

Does Reunion Cure Adoption-2

5025 words

Abstract

Adoption and reunion experiences were examined in birthmothers who were reunited with their adult children following a change in adoption laws. Their feelings surprised, bewildered, and sometimes even shocked them. Whilst initial reunion meetings were uniformly described in glowing terms, they also experienced enormous turmoil. Reunion was expected to be a resolution, but, in fact, constituted a major life crisis. The policy of one mandated counseling session prior to reunion is examined in this light. Wider implications in terms of society acknowledging past injustice, and the lost potential for healing is seen in the legislation, and in the way it is perceived to be enacted. Implications for family therapy are discussed.

Introduction

It's so wonderful and lovely, and you should be so happy, but the pain doesn't go away (after reunion). And that's what we didn't expect. We expected it'd all be gone.

Eight birthmothers who had been reunited with their adult adopted children were interviewed in depth. The study was undertaken as part of a Master of Psychoanalytic Studies, with the support of both governmental and private (Catholic) Adoption Information Services (AIS). Whilst a number of quantitative studies had been done which delineated the range of feelings birthmothers might experience, there had been little qualitative research into the nature of their experience.

Despite pamphlets based on quantitative research being available to parties to reunion, birthmothers reported that whilst they therefore knew what feelings might occur, they couldn't connect what they read to their own experience.

Research questions:

1. Does reunion "cure" adoption: i.e. does the reunion experience, as it stands, achieve the hoped-for resolution of the pain associated with adoption?

2. What can be achieved in one mandated counselling session?
3. Of what relevance is adoption and reunion to family therapy practice?

Background

Changes in adoption legislation in 1964 created secrecy between natural and adoptive families. Original birth certificates were “closed”, so that by signing adoption papers, birthmothers signed legal documents waiving their right to any future identifying information about, or contact with their relinquished children. New birth certificates were issued with the adoptive parents named as the baby’s parents.

Adoptive parenthood was thus enshrined in law, and blood ties legislated out of existence. The denial necessary within society for this to occur as an act of law was profound.

Whilst pregnant, many girls were sent away from home, either interstate or to convents, because of the anger and /or shame within the family.

Prior to the introduction of the Supporting Mothers Benefit in 1973, the pressure on unmarried women to relinquish their babies was high. Adoption was rarely the outcome of real choice. Once the papers were signed, the young birthmothers were sent back home, and their isolation during pregnancy, frightening birth experiences and feelings about the baby – or even the baby’s existence - were never discussed, either in the family or with a professional.

Victoria’s Adoption Act of 1984 removed the secrecy provision of adoption. It returned to the earlier (pre-1964) view that the adoptive parents “shall be treated at law” as the parents, rather than the 1964 version that the adoptive parents “become” the parents as if the child had been born to them. It now became possible for birth family members and relinquished adult children to meet, following a mandated interview with an approved Adoption Information Counsellor. The interview could

be conducted individually, in a group, or by phone, and at any time prior to reunion (up to several years).

The responsibilities of government and non-government Adoption Information Services (AIS) included the provision of counselling *at the request* of applicants in relation to adoption issues.

Literature Review

Whilst there have been psychological studies of relinquishment (Rynearson 1981, Kraft 1985, Lauderdale & Boyle 1994) and the post-adoption experience of surrendering parents (Deykin 1984, Logan 1996, Millen & Roll 1985, Pannor, Baran & Sorosky 1978), including quantitative studies (Sachdev 1992, Cowell et al 1996) and descriptive studies (Lifton 1979, Burnell & Fittsell 1988, Fittsell 1994, Pacheco & Eme 1993, Chapman 1986, Silverman 1988), and psychoanalytic studies of adoption (Feder 1974, Brinich 1990), there have been few in-depth studies of birthmothers following reunion with their adult children (Greenberg 1993; Winkler & van Keppel 1994).

Findings from quantitative studies of birthmothers' adoption and reunion experiences included that those who experienced closed adoption found it difficult to resolve the loss of their children (Winkler & Keppel 1984; Lauderdale & Boyle 1994) and that relinquishment had a protracted negative effect on their lives (Rynearson 1982; Deykin 1984; Logan 1996). Winkler & van Keppel (1984) cited the lack of someone to talk to about their feelings from the time of the pregnancy as one of the major factors making adjustment difficult.

