A PORTFOLIO OF ACADEMIC, THERAPEUTIC PRACTICE
AND RESEARCH WORK

INCLUDING AN INVESTIGATION INTO THE EXPERIENCES AND
MOTIVATIONS OF PROSPECTIVE ADOPTIVE PARENTS

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ABSTRACT

This comprises a selection of the work submitted as part of the requirements for the Practitioner Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. It is presented in three sections:

1. The Academic Dossier contains three essays drawn from the range of theoretical subjects covered by the course. The first is an examination of the impact of infant attachments and how these can be repaired or altered in later life. The second explores the role of the mother in the construction of the psyche in the psychoanalytic theories of Klein and Winnicott. The third looks at the opportunities and challenges of working therapeutically with first episode psychosis.

2. The Therapeutic Practice Dossier aims to convey the experience I have had working in three different therapeutic models and in a range of NHS placements. It also includes my Final Clinical Paper where I identify some of the personal and professional experiences which have shaped my development as a Counselling Psychologist.

3. The Research Dossier contains the three research projects which I undertook during the course. My Literature Review focuses on the limited work available into the motivations of prospective adoptive parents and attempts to make links between this and some of the broader Attachment literature to suggest ways in which attachment experiences could have an impact on motivations to adopt. My first Research Report explores the way that a group of heterosexual women came to the decision to pursue adoption as their route to parenting and what implications this might have for both
adoption policies and therapeutic interventions. The second Research Report uses a narrative approach to identify the way a group of prospective adoptive gay fathers make their decision to adopt and how they negotiate the different identities of being both a gay man and a parent.
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STATEMENT OF ANONYMITY

Throughout this portfolio, names have been replaced with pseudonyms and identifying information has been changed to preserve the anonymity and confidentiality of all clients and research participants.
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1. INTRODUCTION TO THE PORTFOLIO

This portfolio contains a selection of the work which has been submitted during my training as a counselling psychologist. It is organised into three dossiers which cover the academic, therapeutic practice and research aspects of this training. The key competencies required of a counselling psychologist are broad and this portfolio aims to show how I have developed a working understanding of them and an ability to put them into practice. This portfolio also tries to capture a flavour of my own personal journey towards becoming a Counselling Psychologist which has given me the latitude to look for answers to some of the questions which motivated my decision to become a psychologist in the first place.

Why Counselling Psychology?

Self reflection is regarded a key in a Counselling Psychologist's development (BPS, 2006) and so it seems important to identify how I came to choose Counselling Psychology as a profession. I have come to it later in life after a first career as a television producer. After starting at the BBC, I went on to set up my own production company, making documentary films for both the BBC and Channel Four.

Of all the programmes I made, the most thrilling were the seven films I made during the 1990s about the wars in Former Yugoslavia. What particularly excited me about my work there was that it gave me an insight into how people behave under conditions of extraordinary pressure and distress. I witnessed scenes of terrible atrocities where 'man's inhumanity to man' seemed to know no bounds. I also experienced the enormous grace and resilience which people whose families, homes, livelihood, and nationality had been destroyed were still able to show. I had never before been so exposed to the extreme contrasts of the human spirit. The curiosity about the way people function in their worlds which I had already put to
good use in my previous documentaries seemed to be ignited in a new way by these war-time experiences.

I was also excited by my work in Former Yugoslavia because I felt I developed a considerable knowledge about the area and I realised I could communicate something different and unique through a combination of my curiosity and the expertise I had developed. I also thought that with this, more than any other subject I had covered, I could impart something which was important and might help to make a difference in some small way. As I near the end of my training, I am aware that much of the satisfaction I derive from sitting in a room with someone who is willing to let me help them explore their distress overlaps with the sense of purpose I sometimes gained during my first profession.

Sadly, however, the landscape of British television was soon to change and the appetite for hard-hitting stories which brought attention to injustices and abuses was waning. It became harder and harder to sell the sorts of programmes which I wanted to make. I realised with regret that I was finding it increasingly difficult to find the energy I needed to make the programmes which would be popular. It was time to make a change.

When I considered what had excited me about my work, I realised it was the way people's stories could be so endlessly intriguing and thought provoking and this led me to start thinking about psychology. I relished the idea that I would be able to explore people's identities without having then to exploit them in some way to turn them into 'good television'.

I was also drawn to psychology by the personal difficulties which I had experienced which I allude to in my final clinical paper which forms part of the Therapeutic Practice Dossier. Whilst I did not want to become an expert, I wanted to develop
an expertise with a rigorously based, scientific framework to support the way I would work. The more I learned about the emphasis on the relationship supported by the empiricism of research evidence and a training in different models which would allow me to develop according to my own explorations, the more I realised that Counselling Psychology was my only option. A Psychology conversion degree was the first step and five long years of study culminate in this portfolio.

Academic Dossier

These three essays are selected from each of my three years of training. I have chosen them because they were particularly motivated by the questions I was trying to answer during the course. I remember being intrigued by Attachment Theory (Bowlby, 1969) during my Psychology degree but it was not until I did a Play Therapy training when I was exposed to an experiential exercise on Attachment Theory that I began to realise how much it could explain about my ways of relating to others. In my first year of client work, I also began to find it increasingly useful as a focus to elucidate a client’s past and also to position the therapist as someone who could provide a secure base.

But there seemed to be a conflict at the heart of Attachment Theory: if attachment relationships are so fundamentally formative, the damage done in infancy may be irreversible and therefore the therapeutic endeavour could be considered hopeless. This first essay was a way of thinking about the purpose of therapy and what I could do to help construct a therapeutic space. I was reassured by the neuro-biological evidence which is emerging to support Bowlby’s theory (Gerhardt, 2004) and by the development of attachment based therapies which continue to appeal to me (e.g. Dallos, 2006; Byng-Hall, 2001).

Bowlby identified the mother’s behaviour as being crucial in the formation of Internal Working Models and from my experience as both a daughter and a mother,
I could already see how fundamental that primary caregiver is in the way an individual is shaped. I wanted to discover more about the way some of the leading psychodynamic theorists had conceptualised the role of the mother in the formation of the psyche and this led me to the subject of my second essay. I found that Klein was less mother-blaming than Winnicot whose concept of the ‘good-enough’ mother seemed to impose considerable burdens on the role of the mother. This growing awareness of the social construction of expectations of women’s mothering relieved me of some of my guilt and enabled me to approach my clients – many of whom were struggling with trying to be a ‘good-enough’ mother – with a greater understanding.

The final essay sprang from my fascination with psychosis, which I developed working in an Early Intervention Service during my third year. I have found working with young people who are experiencing a crisis in their relationship to the world has enabled me to consolidate much of the thinking I was increasingly drawn towards during my training. My developing social constructionist attitude helped me to think creatively about the way these symptoms are manifested and the meaning they carry with them; it seemed that this approach helped to make these clients’ experiences more understandable. I am also excited that the NHS has adopted a service which aims to meet these individuals at the point at which they start to struggle with their identities before their problems become too entrenched. This essay helped me to reflect on how the landscape had changed for individuals who experience their first episode of psychosis and how the different therapeutic approaches could complement each other to help make the client’s world seem more manageable.

I have resisted the urge to rewrite or heavily edit these essays as they are indicative of how my thinking has progressed during the course.
Therapeutic Practice Dossier
This dossier provides an overview of my experiences as a therapeutic practitioner. It contains descriptions of the clinical placements I have undertaken during the past three years, covering details such as the context and orientation of my work, the range of clients and symptoms and my experiences of supervision. In my first year of training, I worked within a CAMHS, initially with the mothers of referred children and then with children and adolescents, using both a humanistic and a systemic approach. In the second year, my psychodynamic placement was within a secondary care facility which aims to manage the chronic and acute mental needs of its population within the community. My final year was split between a secondary care Recovery Team and an Early Intervention Service for Psychosis. My main orientation during this year was Cognitive Behavioural although I also began to use a more integrative way of working, particularly with the clients who had psychotic experiences.

The final clinical paper is a personal account of my personal and professional development as a counselling psychologist. Here I outline some of the defining moments in my life and in my training that I think have shaped me to become the emerging counselling psychologist I now am. I have used the metaphor of Alice in Wonderland’s Adventures in Wonderland to try and convey some of the challenges and opportunities which I have had to deal with over the last three years.

