9. How do you feel your relationship with your child has affected your child's personality? *Give ample time to respond.*

10. Has your relationship with your child changed at all over time *(since birth)*? In what ways? What's your own feeling about that change?

11. Which parent is your child closest to now? How can you tell? Has it always been that way? Do you expect that to change (*as the child gets older, for instance*)? How do you expect it to change?

12. Tell a favourite story about your child-perhaps one you've told to family or friends. I'll give you a minute to think about this one. *If the subject is struggling, you may tell them that this doesn't have to be the favourite story, only a favourite.* What do you like about this story?

13. As you know, the first (age of child) months/years can be difficult at times-what is your worst memory of (child's name)'s first (age of child) months/years of life?

14. Are there any experiences which your child has had which you feel may have been a setback for him/her? Why do you think so? *Indirectly, we're trying to determine whether the parent feels responsible in any way for the setbacks. Therefore, be sure to give time to respond before moving on to the more direct questions which follow.*

    14.1. Do you have any regrets about the way you've raised your child so far?

14. 2. If you could start all over again, knowing what you know now, what would you do differently?

15. Do you ever worry about your child? What do you worry about? How worried do you get about (*list each worry)*?

16. If your child could be the same age forever, let's say you can freeze him/her in time-any age at all-what would you prefer that age to be? Why (what do you like about that age)?

17. As you look ahead, what you think will be the most difficult time in your child's development? Why do you think so?

18. What do you expect your child to be like as an adolescent? What makes you feel that way? What do you expect to be good and not so good about this period in your child's life?

19. Think for a moment of your child as an adult. What hopes and fears do you have about that time?

Appendix D: Participant information sheet

Private Bag 3, Wits 2050,
Johannesburg, South Africa

Dear Madam/Sir

My name is Leishka Behari-Ram and I am currently completing my Masters degree at the University of the Witwatersrand. The research I am conducting aims to explore the quality of the relationship between adoptive parents and their adoptive children. Specifically, I am interested in children who were abandoned within their first year of life and adopted by the age of three and who are now between the ages of six and ten. I am inviting you to participate in this study. Participants will be asked to participate in an interview in order to explore this relationship.

As the first step in the research process, participants will be asked questions using a Biographical Questionnaire. This questionnaire aims to ascertain your adopted child's history prior to being adopted. The Biographical Questionnaire will be followed by another interview that explores the relationship between an adoptive parent and their adopted child. The interviews that will be conducted will be recorded to ensure that no detail is left out and so that the findings of the study accurately portray the perceptions of the participants. The interviewing process will take approximately one and a half hours to complete. Participants are welcome to withdraw at any point during this process. It is understood that this process does take up your time, however, your participation in the completing of the questionnaire and participating in the interviews will contribute greatly to the limited information available on abandoned babies who have been adopted in South Africa.

Your responses to the Questionnaire and all the information disclosed during the interview, will remain confidential. Only I will have access to this information and as such, anonymity from third parties will be ensured. Further, your interview will be heard only by me and identifying information will be removed from the report. The transcript (written copy of the interviews) and the audio recordings will be stored on a password-protected file on a computer

that only I have access to. My supervisor will have access to the transcripts for reading and assistance purposes, however, no personal or identifying details will be made known to my supervisor. These transcripts will be safely stored in a locked cupboard. Once the study is completed, the data that is collected will be held for two years should publication of the research arise and five years if there is no publication. Participants who desire feedback can contact myself, the researcher, for findings.

It is not anticipated that the interview will be experienced as distressing, but if at any point, you feel uncomfortable and wish to withdraw, you are welcome to. If you feel you would benefit from speaking to someone about your experience of adopting a child, please avail yourself to counselling services available at the Emthonjeni Centre at Wits University for no cost (011 717 4513), FAMSA for a minimal cost (011 788 4784/5) or Lifeline for no cost (011 728 1331).

The research has been cleared by Human Research Ethics Committee (HREC Non-Medical) at the University of the Witwatersrand (clearance number: H14/04/33). If you wish to contact the committee, you can do so at 011 717 1408.

For any queries, questions or assistance please contact me using the details provided below. Thank you for your time and participation.

Kind regards,

Leishka Behari-Ram

Leishka@gmail.com

Renate Gericke (Supervisor)

renate.gericke@wits.ac.za

Appendix E: Informed consent to participation

Private Bag 3, Wits 2050,
Johannesburg, South Africa

Dear Participant,

Thank you for volunteering your participation in this research study. This form explains the purpose of the study and details regarding what your participation entails. Please take note that if you wish to participate in this study you are required to sign this form.

This study aims to explore the relationship that exists between adoptive parents and their adopted children who were abandoned during infancy. The focus of this study is to take into account the adoptive parents experience of their adopted child. If you are interested in this research and would like to participate, you will be required to do the following:

- Take part in an interview which will be conducted by myself (Leishka Behari-Ram), and,
- Sign a consent form which asks your permission for the interview to be recorded.

The interview will take approximately 90 minutes to complete. The purpose of audio recording the interview is to ensure that your account is accurately captured and to allow an in-depth exploration during the interview process. These recordings will only be heard by myself and will be destroyed after two years should publication of the research arise and five years if there is no publication, from the date of completion. The interviews will be transcribed verbatim and pseudonyms will be used to protect your identity. My supervisor and I will be the only people with access to these reports. Direct quotes may be used in the final report, however, anonymity is of utmost importance and these quotes will be used with careful discretion in order to protect your identity.

All information disclosed by you will remain confidential. Your participation is voluntary and you may withdraw your participation, or refuse to answer questions I may ask, at any time. If any uncertainties arise during the interview, you are encouraged to ask for clarity. If you do wish to withdraw from the study, there will be no consequences and all information as well as the recording will be discarded of and not included in the report.

If you agree to participate, please complete and sign this form:

Thank you for your time,
Leishka Behari-Ram

I, _____ consent to participate in the research study to be conducted by Leishka Behari-Ram

Signature: _____

Date: _____

By signing this document I acknowledge that I have read and understood what is required of me by participating in this study.

Appendix F: Consent to audiotaping of interviews

Private Bag 3, Wits 2050,
Johannesburg, South Africa

Dear Participant,

As a part of the interview process of this study, all interviews conducted will be recorded. The reason for the recording of interviews is to ensure that no information is lost in the research process and for the participant's views to be accurately portrayed. The researcher guarantees that no identifying information will be used in the final report. Direct quotes from the transcription will be used in the report, however, no identifying information will be used in the transcriptions or the final report. Only the researcher will have access to these recordings and they will be stored in a password protected computer.

Once the tapes have been transcribed verbatim, only the researcher and supervisor will have access to these transcripts, with only the researcher being aware of the participant's identity. Once the research is complete, the tapes and transcripts will be kept safely for two years should publication of the research arise and five years if there is no publication, after which they will be destroyed.

I, _____ consent to the audio taping of the interview conducted by Leishka Behari-Ram.

Signature: _____

Date: _____

By signing this form, I give permission to the researcher to audio tape the interview.