Pacheco & Eme (1993) and Sachdev(1992) found that expectations, and 'upheaval in birth and adoptive families' were important re outcome. Burnell & Fittsell (1988) proposed that reunions went through stages: after the initial 'honeymoon' with euphoria, contact often diminished over time. This was confirmed by Sachdev (1992) and Pacheco(1993).

Research methodology

Quantitative studies of birthmothers' reunion experiences use semi-structured interviews, written questionnaires or telephone interviews. Such methods are limited in their ability to describe the meaning of experience.

Qualitative methods represent phenomenological hypotheses that assume multiple causes for behaviour defined in the context of the social milieu (Firestone 1987).

The emphasis is on understanding and extrapolation rather than causal determination, prediction and generalisation (Patton 1990).

In qualitative research, hypotheses are constructed as the data accumulates and takes form, i.e. theory develops inductively (Mathews & Paradise 1988).

Two hypotheses developed:

- a) that the needs of birthmothers who reunite with their adult children need further consideration and understanding on individual, family, organisational and societal levels;
- b) that birthmothers might benefit from a more formalised opportunity to explore their feelings before, during and after reunion.

One of the main criticisms leveled at qualitative research is that of reproducibility. Social phenomena are not reproducible, insofar as being able to match conditions exactly to those of the original study (Strauss & Corbin 1990). However, the themes identified are open to support or refutation by other investigators. Several participants producing similar content in their interviews constitutes cross-validation ("triangulation") (Mathews & Paradise 1988).

The study used face-to-face, open-ended interviews. Open-ended responses permit an understanding of the world as seen by the respondents, without predetermining these points of view through prior selection of question categories (Patton 1990).

It addresses both 'what happened' and 'What was it like for you'.

Data consisted of audiotaped and transcribed interviews, and process notes (notes made from memory as soon as possible after the meeting). Review of the material involved not only content analysis of the transcribed material, but also review of the process notes with a supervisor. This allowed analysis of the reflective processes of the researcher

(countertransference phenomena) (Heimann 1950), and allowed the researcher to become clearer about what the feelings of outrage evoked in her in response to listening to the women's painful stories signified within the total context.

The detailed experiences of the eight subjects were bracketed into themes (Colaizzi 1978), analysed and compared to identify the essential aspects of their experience (Patton 1990).

Two themes which emerged were:

1. that the multiple losses of adoption had not been mourned, and were either not resolved by, or were even exacerbated by reunion.
2. that there had been no-one to talk to.

Connections were made between lived experience, larger social, religious and cultural structures, and the "here and now" (Denzin & Lincoln 1994.)

Counselling implications were considered.

Subjects

Birthmothers who had reunited with their adult adopted children within three years prior to the study were invited to participate. This allowed the experience to still be relatively fresh, but some time to have elapsed for the development of the relationship post-reunion. The relevant AIS (Adoption Information Service) sent a letter written by the researcher, outlining the nature of the study, along with an AIS letter supporting the study. No files were accessed by the researcher.

Eight birthmothers whose adoptions had occurred as closed adoptions between 1952 and 1972 replied in the specified time and were interviewed about their experiences and feelings. Four were clients of the government's AIS and four were clients of Catholic Family Welfare's AIS.

Limitations

The sample size was small, but the research was intended as a pilot study, and was not aiming to define, but rather to explore feelings.

A second limitation was the retrospective nature of the research. What was reported about the birth and surrender experience happened twenty to forty years ago. Nevertheless, their feelings about what happened then were relevant to their reunion experience and current feelings.

A third limitation was the number of interviews (two) offered, to ensure there would not be an inadvertent slide into therapy. However, interviewees had the opportunity to give as full an account as they wished.