Research Dossier
This dossier contains the research studies I submitted during the course. I identified early on that I wanted to explore Attachment Theory further but there seemed to be so much work which had already been done that I was doubtful about finding a subject which I could usefully add to. I was also interested in the subject of parenting and why people decide to parent because of my awareness of how defined I am by being a parent. I realised from an initial literature search that there
was remarkably little material on adoptive parents and this seemed to provide me with a way of combining both my interest in Attachment Theory and in parenting. So, in all three years, I have focused on the motivations and my research experiences of prospective adoptive parents, using a variety of approaches to deliver some new perspectives on this under-researched area.

I was also drawn to this topic through my encounter with my first client who was both adopted herself and had adopted a boy when he was six months old. One of the things which emerged from her narrative was the changed adoption landscape from when she had been adopted to when she had adopted her son. Handed over at three weeks old, she had constructed a scenario about being chosen by her adoptive parents and never questioned the identity of her birth family. Her adopted son had joined their family when he was over a year old and at 8, was struggling with how he fitted in. This made me wonder about what had motivated her to adopt and how much her experiences of the Primal Wound (Verrier, 1993) had contributed to her determination to parent.

My literature review focused on the possible linkage between prospective adopters' early attachment relationships and how this might have shaped their motivation to adopt. Because of the scant literature, most of my conclusions were hypothetical but it was a useful exercise in evaluating the literature and gaining a greater understanding of the possible pathways which might affect individuals' adoption motivations and their parenting strategies. My findings echoed strongly with what I was hearing during my sessions with my adopted client; in particular, how her decision to pursue a 'rejection of difference' strategy (Kirk, 1964) with her adopted son, just as her adopted parents had done with her, seemed to be causing both mother and the son many of the difficulties they were struggling with.

Introduction
I decided to use this Literature Review as the basis of my first empirical piece which was an investigation into the way a group of prospective adoptive mothers had experienced their decision to adopt a non-biologically related child. Since the aim of this study was to explore internal processes within an uncharted research area, I chose to approach this subject using a qualitative lens. Interpretative Phenomenological Analysis (IPA) seemed the most appropriate of the qualitative approaches for three reasons. Firstly, it provides a framework to explore a subject through the participants' perspective; it also acknowledges the role of the researcher and provides space for greater transparency in terms of the researcher's commitment and investment in the research topic. Finally it provides a clear and relatively structured approach to the qualitative analysis of data (Smith & Osborn, 2003).

Initially I found the attitudes which had been imparted to me during my Experimental Psychology degree about qualitative research created doubts about the process. Having been a television producer and therefore used to conducting interviews, I was comfortable with many elements of the research process but I doubted whether it could yield anything significant, or indeed scientific. However, as I started to explore the data using the IPA framework of analysis, I realised that the methodology enabled me to open up an area of human experience, to explore the phenomenon and then to interpret this, using a combination of my awareness of previous literature, my own assumptions and the psychological insights I had gained from the participants.

However, whilst IPA was helpful in answering the research question in my second year, I felt frustrated by the way that identifying commonalities between the different participants had the effect of removing them from their context. With my developing interest in social constructionism, I also wanted to find a way of exploring how societal pressures impact the desire to form a family. I realised from
working with a client who was in the throes of adopting as part of a lesbian couple that I held many assumptions about the 'best' way of constructing a family. Because I had done this through a heterosexual relationship, I became aware that I had prejudices about people who had chosen different routes. So I decided to focus on the experiences of gay men who were making the decision to adopt for my second research study.

I chose a narrative approach for this research project, partly because I thought it would satisfy my desire to stay as close as to the life stories of my participants and partly because I was intrigued by the way that these men made sense of their different identities as gay men and as a prospective parents. Just as the Interpretative Phenomenological Approach overlapped with the humanistic therapeutic approach of my first year, so the narrative method was consistent with my developing social constructionist attitude towards therapy, where the formation of an identity is recognised as a creative, meaning-making process where past, present and possible futures are connected in a meaningful way (Burr, 1995).
References


ACADEMIC DOSSIER
2.1. INTRODUCTION TO THE ACADEMIC DOSSIER

The academic dossier consists of a selection of essays submitted during the course of my three years of training. The first essay was written as part of the ‘Lifespan Development’ module and looks at how Bowlby’s Attachment Theory suggests a therapeutic attitude and approach which allows for early developmental injuries to be repaired in later life. The second essay critically examines the psychodynamic theories of Klein and Winnicott from the perspective of their views of the role of the mother in the formation of the psyche. The third essay seeks to explore a range of ways of thinking about individuals who experience psychotic symptoms and how this thinking might influence different therapeutic interventions.
2.2. ESSAY ONE

Trying to close the stable door after the horse has bolted: how effectively can attachment relationships be built once the supposedly ‘critical period’ of infancy has passed.

Introduction

Mother-love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health. (Bowlby, 1951, p. 122)

It is now universally accepted that the personalities of adults are heavily influenced by their experiences as children: psychology has shown that early childhood provides many of the building blocks which last throughout the lifespan. John Bowlby’s Attachment Theory sought to explain the mechanisms by which this personality development happens. He argued that an infant’s attachment experiences with his primary caregiver were a formative factor in his identity development. By its very nature, these crucial attachments are age specific: the infant depends on them for survival. This suggests that attachment can only develop in the first few years of life when the organism is most open to influence. The concept of a critical window implies that there is little scope for reversibility and that identity is therefore established at an early age. But while there is good evidence of the durability of the internal working models constructed from early attachment relationships, it is clear that identity adjustment is also possible and that the effects of early attachment relationships need not be permanent.

This essay will examine the evidence for the existence of this critical period and how unhelpful attachment experiences formed during this time can be remedied or altered. This is a crucial issue for counselling psychologists because, inherent in all the theoretical models, is the belief that change is possible through therapeutic
intervention. The catalyst for this change can be the therapeutic relationship, from which the client can explore themselves and their world more fully. Bowlby (1988) himself proposed that this relationship shared many similarities with early attachment relationships and that therefore the therapist can help to close the stable door after the horse has bolted.

The Development Of Attachment Theory
Attachment theory was a product of Bowlby’s eclectic interests – ethology, psychoanalysis, learning theory, experimental psychopathology. He argued that infants have a biological bias to attach to one individual above all others, usually, but not always the mother. Attachment then develops as a consequence of caregiver ‘contingent responsiveness’ (Bee, 1992) to these innate behaviours during the sensitive period of the first years of life. The attachment figure enables the infant to regulate its emotions and in so doing, this dyadic interaction becomes internalised to form a blueprint of the infant’s inner and outer world. So these internal working models develop according to the child’s perception of his treatment by his caregivers: if he feels loved, he feels he must be loveable.

Ainsworth identified different categories of attachment from her development of the Strange Situation procedure (Ainsworth, Blehar, Waters & Wall, 1978). Approximately two thirds of infants consistently fall into the securely attached category across the many replications of the Strange Situation procedure. Insecure attachment bonds were initially divided into two types: insecure/avoidant and insecure/ambivalent. Mothers of insecure/avoidant children are likely to be ‘psychologically unavailable’ and the child will develop protection strategies by minimising his attachment needs whereas insecure/resistant infants are clingy and demanding because they are preoccupied with caregiver inconsistency (Holmes, 1993). A third insecure category emerged more recently of disorganized/resistant
behaviours (Main and Solomon; 1990); it has been found that these are often correlated with factors such as gross neglect (Crittenden, 1985).

The Effects of Attachment
Research has shown strong correlations between attachment styles and children's later social and psychological competence. Secure attachment predicts greater concentration and more developed cognitive skills (Ainsworth et al, 1978) while insecure attachment has been linked with later substance misuse, eating disorders and poor self-image (Greenberg, 1999). In the most pronounced cases of attachment insecurities, a diagnosis of Reactive Attachment Disorder can be appropriate (Rutter, 1981). The influence of attachment relationships have been found to extend across the lifespan and also across the generations (Gerhardt, 2004). So it is alarming that Bowlby (1969) argued that bonds must develop during the first two years if normal social relationships are to be possible later. As the attachment relationship develops so does the internal working model become entrenched: attachment patterns acquired in early childhood operate outside conscious awareness and are difficult to alter, especially, as Bowlby argued, if they are insecure ones.

Evidence of the Critical Window
Recently the concept of the critical window in psychology has been considered to be too definitive; as a reflection of this shift, the term more frequently used is the sensitive period. Bornstein's useful definition is

Many structures and functions become particularly susceptible to specific experience (or to the absence of that experience) in a way that then alters some future instantiation of that structure or function. (1987, p 3)
Bowlby, in his development of Attachment Theory, was much influenced by Lorenz’ findings about the imprinting of geese which he argued were tied to a specific period immediately following hatching (Lorenz, 1952). Although Bowlby’s attachment theory argued for a less defined period than Lorenz’s imprinting theory, Lorenz’s concept had a powerful impact on his thinking. Recent laboratory work on the imprinting of geese has shown that, contrary to Lorenz’s argument that it was an irreversible phenomenon, nature can do much to repair these deficits (Bateson & Hinde, 1987).

The current view of the sensitive period in which attachments develop is that the stage is less defined and therefore more flexible. However it seems logical that experiences undergone early are likely to have more impact than later ones. Cognitive developmental theory proposes that there are more sensitive periods early in life because the right cognitive elements need to be developed before the next stage can occur. Learning theory argues that learning happens best if there is a clean slate rather than an already developed set of responses which need to be broken down before the new learning can take root. So the issue which remains is how elastic are those developmentally sensitive periods and how reparable are the effects of faulty or absent attachment bonds during infancy?

A note of caution needs to be introduced however: although research demonstrates correlations between early attachments and social adjustments in later life, none conclusively prove causality. It could be argued that a child with an insecure attachment was temperamentally predisposed thus and that it is temperament which most contributes to later adjustments or maladjustments. However recent neurobiological evidence gives support for the sensitive window in socialization (Hoffman, 1987). Infancy is the time when the majority of brain development occurs, from an average of 330 grams in weight to 1,000 grams by the age of two. The neo-cortex, the area of the brain thought to be most responsible for ‘emotional
intelligence', from the evidence of brain injury patients, develops post-natally and largely as a result of experiences (Gerhardt, 2004). There is evidence from deprivation studies (i.e. with Romanian orphans) that there is considerably less brain development in the pre-frontal cortex, amygdala and hippocampus than comparable infants, so their levels of emotional control are likely to be reduced (Fonagy, 2001). Whilst this is not direct evidence of the failure to develop healthy attachment relationships during a specific time frame, it supports the notion that attachment bonds formed during infancy will have more impact than those developed later in life.

Harlow's work with rhesus monkeys supports this neurobiological evidence (Hoffman, 1987). His socially isolated monkeys suffered from severe defects: they were sexually incapable, socially deviant and grossly incompetent as mothers. Significantly, however, work to rehabilitate these monkeys had some success. Tizard and Hodges' (1978) study of children who were unlikely to have formed attachment relationships in infancy because of family circumstances and who displayed many behaviours indicative of poor attachments (i.e. restlessness, attention seeking, clinginess) showed broadly similar results: these late adoptees were usually found to be able to form deep relationships with their adoptive parents even if adopted after the age of four, although there was evidence of some lasting damage.

Evidence from studies of infants raised in Eastern European orphanages and adopted after a year old suggest that children can form later attachments but that these attachments are at increased risk of being less well organised than would be expected of children raised in low risk homes (e.g.: Chisholm, Carter, Ames & Morrison, 1995 as cited by Marvin & Britner, 1999). So, while the optimal time for the formation of attachment bonds is during infancy, a sensitive window exists which is more flexible than originally argued. Not only can attachment
relationships be formed later in life but also reparative interventions can also help remedy the damage done originally during infancy.

**Restructuring or Building Attachment Relationships**

The most relevant of these restorative relationships for this essay is the therapeutic alliance. In his last book, Bowlby (1988) expressed his regret that his theory had been predominantly used as a developmental tool rather than a therapeutic one. While the former runs the risk of being reductionist, the latter offers hope for the future, as Bowlby wrote:

Although the capacity for developmental change diminishes with age, change continues throughout the life cycle so that change for better or worse are always possible. It is this continuing potential for change that means that at no time of life is a person invulnerable to every possible adversity and also that at no time of life is a person impermeable to favourable influence. It is this persisting potential for change that gives opportunity for effective therapy. (1988, p. 136)

There are several ways in which the attachment paradigm can be used in the therapeutic relationship to bring about change. The quality of the therapeutic bond has been consistently found to be the strongest agent for change and at the heart of that bond is the provision of a secure base by the therapist for the client (Bowlby, 1988). This secure base gives the client a sense of safety from which to explore his own inner world, much in the way that the original caregiver in a secure attachment relationship will enable the infant to venture forth into its environment. “The concept of attachment can be viewed as a basic factor that affects all therapeutic methods and this represents a basic precondition for psychotherapeutic work” (Brisch, 2004, p.76).
Beyond the provision of a secure base as a therapeutic essential, there is the therapeutic approach which uses attachment theory to inform therapy. The therapist employs attachment as a way of focusing the therapeutic conversation and together they explore the nature of the client’s internal working models. This constitutes a shift from the classic psychoanalytical position, where defense mechanisms are regarded as the irrational offspring of unconscious fantasy and interpreted accordingly. When Attachment Theory is used as a focus, the patient’s constructs are seen instead as the not unreasonable reactions to early experiences and the therapist’s role is to help explore other possible meanings out of these experiences, which may be more adaptive (Dallos, 2006). The therapist should also be aware of the various attachment patterns and how they might affect the transference (Brisch, 2004).

This approach has been applied systemically: Byng-Hall and others have found that a focus on early attachment experiences can enhance parent-child communication and enable the family therapist better to understand the dyadic patterns within the family (Byng-Hall, 1991). These approaches aim to change dysfunctional internal working models through a better understanding of the reason for their construction. Other approaches focus on enhancing attachment security through work with caregivers; by boosting their sensitivity, the quality of the interaction with the child is enhanced and the attachment bond can be altered (Hughes, 2007). These approaches are particularly aimed at breaking the trans-generational attachment patterns frequently found in families. Prior and Glaser (2006) cite the success of van den Boom’s 1994 mothering intervention which showed a significant association between intervention group and higher levels of secure attachment.

A more radical option is a change in caregiver if all else has failed: Prior and Glaser (2006) also report studies which show that even relatively late placements
with new, permanent caregivers brings about effective change in children who have experienced significant maltreatment. A different approach is suggested for Reactive Attachment Disorder (RAD), a specific diagnosis included in both the DSM IV and ICD-10. Both state that RAD is likely to occur in relation to abusive or impoverished child-care and both include the symptoms of ‘markedly disturbed and developmentally inappropriate social relatedness’ and ‘lack of identifiable preferred attachment figure’. RAD may arise because of the lack of neurological pathways formed during the sensitive period; where there has been no attachment bond, there is no neurological construction to build on and therapeutic repair is therefore more difficult to achieve.

It is difficult to quantify the effectiveness of the interventions described above. Individual case histories have limited value in validating successful therapeutic interventions, although research is emerging which shows that change in attachment categorisation as a result of these approaches is evident (e.g. Fonagy, 2001). Studies listed by Prior and Glaser (2006) rely on more measurable methodologies and demonstrate consistent patterns of change in groups who have had poor attachment experiences. It has been suggested that raised stress levels suffered by people in high states of psychological distress may account for some of the change achieved through therapeutic intervention: high stress levels make brain plasticity more possible both in animals and humans (Hinde & Bateson, 1987).

Conclusion
It is clear that a sensitive window does exist in the formation of attachment relationships. However, it seems that there is more flexibility in these attachment constructs than was originally argued by Bowlby. Although internal working models are powerfully constructed within the subconscious and are therefore resistant to change, these working models bias but do not determine future
attachment bonds. Attachment relationships can be developed and changed outside the sensitive period of infancy. The reparative relationships of primary interest to counselling psychologists are the therapeutic ones. These are designed specifically to repair past damage and promote future growth, much in the way that Attachment Theory describes the effect of secure attachments.

The true value of Attachment Theory lies less in the categorisation of attachment relationships and more in the understanding of insecurities and needs which develop as a result of perceived attachment problems. Attachment Theory can both identify the deficits and therefore suggest the possible mechanisms of repair. Bowlby argued that the provision of a secure base would lead to a functional internal working model (1988). Ideally this would be constructed in infancy when the pathways are unformed and the neurological landscape is unencumbered. But the counselling psychologist needs to take comfort from Bowlby's description of the reparative possibilities of the therapeutic relationship:

The human psyche, like human bones, is strongly inclined towards self healing. The psychotherapist's job, like that of the orthopaedic surgeon's, is to provide the conditions in which self healing can take place. (1988, p 61.)