Mandatory Counselling

The mandatory counselling session with AIS prior to reunion was done over the phone by one birthmother; in a group setting by another; and five years before reunion by a third. No-one had more than one face-to-face (the mandatory) counselling session from an A.I.S. agency. Two had phone contact: one with four different counsellors in the years leading up to reunion. Six were unaware that you could request counselling from the Agency. One was referred by her doctor to a private counsellor.

Countertransference

The interviewer was deeply affected by the women's painful life histories and their tears. The overwhelming feeling was one of outrage at the cruelty they experienced during their pregnancies, at time of delivery and relinquishment, and their intense isolation in the grief and loss that they had experienced since. They had been punished, silenced and neglected. Their sense of isolation was ongoing.

Results

It must be stated clearly that all mothers were pleased that reunion had taken place. All had worried whether they would find their children alive, and whether their children would be angry with them, feeling they had rejected them.

Two birthmothers described their children as having integrated well into their families; two had intermittent contact (less than they wanted); and four felt overwhelmingly rejected by their adopted children. Birthmothers subsequently felt angry, disappointed, helpless, sad and guilty.

Two had had some discussion with their mothers about the adoption and its aftermath prior to reunion. All had had limited conversation with their partners and/ or children. Six of the eight were talking to a professional about themselves for the first time. Most were tearful as they told their stories. Even those whose children had integrated well were anguished as they described their ongoing pain from the time of the adoption, and the difficulty in coming to terms with their experience in isolation.

Six of the eight were sent away to convents or hostels for the duration of the pregnancy. Most described being shamed in these places, and feeling belittled or neglected during the hospital stay. Five were forced to relinquish. However, whilst it was explicitly forbidden, six saw their babies. Two were pregnant again within six weeks of delivery. One was allowed to marry the birthfather and keep the baby. She experienced postnatal depression, and commenced her search after the suicide of this second child. The other birthmother was forced to abort. She subsequently developed an eating disorder. She felt “filled-up” for the first time at reunion – but then was one of four to struggle with feelings of sexual attraction. Four were diagnosed with depression: the first postnatally, and three during the reunion process. All had previously had heterosexual relationships, one also lesbian relationships, and six were married or in longterm partnerships at the time of reunion. Most thought of their adult children as babies until reunion.

Amanda

Amanda became pregnant after being drugged and raped by her boyfriend when she was sixteen. Her mother blamed her and said: “I never, never want to talk to you about this again. You’ll never mean anything to me again. I gave birth to you, so for that reason you’re my daughter, but you’re not.” From then on, Amanda carried the guilt that she was bad. Her parents banished her to a convent for the duration of the pregnancy, and the nuns told her that her baby was born dead – but she had seen him.

Over the years, she said goodnight to her baby each night when she said her prayers. She baked special cakes on his birthday, but no-one in the family knew why.

She felt betrayed and misunderstood, confused about her religion, and what it was all supposed to mean.

Hers was the best experience of reunion: her son was interested in becoming part of her family, even though he didn't want to know much about her. He now knew that she wanted him, and she knew he was alive. His adoptive mother told Amanda by phone that she must remember that she was *only* the birthmother.

At the first interview, she said she'd come to try and help other birthmothers. At the second interview she said she was being selfish: she'd come back for the benefit for herself. "I try not to let it overtake me. Understanding the pain of those feelings ...it was such a loss."

This was the first time she'd had an opportunity to talk to someone who wasn't going to judge her. She had always covered up how she felt, but it didn't go away. What had stuck with her over the years was the guilt that she'd "let herself" be overpowered.

Kate

Kate was six months pregnant, aged fourteen, when her mother noticed her changed shape. It was too late 'to do anything'. Her parents supported her through the remainder of her pregnancy. The pregnancy proved to be a positive turning point in her life as her parents started to take care of her for the first time. Giving up the baby for adoption seemed the only thing to do, and she saw herself as providing a baby – a gift – for a childless couple. She bought a teddy to send with the baby. She then got on with her life.

Her initial attempts to contact her son met with no reply. The Agency sent a second, then a third letter on her behalf. She became quite distressed waiting. The adoptive mother finally replied that her son didn't want contact, but she provided some information about him. Kate was grateful to know he was alive and well.

Two years later she attempted contact again. Again, weeks of waiting with no answer. Again, the necessity for second and third letters. This time the adoptive mother rang the Agency and said he was too busy, but that he'd reply when he had time.

Six agonising weeks later, he agreed to contact.

The first meeting was wonderful. They seemed to think alike –finishing each other’s sentences, or relaxed and comfortable when they sat in silence. He promised to ring that weekend to make arrangements to meet the rest of the family. The phonecall never came.

The next day at work, she suddenly ‘collapsed’. She had to get away. Her husband couldn’t comfort her. She only wanted to be with her son. She drove for hours, sobbing uncontrollably. She stopped once to buy a teddy – to replace the one she’d sent with him as a baby, which he said he’d never received.

Her husband rang her son a few days later to ask him to see her again, as she was inconsolable – crying, not eating, unable to go to work. His adoptive mother said he wasn’t home. A few days later, his adoptive mother came over and told her to stop harassing him. She said she’d always been afraid that Kate would turn up; that she hadn’t had an easy time, and that she’d hidden the earlier letters. He had been home when Kate’s husband rang, but now they’d met, it should be enough. Kate decided to back off. All she had left was the teddy sitting on her mantelpiece.

Beryl

Beryl spoke in a strained monotone.

“I feel really good that I met him. But after that, I didn’t get back from him at all. I got disappointed. I don’t feel I need to chase him anymore. I feel hurt. Before I met him, I had this big hope, but I don’t have that any more. I don’t feel guilty anymore, because I did everything I could. I sent him a very special card for his birthday, and he never even rang to say thankyou.

I always used to cry about it, think about it, where is he, what’s happened to him. It was something I couldn’t say to anyone, (not even) my husband.

All the decisions were made for me. I had a very Catholic upbringing, very strict, and this was a shame for my parents. They told me I had to give the child away, or else they would... I can’t say the word. My brothers used to say that to me. Otherwise we’ll kill you.. They used to come and see me in the convent, and every time they threatened me with this. I still feel guilty about it.

Jane

Jane began her search following the suicide of her second child, who was conceived six weeks after the adoption.

When Jane got pregnant, her father smacked her across the head, and said she had to put it up for adoption. She was heartbroken. When I think about it: I came home from hospital and haemorrhaged heaps, and I had blood coming out of here, and milk coming out of there, and no-one said a word, and I was seventeen years old. How could people be so cruel? They let me go through that whole pregnancy, and shipped me off to that home, and we never spoke of it, ever. She thought about the baby all the time, cried, and had fantasies of how she'd run away.. and I was pregnant within six weeks. It probably was: this is just too awful, or it was just stupidity. It was some kind of replacement.

I was seventeen. It completely changed who I was. I lost faith in everyone, and it was just the extreme powerlessness of it all, and no-one would help me. I don't think they realised the impact. I don't think I did either. They'd taken my baby.

So of course I was astounded when this woman walked in (at reunion). I was nowhere near connecting the fact that she looked exactly like my mother and had the same mannerisms as my second daughter. . but she's a stranger, and I was very nervous.

It's become too much for me cos I feel there's a lot of anger in there now, at the treatment and at the whole thing. She says why didn't we keep her, and she doesn't have the comprehension of what the world was like then. It's just too hard, and it's getting harder. I really wanted more. So we were very intense at the start, and then it was where do we go from here? I wanted to have her as part of the family, but it hasn't happened at all. I worked out, from a baby, I've got 30 years of catching up. The first time I went to meet her, the measure of my life came home. All that, and I'd never get the chance, all that I've lost. It was overwhelming.

I was in agony after the adoption. I'd often wonder if she was dead. There's so much pain and grief. For ten years I agonised for weeks around her birthday. I couldn't even tell my kids, cos for years I'd been so silent. If I could've talked about it, it would've been much easier to come to terms with. I don't think the Agency had the

resources. You don't get personalised feedback from a book. The thing that gave me a jolt: that for her, it's not about me, where she's my baby, and it is about her. She's who I want.

Discussion

A discussion about reunion can have no meaning without reference to the unresolved trauma of adoption.