Damage from maladaptive attachment relationships need not be permanent and therapy can do much to initiate the process of repair.
References


2.2. ESSAY TWO

The role played by the mother in the development of the psyche as outlined in the psychoanalytical theories of Klein and Winnicott and how this can influence the role of the analyst in the therapeutic endeavour.

Introduction

In classical psychoanalytical theory, Freud emphasised in his theory of the Oedipus complex that the child is enveloped in an eternal struggle with his two parents where the most influential relationship is with the father. Melanie Klein challenged this focus on the father: her most important contribution to psychoanalytic theory can be argued to be her positioning of the mother at the centre of the personal drama. The child’s relationship with the phantasised mother was, to her, one of the key factors in the development of the psyche. She argued that the infant reacted and developed in relation to its internalised others, the most influential of whom was, invariably, the mother figure. However, the actual behaviour of the mother is almost immaterial compared to the way she is perceived by the infant. Klein focussed therefore on how the baby views the world rather than on the interaction between the baby and its world.

Donald Winnicott shifted the focus onto the triadic relationship between the infant, the real mother and the infant’s construction of that mother. He thus promoted the mother out of phantasy and brought her alive in her own right. Winnicott’s most famous quote: “there is no such thing as a baby- meaning that if you set out to describe a baby, you will find you are describing a baby and someone,” (1964, p. 88) encapsulates his notion of the centrality of maternal care in the development of the self. This essay will focus on how the part played by the mother shows the different emphasis placed on internal processes and external influences by these
two leading theorists and how their different approaches influence both the position and the thinking of the analyst within the consulting room.

Genesis

The life experiences and backgrounds of these two psychoanalytical gurus provide important clues to their theoretical stances. Melanie Klein had had a complicated relationship with her own domineering mother, who would often take her place when Melanie was absent from her children because of her mental health problems. Her relationship with her three children seems to have been complicated, not least because she used them as early guinea pigs in the development of her therapeutic techniques of play therapy. Her two sons, Erich and Hans, were the key cases featured in *The Psychoanalysis of Children* (1932). Hans subsequently died in a mountaineering accident and it was alleged, by some, that he might have taken his own life. Her daughter, Melitta, became an analyst herself and embarked on an aggressive vendetta against her mother. Significantly, for this essay, Melitta felt that her mother criticised her for paying too much attention “to the patient’s actual environment and reality situation” (Grosskurth, 1986, p.213), rather than focusing on their internal, phantasised world.

Unlike the émigré Mrs Klein, Donald Winnicott was thoroughly British. The fact that he came from an affluent and stable Non-Conformist family may explain why he avoided the intense conflicts favoured by his continental colleagues. Although he admits to a shadowy impression of his own mother, he was brought up in a predominantly female environment, dominated by his sisters and this feminine legacy can be observed in his focus on the role of the mother. The fact that he had no children of his own may have contributed to his idealization of the mother figure: he never had to wrestle with the ambivalences of bringing up a child. However, through his work as a paediatrician at the Paddington Green Children’s Clinic, he had the opportunity of working with and observing thousands of
children and their mothers: it is estimated he undertook over 20,000 case studies (Davis & Wallbridge, 1991). His client group contrasts with Melanie Klein’s who was drawn to psychoanalysis in a search for relief from her own depression. Her analytical work was more narrowly focussed on a limited number of analysands, who were largely disturbed children or adults with psychosis.

The Development of Object Relations
The term object relations, as used to describe the school of psychoanalysis which developed from Klein’s challenge to the classical approach, gives a powerful clue to how she considered the environment in general and the mother in particular. Joan Riviere, one of Klein’s principle disciples, described the Kleinian position at the Symposium of Child Analysis in 1928:

It is not concerned with the real world, nor with the child’s or adult’s adaptation to the real world .... It is concerned simply and solely with the imagining of the childish mind, the phantastical pleasures and the dreaded retributions. (Grosskurth, 1986, p. 167)

While Freud argued that there was a calm period in infancy, according to Klein the infant emerges from the womb already driven by two conflicting impulses: love and hate. As a result of this struggle, which Klein also described as the tension between the life and death instinct, anxiety and aggression are always present. Added to these drives are the baby’s bodily sensations where the baby encounters a world which is both satisfying and frustrating, contrary to the pre-natal state where all needs were automatically met. The mother’s body therefore becomes the focus of all its libidinal desires and frustrations. As Klein wrote (1956):

From the beginning of life, the infant turns to the mother for all his needs but this first bond already contains the fundamental elements of an object
relation. Furthermore this relation is based on an innate factor; for the breast, towards which all his desires are directed, is instinctively felt to be not only the source of nourishment but of life itself. (as cited by Mitchell, 1986, p. 211)

The infant’s defence against this maelstrom of conflictual feelings is to split its ego in two in an attempt to project the bad outwards and to preserve the good within itself. The mother is also split into part objects, of which the breast is the most significant— at times overwhelmingly good when it feeds the infant, and at others, terrifyingly bad, when it fails to give satisfaction. The Paranoid-Schizoid position, which Hinshelwood (1994, p. 78) describes as “alternating between states of bliss and terror”, therefore develops so that the infant can protect itself and the phantasised mother from its own aggression and envy. Klein’s case history of working with An Obsessional Neurosis in a Six-Year-Old Girl (1932) demonstrates this splitting off of the good and the bad: in her therapeutic play session, Erna attacks her phantasised mother with rage and aggression but there is little relationship between her and the real mother. As Klein wrote:

I got plenty of material regarding her extravagant sadistic impulses against her mother but I never heard the least complaint or criticism from her about her real mother and what she actually did. (1932, p. 43)

The infant’s shift into the Depressive position is helped by the mother showing the baby that it can contain its projection of aggression and envy. Klein failed to specify how this good mothering is enacted; this omission suggests that she did not consider this to be important. Although good mothering can contribute to soothing the persecutory anxieties, it is the constitutional aggressions within the individual which define the psyche, not the behaviour of the mother. As the ego becomes more integrated, so the need for splitting is reduced and the part objects can be
restored to their wholeness. The mother is seen as a whole object, as a source of good and bad combined:

When the child comes to know the mother as a whole person and becomes identified with her as a whole, real and loved person... then the depressive position ... comes to the fore. (Klein, 1975, p. 265)

The beneficial effects of this integration with the whole mother are identifiable in Klein’s later sessions with Erna. As Erna’s relationship with reality becomes more grounded in actual experience, her unconscious hatred becomes more conscious and her relationship with her real mother improves. This therapeutic focus is key to Klein’s approach to psychoanalysis: the internal figures become less phantasised and therefore more real but the mother herself is a relatively passive figure who contributes at the margins to this shift.

“Ordinary babies are not mad” (Winnicott, 1965)

Winnicott found that he could not accept Klein’s view of the baby as a bundle of aggressive and envious instincts; for him, the relationship between the baby and the mother was pivotal. As Phillips writes:

Winnicott would derive everything in his work, including a theory of the origins of scientific objectivity and a revision of psychoanalysis, from this paradigm of the developing mother-infant relationship (2007, p. 5).

His theory places an enormous burden of responsibility on the mother: it is her job to interpret the world sensitively and appropriately so that the infant can accept reality and its own place within that reality. His descriptions suggest endlessly patient, unselfish and understanding mothers who come innately to the task. He argued that psychotic illness is caused by the failure of environmental adaptation,
particularly in the early months of life: in other words, it is the mother’s fault if things go wrong. While his theories are, in some way, a welcome relief from the internal horrors depicted by Klein, they also had the effect of putting the mother centre stage of the home and focussing all the potential ills of the family on her, as Riley (1984) suggests.

Unlike Klein, Winnicott is quite specific about how the mother should take on this responsibility. Women, he argued, make more natural carers and their pre-natal physical involvement with their child leads to primary maternal preoccupation – a fugue state, almost an illness which begins in pregnancy and continues throughout the early weeks after birth during the baby’s period of absolute dependence. It is this which “gives the mother her special ability to do the right thing. She knows what the baby could be feeling like. No-one else knows,” he wrote (1960).

Holding became the key term for Winnicott’s approach to both his developmental theories and his therapeutic approach. He defined it thus: “the subtle co-operation which mothers can give, which supports yet does not dominate.” This, according to Davis and Wallbridge (1981, p. 21) was “the environmental provision indispensable to emotional development in earliest infancy.” The infant emerges with a potential self which develops according to the environment which meets it. Initially the immature and weak ego of the infant is made strong by the ego support that the mother gives. The baby moves towards relative dependence in graduated steps where the good-enough environment does not challenge the baby’s necessary sense of omnipotence too quickly. Through this maternal attunement, the baby gathers its component parts together to make a whole being and this leads to its gradual realisation of what is ‘me’ and what is ‘not me’.

It can be argued from Winnicott’s papers on early mothering that the mother’s role is so crucial that being good enough is not really enough: she has to be almost...
perfect. The term ‘good-enough’ is a value judgement in itself and it is unclear who sets the standard by which it can be judged. Her maternal attunement should be such that she can interpret and prioritise all the child’s emotional and psychological needs. In this symbiotic relationship, when the infant looks at the mother, it should see itself and its emotions reflected back. If, instead, the baby sees the mother’s own feelings, this will lead the baby to be compliant and eventually this compliance will result in the development of a false self, to protect itself and its true self from maternal failures. The infant therefore seems to be purely reactive: his internalised state only develops as a result of the mother.

Winnicott does not ignore the way the infant’s innate drives also contribute to his psychic evolution. In The Development of the Capacity for Concern (1965), he contrasted the mother of instinctual aim and fantasy, “the object-mother”, and the “environment-mother”, who handles the baby’s needs. But, as Doane and Hodges (1993, p. 20) point out, “Winnicott may pay lip service to the idea of the ‘object-mother’, but he is primarily concerned with the notion of a maternal environment and maternal responsibility.” As development proceeds, its progress still depends on the mother’s ability to withdraw appropriately and sensitively:

The mother is able to fail in her adaptation and to fail increasingly and this is because the infant’s mind and the infant’s intellectual processes are able to account for and so to allow for failures of adaptation. In this way the mind is allied to the mother and takes over part of her function (Winnicott, 1965, p. 48).

He argued that it is not possible to teach this ability to mother: it is instinctual. This implies something deficient in the mother if she fails to provide the right environment. While neurobiological findings provide increasing evidence for the social brain developing after birth in reaction to the environment (Gerhardt, 2004),
Winnicott's almost exclusive focus on the mother sometimes seems more of a developmental theory than one which attempts to grapple with the power of internal drives.

**Implications for Practice**

This important difference in emphasis between the theories of Winnicott and Klein is replicated in the divergence within their therapeutic approaches. Through the prism of the role of the mother, it is possible to see how they came to practice as they both did. Klein's aim remained broadly similar to that of the classical approach – to free the ego and to enable it to mature. Just as Klein did not prioritise the infant's relationship with the real mother, the actual relationship with the analyst is not crucial, except in so far as it reveals the analysand's unconscious processes – hence the importance of the transference and the interpretations of that transference, however challenging, in Kleinian analysis. As she wrote in *Envy and Gratitude*:

> In taking the analysis back to earliest infancy, we enable the patient to revive fundamental situations..... The means by which this is achieved is the analysis of the negative and positive transference which takes us back to the earliest object relations. (1956, p. 228)

So the analysand makes of the analyst what they will: “transference is generated from the present use of historical defences; in other words, the adult personality’s unconscious phantasies is transferred from the present unconscious into the analytic relationship” (Hinshelwood, 1994, p. 234). The analytic frame offers the potential of material which may stir up these primitive phantasies and defences: this is where the margins of therapy e.g.: the fee, the breaks and the analyst’s own fallibility yield fertile reactions (Segal, 2000). So while Kleinian analysts focus on the relationship between them and the analysand, they do not adopt a proscribed
role. Armed with Kleinian theory, they focus on the unconscious phantasies as the key to unlock the ego.

Winnicott is more specific about the role of the analyst: for him the child and the analysand are almost interchangeable. The mother-infant relationship is the primary model for the psychoanalytic situation. He wrote in Relationship of a Mother to her Baby:

My thesis is that what we do in therapy is to attempt to initiate the natural processes that characterizes the behaviour of any mother of her own infant. If I am right, it is the mother-infant couple that can teach us the basic principles on which we may base our therapeutic work (1960, p. 72).

The qualities of the good-enough mother are essential for the therapeutic endeavour: it is the analyst’s job to hold the analysand as he/she journeys towards an experience of the true self. Just as the mother mirrored the infant’s emotions, the analyst gives back to the analysand what he/she brings. The mother interprets the world for the child gradually and sensitively; so the analyst interprets the analysand’s world in a way that he/she can bear. As Phillips (1993, p. 102) writes: “if a good interpretation can be like a good feed, then mothering has replaced dreaming as the royal road to the unconscious.” If individuals are made psychotic through a lack of appropriate maternal attunement, then the analyst should be “in the position of the mother of an infant unborn or newly born” (Winnicott, 1951). In Hate in the Countertransference (1951), Winnicott outlined this reparative role where the analyst not only models the good-enough mother but also, in severe cases of maternal deprivation, becomes the mother in order to make up for the failures of the original mother.
Conclusion

There is a clear line of development from Freud through to Klein and onto Winnicott: without one, the other could not have followed. Winnicott embedded his theory of the self firmly in the interaction with the environment whereas Klein saw the individual as a mass of more abstract, libidinal impulses. The way they both differently portrayed the mother’s part in the psychic drama encapsulates how far Winnicott strayed from the gospel of his former supervisor. In Klein, the mother is not responsible; she can make a difference but she does not define the individual’s psychic make-up. Winnicott saw the mother’s contribution to the development of the infant as crucial. While it might be simpler to split these two theorists and make one bad and the other good, it is most useful to see the strengths of both their theories and methods.

To attribute causality to the mother’s failure to hold and interpret the infant may fit in a society which so often feels the need to blame but Klein’s descriptions of the conflictual and often destructive internal drives also offer important insights into the emotional turmoil of individuals’ inner worlds. In a period when society is so quick to judge the capacity of women’s mothering, the interaction of the confused and aggressive internal drives of the child with the maternal environment experienced seems to offer the most potential for creative therapeutic work.
References


2.3. ESSAY THREE

Unimaginable Storms: The Opportunities And Challenges Of Working Therapeutically With The Onset Of First-Episode Psychosis

Introduction

We see the schizophrenic as one of us who abandoned the struggle which we all share; about a self, about a personal existence which no longer adapts itself to reality's inner contradictions. (Bleuler, 1984)

Therapeutic approaches to people who have psychotic experiences have varied radically over the years. The pendulum has swung from incarceration to care in the community, from a highly medicalised approach and a reliance on pharmacotherapy to the perception that the condition is a socially constructed phenomenon where causality lies within the sufferer’s environment. The lack of certainty about the condition, even about its very existence, has made it one of the major conundrums of psychiatric and psychological research: there has been a relentless search for a greater clarity about its aetiology and many determined attempts to find ways of ‘curing’ its many symptoms. This essay will argue that this focus on trying to find a ‘solution’ can lead to a polarised understanding of causes, symptoms and treatment, which can ignore the individual experience of psychosis; the counselling psychologist's responsibility, in such a complex landscape, is to evaluate the most appropriate ways of thinking about those clients, according to their individual experiences and to use a range of therapeutic approaches which will best meet their unique needs.

Some of those approaches will be explored, particularly those aimed at individuals experiencing their first episode of psychosis. An integrated and integrative therapeutic attitude will be recommended as the most effective way of working
with these vulnerable people, whose therapeutic needs vary according to their life experiences and how they express their distress. The focussing and containing techniques of CBT can be combined with the thinking and curiosity of the psychodynamic model, the systemic awareness of context and the empathy and the congruence of the Person-Centre Approach to increase the therapist's potential to work creatively alongside the 'sufferer'. The thinking behind this essay is informed by therapeutic work with two clients who, separated by almost thirty years, have experienced very different approaches and hence, it will be argued, different outcomes.

Case Vignette 1

SH, now 42, was diagnosed with schizophrenia, at the age of 16. The younger of two brothers, his father was a military man who took a strict approach to the upbringing of his two sons. SH struggled as an adolescent, experiencing bullying both at school and at home. It is not clear what the triggers might have been for his first experience of hearing voices but this led to a breakdown. He was sectioned in an adult unit for several months. He has frequently been hospitalised, when his symptoms were particularly florid. Recently, these symptoms appear to have been regulated by depot injections of antipsychotic medication. He lives alone and appears isolated; he often feels bullied and paranoid. His only support is his mother who has recently been diagnosed with cancer.