Whilst anthropological literature discusses adoption within a political, economic and historical context (Terrell 1994), biological heritage has long been considered in Western culture the most significant bond that a person may have: the "blood bond" that exists between any parent and offspring (Kraft 1985). Whilst the babies could be legislated out of their care, they could not be legislated out of their minds. An internalised, symbolic relationship (Shuchter & Zisook 1993) remained. Most grieved in private for their babies over the years.

Loss, and the internalisation of lost objects, have remained cornerstones of psychoanalytic theory since Freud (1917). Pathological grieving (Parkes 1965) was exacerbated by the loss being socially stigmatised (Bowlby 1963, Millen & Roll 1985) and the prevention of expression of feelings of loss (Volkan 1970, Millen & Roll 1985).

It may have been cruelty, as experienced by the birthmothers, or an inability to think, as hypothesised by Bion, as the emotional experience of striving to comprehend the reality of someone else (O'Shaughnessy 1981), that left these young women isolated in their grief.

It was generally expected that a woman who relinquished a child had severed any emotional bond that had developed, and had gladly resumed her interrupted life. The birthmothers' relinquishment, however, was strongly influenced by social values which defined them as immoral and as incapable of being suitable parents, whose children would be socially stigmatised (Millen & Roll, 1985). Deutsch (1937) described the phenomenon of "absent grief", seen in two mothers (including Kate) who first experienced grief twenty years later, at reunion. These two birthmothers had both made the decision to relinquish. At the time, it was as if what was bad in their lives was now gone. On reunion, they were shocked by the intensity of their grief. There was no

understanding of the meaning of the gift of the teddy bear, or its relationship to unresolved feelings about the adoption.

Cultural prescriptions about grieving and its meaning were relevant (Rosenblatt 1993) in that society at the time didn't understand or handle any form of grieving well. Jane's decision to search following her second child's suicide denoted the unconscious link between her two babies.

Society was more conservative and medical and hospital care was more paternalistic at the time of the closed adoptions. At the time, a baby was regarded as a "lesser" loss. There was no understanding of the development of a relationship between a mother and her unborn baby, so that miscarriages, stillbirths and infant deaths were also ignored (Condon 1986). The pregnancy was often perceived as an attack on family, church and society, rather than the result of naivete and difficulty in obtaining contraception. There may have been a wish to punish the girls, including a proscription of mourning.

The nuns, doctors and nurses were largely perceived to carry out their roles unsympathetically or with a measure of cruelty. However, there were nurses who defied the common ethos. Culture provided the context, but individuals in positions of power either supported or competed with cultural norms (Gubrium & Holstein 1993).

The fear of abandonment by mother which pregnancy can arouse was enacted when parents sent their pregnant daughters away. Despite ongoing rebuffs from their parents, some continued to seek the denied approval from their mothers till they died; and after reunion attempted to placate the adoptive parents, whom they also experienced as rejecting as their own mothers had been, once more enacting the transference of the rivalries.

After adoption, society, and the families that absorbed the mores at the time, insisted the birthmothers behave as if the pregnancy had never occurred. The mothers' intense relief to find out that their children were still alive may in part have been due to a phantasy of having killed the baby.

The lack of resolution at the time of the adoption was most poignantly evidenced by the two birthmothers who were pregnant again within six weeks to the same birthfathers. This may have represented an attempt to deny the painful separation from the baby, and the difficult psychic loss (Deutsch 1947). Outcomes at reunion were most traumatic for these two.

At no stage had birthmothers had the opportunity to talk to anyone about their experiences, and the pain of their loss remained. Most internalised the parental and societal admonition that they were bad. Their parents and the society they lived in treated them as shameful, and they felt ashamed of themselves.

Freud(1896) located shame in the social nexus, conceptualising shame as a reaction to criticism from the outside. Sandler(1963) saw shame as based on fear of abandonment. Erikson(1956) saw shame as deriving from helplessness.

Along with losing their babies, birthmothers lost their parents' approval, and with that, a sense of their own goodness. They felt they lost part of themselves. They lost their hopes and dreams, including potential careers, as schooling often stopped.