Case Vignette 2

JB is 18 and began having hallucinatory experiences after deciding to stop his intensive cannabis use two years ago. He regularly sees a hooded stranger who threatens to attack his family, particularly his mother and who he is powerless to stop. He also hears voices telling him to hurt himself and other people. From when he was a small child, he often witnessed his stepfather physically abusing his
mother. The terror of his experiences led him to become isolated at home and unable to go to school.

An Attempted Definition of Psychosis
The term ‘psychosis’ is riddled with definitional problems. It is commonly described as a state of being where the person is unable to distinguish reality from their own thoughts, ideas, perceptions or imaginings (Lemma, 1996). Since it is difficult to establish what is meant by reality and therefore to identify criteria to assess someone’s ability to distinguish between subjective experiences of reality and hallucinations or delusions, the term psychosis is a diagnostic mine field. Although it is not used as a diagnostic entity by either of the two international classification systems, the ICD-10 (WHO, 1994) and the DSM-IV-TR (APA, 2000), it is now often used interchangeably with the term schizophrenia because it is perceived to be less emotionally charged and therefore less stigmatising (Lucas, 2009). The current DSM-IV-TR criteria for schizophrenia is that two or more of the following should be present during a one-month period for a significant proportion of the time: delusions, hallucinations, disorganised speech, grossly disorganised behaviour and negative symptoms such as apathy (APA, 2000).

Whilst other mental health problems may be seen to lie along a continuum, psychosis is often considered to be in a distinct category: Jaspers (1962) used the metaphor of an abyss to characterise what he saw as the difference between psychosis and non-psychosis and described symptoms of schizophrenia as ‘non-understandable’ (as cited by Kingdon & Turkington, 2005). This emphasis on discontinuity stems from the early diagnostic attempts of Kraepelin (1896, as cited by Cullberg, 2006) whose term ‘dementia praecox’ implied a premature mental deterioration where no improvement is possible: this conceptualisation continues to have an impact on the biomedical approach to schizophrenia and is reflected
within the current NICE guidelines (NHS, 2009) where pharmacotherapy is recommended.

**Changing Attitudes**

However, this Kraepelinian archetype of inevitable disability is being increasingly challenged. Rates of recovery show that broadly a third of ‘sufferers’ only experience one psychotic episode, one third function with minor on-going symptoms and one third are chronically disabled by their recurring symptoms; this evidence has had an impact on service design. The recent adoption of Early Intervention Services for Psychosis (EIS) as a requirement for all mental health trusts (DoH, 2000), aimed at the needs of adolescents and young adults who are experiencing their first episode of psychosis, is a sign of that changing culture. Based on the evidence of a relationship between the time spent in acute psychosis and the risk of longer-term morbidity, EIS’ main focus is to reduce the duration of untreated psychosis (Drury, 2000). One of the other principles of EIS has been informed by the growing awareness that the way psychosis is considered to be discontinuous from normality contributes to the distress of service users (Kingdon & Turkington, 2005): EIS therefore aims to minimise marginalisation and stigmatisation. Its establishment within the NHS suggests that that psychosis is being regarded more as a psychological problem than a biological illness.

**The Role of Diagnosis:**

This shift from an illness model calls into question the purpose of diagnosis. Despite on-going neurobiological work, there is no greater clarity about the biological aetiology for schizophrenia, so diagnosis is currently based on presenting symptoms. Since those symptoms are so heterogeneous, a diagnosis of schizophrenia may be meaningless. However, what seems to unite the various manifestations of schizophrenia, particularly hallucinations and delusions, is a sense of unbearable distress which is so overwhelming that emotions and
perceptions can no longer operate as an integrated whole (Bleuler, 1985); there appears to be enough commonality between the experiences of psychosis to consider it as a useful construct.

A label is reductive and stigmatising: it can have the effect of colonising people’s experiences by presenting the ‘sufferer’ as a passive victim of an active pathology (May, 2004). However, it can also take away some of the self-blame from the patient (Fowler, Garety & Kuipers, 1995) and act as a signpost of the high level of risk around people with psychosis, where suicide rates are estimated to be between 8% and 15% (Birchwood, 2000). A thorough understanding of the diagnostic rationale enables the counselling psychologist to act as an interpreter between the client and services and also potentially as a motivator of change. However, their aim should be to understand psychological difference and consider appropriate interventions, not to reduce experiential and behavioural variations to convenient categories.

The Range of Possible Causes
The model of causality which is most useful when considering therapeutic approaches may be the biopsychosocial one which adopts a critical constructivist position where the individual is seen as the architect of their own reality but there may also exist a vulnerable predisposition where psychosis can be triggered by adverse elements such as trauma, poor social circumstances or drug misuse (Fowler, Garety & Kuipers, 1995). A number of studies have identified high incidence of negative experiences in childhood (Fowler, 2000); it is interesting to note the part played by abuse in both Case Vignettes 1 and 2. Since the majority of first episodes of psychosis occur between 14 and 35 (DoH, 2001), the role played by the life stage of these clients in their experience of psychosis may be particularly pertinent. Psychosis has many overlaps with the ordinary disjunctures of adolescence (Harrop & Trower, 2003) and struggles of individuation and
renegotiation of roles may act as a trigger for life becoming unbearable and for the need to express that unbearability in a dramatic form.

Using a systemic approach, it is useful to consider the position the client has taken in the family and what part their psychotic symptoms have played (Vetere & Dallos, 2003). Emotional tension within the family has been consistently shown to be a predictor of psychotic relapse (Roth & Fonagy, 1996). Psychoeducation programmes which enable families to have a greater awareness of their family member's experiences and thereby to reduce the level of Expressed Emotion have made a significant impact on relapse rates (Pilling, Bebbington, Kuipers, Garety, Geddes, Orbach & Morgan, 2002). Narrative techniques allow both the client and their family to externalise the psychosis so that it is seen as an object outside the system and also makes it possible for them to explore other narratives about themselves and their lives (White & Epston, 1990). This can have the effect of emotionally validating people's experiences, both of psychosis and of the experiences of being a service user, which can often be traumatic themselves (May, 2004).

It is also important to be aware of the role of other elements such as gender, race, religion, ability, culture, ethnicity and sexuality in the experiences and the self-perception of each client. The evidence of increased incidence of schizophrenia in people of African-Caribbean and Caribbean origin resident in UK (Van Os, Castle, Takei, Der and Murray, 1996) suggest that diagnoses can be influenced by the predominance of Western cultural norms and also that a sense of marginalisation can contribute to people's manifestation of their distress.
Case Vignette 1

SH was brought up in a disciplinarian environment where success was prioritised and emotions considered to be unnecessary. His brother had no difficulties conforming with this and went on to develop a career as an accountant. SH struggled academically and in the harsh regime of his private school, he was often criticised for failing to try hard enough. As an adolescent, it seems he found it increasingly hard to develop an identity which fitted with the expectations which his background had constructed for him.

Case Vignette 2

JB’s family life was always chaotic. His father left when he was two and has kept in irregular contact. His mother has had a number of different partners, one of whom has recently been found guilty of sexual abuse of a child. JB also had some learning difficulties which made his educational experience difficult. He struggled to keep up and by 12, he was frequently truanting.

Developing Strategies

Cognitive Behavioural Therapy has dominated the psychological approaches to psychosis and is now the principal therapeutic approach recommended by NICE (DoH, 2009), based on the evidence that it can be effective in reducing symptoms and improving social functioning (e.g.: Turkington, Kingdon & Turner, 2002; Tarrier & Wykes, 2004). A range of symptom-focussed cognitive models have now been developed which guide therapeutic interventions: there is a common thread between them which suggests disruptions in the cognitive processes (e.g.: Frith’s deficit model, 1992; Morrison’s bias model, 1998).

Many of the therapeutic interventions for psychosis have been adapted from techniques shown to be effective in the treatment of non-psychotic disorders: challenging safety behaviours, which have served to confirm the ‘delusions’
through avoidance or lack of confrontation, establishing better coping strategies and testing out beliefs have all been shown to work effectively with psychosis (Kingdon & Turkington, 2005). The ABC framework is also useful where collaboratively a client and therapist establish the activating event (A), the meaning given to that event (B) and the consequence of the meaning (C) in order to achieve a greater understanding of the impact of the attribution given to events and therefore a greater sense of control is achieved by the sufferer (Fowler, Garety & Kuipers, 1995).

The guiding principle of the cognitive approaches to psychosis is that, by focussing on and thereby containing the apparent uncontrollability of many of the symptoms of psychosis, sufferers can restore some sense of mastery and hence more control and self-esteem (Birchwood, 2000). More recent cognitive models focus on distress, rather than on symptoms and this gives the rationale for therapeutic change: therapy is unnecessary if the individual does not experience their symptoms as distressing (Chadwick, Birchwood & Trower, 1996). Given the vulnerability of people experiencing psychosis, special attention should be given to more limited goals, more flexible application of CBT techniques and a slower pace (Kingdon & Turkington, 2005). When working with a younger age group, therapists are encouraged to be creative about the structuring of sessions: the 50 minute hour may be unsustainable for a client in such distress and the confines of the therapy room too claustrophobic (Drury, 2000).

Exploring Meanings
There is a danger that the CBT approach can be too symptom focussed and, by trying to ‘solve’ psychosis, overlook its meaning for the individual person. Without a broader therapeutic attitude, CBT techniques could be experienced as too challenging and too change oriented (May, 2004). Although the outcome evidence for analytic therapy with psychosis is poor (Roth & Fonagy, 1995), the
psychodynamic approach has been essential in helping therapists to explore the disguised communications which may lie behind the manifestations of an individual’s psychotic symptoms. While psychoanalytic therapy could be experienced as too abandoning, particularly by those who are experiencing acute psychotic symptoms, insight-oriented thinking can help the therapist both to be curious about the hidden meaning of the experiences and to paint a fuller picture for the team members working around the client who are often in danger of being swept along by psychotic processes (Lucas, 2009).

As an example of the many psychoanalytical theorists who have considered the internal processes which might lie behind psychotic symptoms, Klein’s identification of the primitive defence mechanisms such as splitting and projective identification gives a clue to the protective functions which might be at work in the construction of an individual’s ‘delusional’ beliefs and would therefore guide the ways of approaching those ‘delusions’ therapeutically (Lemma, 1996). Traumas from the past which have been repressed are often identifiable within the content of both ‘hallucinations’ and ‘delusions’. From these, a better understanding of the emotional and psychological function of the psychotic experience can be reached. As Shakespeare perceived, “Though this be madness, yet there is method in it” (Hamlet, Act 2, Scene 2) and an awareness of that ‘method’ can help guide the therapy, even if the client is too vulnerable to have the links between their past and present experiences explicitly explored.

**Working within the Relationship**

Whilst CBT may be containing but also intrusive and the psychodynamic approach may be revealing but also over-exposing, the Person-Centred Approach can maintain the necessary balance in the therapist’s attitude towards the client. Rufus May, a psychologist who has experienced a psychotic breakdown, observed a lack of emphasis on empathy in his own treatment (2004). It is easy to lose sight of how
important Rogers’ core conditions (1957) are in this stigmatising and terrifying condition. Chadwick (2006), in his integrative approach to psychosis, emphasises the centrality of the person-centred relationship where acceptance is key.

Establishing a therapeutic alliance is particularly difficult with psychosis, because of the client’s levels of fear and distrust. This is combined with the therapist’s anxieties about the vulnerability of the client and the risks associated with the psychotic condition which can lead to the therapist over-striving (Chadwick, 2006). The core conditions of empathy, congruence and unconditional positive regard allow the client to feel heard, possibly for the first time, and helps to create a “suitable psychological climate” where the self’s inner healing properties, the self-actualising tendency, can be released and where the individual can “become more integrated... and can show fewer of the characteristics which are usually termed neurotic or psychotic, and more of the characteristics of the healthy, well-functioning person” (Rogers, 1961, as cited by Chadwick, 2006, p. 34). With this combination of approaches formed into a therapeutic attitude, creative hypotheses can take the place of reductive formulations and diagnoses. The whole person and their experiences can be explored in an attempt to understand how their distress has its unique manifestation.

Case Vignette 1

Thirty years ago, the view that SH had lost touch with ‘reality’, when he experienced his first psychotic breakdown at 16, earned him a diagnosis of schizophrenia for which he has been, at various times, hospitalised and now receives regular doses of narcoleptic medication. There appear to have been few attempts to understand the possible meaning of his symptoms and what leads him to express his distress in the way he does. Although he been a servicer-user of mental health services for over thirty years, he was not offered psychotherapy until last year; he disengaged from this after three sessions. It seemed as though his
psychotic experiences combined with almost a lifetime of being stigmatised by his ‘condition’ and his dealings with mental health services suggested to him that there would be too risk any self exploration. He remains largely isolated.

Case Vignette 2
Since being referred to the Early Intervention Service for Psychosis by his GP three months after his first experience of psychosis, JB’s anti-psychotic medication has reduced his hallucinations; he has also been supported to find a job. Through this early engagement, his potential to be marginalised has been reduced and his hopes of recovery enhanced. He is now being supported to gradually reduce his medication so that he can apply to work for the Fire Service. He has recently started weekly psychotherapy and is keen to identify who the hooded stranger might be and to develop some coping strategies to help him with his anxieties and his anger. The psychological work has helped him to reduce his anxiety about his symptoms and as a consequence, he is more able to manage his emotional distress.

Conclusion
The contrast between these two case histories suggest that approaches to psychosis have considerably advanced. Thirty years ago, the onset of first-episode psychosis was approached as a medical problem, where the outcome was largely assumed to be a lifetime of medication and marginalisation. Creative and well-resourced services such as EIS were not considered necessary because there was so little hope for people who had psychotic experiences. Attitudes to psychosis have now changed and extensive evidence exists of effective psychological interventions. The elements which have been shown to make a difference to individuals’ experience of psychosis – different psychological approaches, which identify coping strategies and help to explore the meaning of the symptoms, family work, vocational work, pharmacotherapy – need careful negotiation so that the right balance is achieved for each individual’s needs.
As Rufus May (2004) has written, the focus of work with people who have psychotic experiences should be on recovery rather than cure; in this context, recovery means a greater understanding and thereby more possibility of being able to manage psychotic symptoms rather than just a reduction in symptoms. An integrative therapeutic approach is needed which combines to create an attitude of thoughtfulness, creativity and empathy and where the causes, function, meaning and the factors maintaining the symptoms are all considered from the individual’s perspective. This is terrain to which a counselling psychologist’s attitude is well suited. Their ability to approach each individual with a lack of certainty and an openness to difference is particularly important with something as complex as psychosis.
References:


THERAPEUTIC PRACTICE DOSSIER
3.1. INTRODUCTION TO THE THERAPEUTIC PRACTICE DOSSIER

This dossier relates to my clinical practice and provides a brief account of each of my placements during the course. It includes a description of the context of each placement, as well as an outline of the range of clients I worked with.

My 'Final Clinical Paper' conveys a narrative of my personal and professional development over the last three years and how my learning from the course and my clinical and therapeutic experiences have combined to make me the counselling psychologist I have become.

The clinical work referred to in these pages was described in detail within the client studies, process reports and log books of placement activity which were a requirement of the course. Two of these combined process reports/client studies are made available to examiners within the confidential Attachment. The other records of clinical work can be accessed in the Appendix.
3.2. DESCRIPTIONS OF CLINICAL PLACEMENTS

3.2.1. Year One: An NHS Child and Adolescent Mental Health Service
October 2007-August 2008

This placement was within a CAMHS, located in a largely rural area of South East England, catering for the mental health needs of children, adolescents and their families. The service receives referrals from GPs and Social Services and also accepts self-referrals from parents and young people aged between 5 and 18.

The professionals within its multi-disciplinary team include psychiatrists, psychologists, psychoanalytical psychotherapists, systemic family therapists, CBT therapists and play therapists. It has specialist teams for ADHD, autistic spectrum disorders and looked-after children.

Therapeutic approaches vary according to each individual case. My supervisor was the service’s lead psychotherapist; his orientation is systemic, although he also uses humanistic and psychodynamic ideas to inform his practice. My approach was broadly humanistic, influenced by Rogers’ core conditions and Gestalt and existential ideas. Initially I worked with mothers of referred children who were struggling with their children’s mental health problems which ranged from ADHD to Attachment Disorder to trauma induced by sexual abuse. I was able to offer them up to 24 sessions where appropriate.