There were feelings of emptiness, anger at themselves for having agreed to the relinquishment, and guilt, both for having the child and for relinquishing it.

The birthmothers grappled with the meaning of having a baby (being a mother) yet not rearing the child. Their identity as mother in relation to their firstborn was further challenged after reunion by their children's reactions.

The first meeting was uniformly described in glowing terms, offering hope of reparation, often to be followed by disappointment and bewilderment when the mother's love and desire to re-establish family ties was not reciprocated. The phantasied relationship which had continued in the mind of the birthmothers was most often not matched by the reality. Rejection was experienced by the birthmothers from their parents at relinquishment, and from their children at reunion. Their children's enactment of their own feelings of rejection were not understood. Especially when reunion didn't result in the hoped-for completion of family, grieving was re-activated.

At reunion, written material outlining the possible difficulties which birthmothers might encounter was available. This helped people feel less isolated, but didn't address their own particular experience. Help in dealing with their difficulties was not perceived to be available, despite official AIS policies to the contrary.

Great Britain and Australia both included a counselling clause in the changes to their Adoption Acts. Whilst Britain developed a number of agencies which *offered* counselling to adoptive parents, adoptees, biological parents and other relatives (Greenberg & Littlewood 1995), Victoria legislated that counselling be made available by the Agency *at the request* of the parties to adoption.

A distinction needs to be drawn between receipt of information and counselling. The "one mandated counselling session" principally fulfilled a legal requirement and may inadvertently have constituted a repetition of the deprivation and isolation experienced at adoption.

Birthmothers didn't request counselling, and their perception in general was that it was not offered. They saw their difficulties in reunion as individual (their own fault/problem), despite the pamphlets indicating otherwise.

When the mother experienced rejection from her child, both in the process of attempting reunion, or after reunion, the bewilderment, anger and sense of loss painfully evoked the initial separation from the baby which had never been worked through.

That the adult child might or might not become part of the family had not been explored.

Relevance to Family Therapy

Becoming sensitised to the relevance of people's experience alerts us as therapists to our context – a culture which has often not wanted to know, or been able to acknowledge or think about past hurt. There are many people who have been part of adoption +/- reunion in Australia. Those who come to therapy for apparently unrelated issues may not have dealt with the impact of these major life crises. We have the opportunity, for the people we see, to acknowledge their experience, and help them come to terms with it, and not be party to continuing the denial.

Conclusions

This paper has focussed on the reactivation of grief in the reunion process. It posits that adoption was a significant trauma in the life of birthmothers who relinquished their babies. The birthmothers communicated ongoing feelings of helplessness and outrage.

Whilst reunion provided the opportunity for a degree of reparation, it could not undo what was done.

Specific problems which may arise have been alluded to, but not explored in this paper. These include the phenomenon sometimes referred to by counsellors as “genetic sexual attraction”(GSA): powerful erotic feelings developing between reunited relatives. Difficulties in adaptation within the current families have also not been explored in detail.

These birthmothers survived, and created lives and families of their own, despite their pain. However,

1. Reunion did not “cure” adoption – unresolved grief pertaining to adoption remained, whether reunion was perceived to be successful or not. This often seemed surprising, bewildering and distressing.
2. Reunion, in and of itself constituted a major life crisis.
3. Grief was exacerbated when the hoped-for completion of family did not occur.
4. There had been no-one to help them think about their experiences and talk to about their ongoing pain.

Participants all said they were pleased to have the opportunity to express their feelings to someone who respected them, and this helped them to think about their experiences in a different way.

The availability of competent professional counselling to all parties to the reunion could explore people’s hopes and fears before reunion, and give them a more realistic indication of what they might expect; and after reunion, help them to process their feelings, and thereby maximise the potential for a positive outcome (confirmed Winkler & van Keppel 1984). It must be remembered that it is sometimes many years between the initial search and the actual meeting.

Availability of counselling would suggest a recognition of the inherent difficulties involved in this process, and would also indicate society's acceptance of its part in the pain generated for these women.

This study focussed on birthmothers, but clearly all parties to reunion would benefit from a parallel process.

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