Towards the middle of this year, I started to work with both referred children and adolescents. One was experiencing bullying at school, another was experiencing depression following the recent break-up of her parents’ marriage, a third presented within dissociation, having been bullied both at home and at school and another was bulimic, following her revelation of her experience of her father’s sexual abuse.
This was mostly on a one-to-one, open-ended basis but I also worked with some family constellations, where relationships between parent and child had become strained. I also formed part of a reflecting team with my supervisor as lead family therapist. I observed some assessments conducted by my supervisor and undertook some on my own. I also observed some sessions with the child psychiatrist and visited the Trust's child and adolescent in-patient unit.
3.2.2. Year Two: An NHS Community Mental Health Team

October 2008-August 2009

My psychodynamic placement was within a Community Mental Health Team which offers care and support to working age adults within the community who suffer from severe and enduring mental health problems. The multi disciplinary team, which comprises psychiatrists, psychologists, community psychiatric nurses, social workers, occupational therapists, and psychotherapists, focuses on a recovery model, with the aim of designing packages of care targeted at the individual needs of its clients.

Referrals are made to this service from Mental Health in Primary Care and from GPs. The team also has an inter-relationship between the Crisis Resolution Home Team (CRHT) and the hospital’s acute psychiatric ward, to support the needs of service-users who need admission to hospital.

Referrals for psychological therapy are made by the team’s clinicians. Those referred are then assessed by two therapeutic practitioners to explore the client’s perception of their wish for therapy, their presenting problems, their past experiences and their current difficulties. The available therapeutic approaches - CBT, psychodynamic, CAT and systemic are discussed with the client and they are then placed on a waiting list until a therapist becomes available.

My supervisor in this setting was the team’s clinical psychologist whose principle orientation is psychodynamic. Clients for whom it was decided that long-term psychodynamic work was appropriate were allocated to me. The clients I worked with varied in age (19-62 years old), gender, class and sexual orientation. They presented with a range of psychological difficulties (depression, OCD, anxiety, psychosis, Borderline Personality Disorder, Chronic Fatigue Syndrome, Bipolar...
disorder, substance misuse). I worked with these clients on a one-to-one basis for an average of 24 sessions each. I also co-facilitated a weekly group for service users who were experiencing a change in service provision. I also attended several ward rounds at the general hospital’s Department of Psychiatry. I attended two Trust training days: the Secrets of Self Harm and the Impact of Parental Mental Health.

I conducted assessments initially as the second clinician and then taking the lead, with my supervisor observing. I provided written assessments for both referrers and service users and also discharge letters and reports, as well as updating my clients’ notes on the Trust’s data system. I attended weekly team meetings and participated in the team’s weekly reflective practice.
3.2.3. Year Three: An NHS Early Intervention Service/ An NHS Recovery Team
October 2009-August 2010

My third year placement was divided between an Early Intervention for Psychosis service (EIS) and a Community Recovery team. EIS works with people between the ages of 13 and 35 who are experiencing or considered likely to experience their first ‘psychotic’ breakdown. Provision of this service is now a requirement for all mental health trusts, based on the evidence that reducing the Duration of Undiagnosed Psychosis (DUP) diminishes the likelihood of the recurrence of psychosis and the impact of the first onset on the life course of individuals.

Referrals are made to this service by GPs, CAMHS, Mental Health in Primary Care and community mental health teams. The multi-disciplinary team of CPNs, OTs, a part-time pharmacologist and a psychologist work intensively with their clients, supporting them in managing both their symptoms and the effects of those symptoms on their lives. Family work, vocational work, benefit advice, housing support are all provided or facilitated by the care co-ordinators. Care co-ordinators refer clients for psychological therapy.

My supervisor in this service was a Counselling Psychologist who encouraged me to work integratively to enable clients to achieve a greater understanding of the nature of their experiences and to make possible connections with other factors in their lives. I also tried to help them to find strategies which could help them better manage their symptoms. These clients’ ages ranged from 13 to 35 and were both male and female. Working with this client group needed a lot of flexibility as they often found it difficult to attend sessions regularly.

During my time in this service, one of my clients was admitted to a secure unit as he considered himself to be at risk of suicide. I continued to provide psychological
input whilst he was on the ward and accompanied him to his ward rounds, to support him to be able to represent his symptoms and himself to the medical staff.

I facilitated the weekly team formulation group where a clinician would discuss one of their clients, a genogram and time line would be collaboratively constructed and a fuller formulation would be outlined to help explore different ideas and interventions. I also facilitated the team’s monthly reflective practice where an issue would be discussed by the team, with a particular focus on sharing the management of risk.

The Community Recovery team is a secondary care facility which offers support to individuals suffering from severe and enduring mental health problems. Service-users are referred by GPs and Mental Health in Primary Care and are offered individually designed packages of care aimed at achieving recovery and discharge. Referrals are made from within the team for psychological therapy and then clients are assessed to explore both their difficulties and their goals, with the aim of matching them with the most appropriate therapeutic approach.

My supervisor in this service was a Cognitive Behaviour therapist whose focus was principally 2nd Wave CBT. The range of symptoms with which I worked, using a CBT approach, included OCD, Depression, Social Anxiety, Eating Disorders, Cyclothymic Mood Disorders and Schizophrenia.

During this year I was responsible for managing a case load of up to twelve clients, spread across various different sites, for updating their notes and for writing assessment letters and end of therapy letters. I also attended two training days: Working with Service Users’ Families and Working with Psychosis. I also facilitated a team training on Attachment Theory.
Curiouser And Curiouser: Exploring The Wonderland Of Becoming a Counselling Psychologist

Introduction

Dear, dear! How queer everything is to-day! And yesterday things went on quite as usual. I wonder if I’ve changed in the night? Let me think: was I the same when I got up this morning? But if I’m not the same, the next question is, ‘Who in the world am I?’ Ah, that’s the great puzzle!

Lewis Carroll, Alice’s Adventures in Wonderland (p. 62, 1976)

The story of Alice, on her unique journey through so many bizarre experiences, can serve as a metaphor for much of my life and not just because, as a ten year old child, I played the part of Alice in a London theatre. It seems to have particular echoes with my experiences of the last few years where I have been trying to find a new identity as a counselling psychologist. I have often felt as though I am free falling down a rabbit hole and not knowing where I will end up. This paper offers me the opportunity to try to synthesize some of the experiences I have had, both recently as a trainee and earlier in my life, to establish a clearer sense of how far I have travelled and where I now stand. Training as a counselling psychologist has been one of the most demanding experiences of my life; it has also been one of the most exciting as I have found myself being slowly opened up to new ideas and possibilities. To my surprise, I find that the awareness of how much I have learned and how much I have changed compensates for the anxieties and anguish of the last few years. I believe I have identified the root of these struggles and so it is important to put them into context now with a case vignette.
Playing with Fire
Case Vignette:
K. is an eight-year-old girl. She has been seeing a therapist for two years. Twice a week, she is driven to an imposing house in St John’s Wood where she spends an hour. She is forbidden to talk about her therapy to her parents, who are also both in therapy. She has decided to stop speaking during her sessions as her way of protesting. She refuses to play with the small wooden toys her therapist provides. Her attempts at rebellion do not get her very far; her therapy is only stopped four years later, because the outbreak of World War II meant the introduction of petrol rationing.

My mother was the patient described above: Melanie Klein was the therapist. Her parents were early adopters of psychotherapy who thought that it would be valuable prophylactically. So miserable were her six years of therapy that she has revealed almost nothing about them. She has always had a polarised view of life (I now have an idea as to why that might be). The message which she passed down to me was that psychology was bunkum and psychotherapy was evil. She believed that the only way to cope with the demands of life was to ‘pull yourself together’ and that proved to be an effective approach for my first thirty or so years. And then things in my life started to unravel and trying to pull myself together seemed to make matters worse. I eventually approached a psychotherapist for a couple of sessions, without telling my mother.

The journey from that first step of considering that there might be something positive about psychology to starting my training as a Counselling Psychologist was a long one. Along the way, I gave up my first career as a television producer, trained as a Samaritan and decided to undertake a degree in Experimental Psychology. I came to realise that Counselling Psychology could offer me what I was looking for, partly because it was a training which would enable me to work
within the NHS, to whose principles I have always had a political commitment and partly because, however much I read about different psychotherapeutic approaches, none seemed to answer all the questions I was wrestling with. When I did my first degree in Theology, I concluded that all religions were imperfect attempts at finding a truth and I had a similar reaction to psychological theories: that they were different but flawed solutions to the central human problems of distress and existence. I was drawn therefore to the idea that it was not a belief in a range of skills and techniques which distinguishes Counselling Psychology but its approach and attitude to the relationship (Strawbridge & Woolfe, 2010).

The Process of Becoming

Alice asked: “would you tell me, please, which way I ought to go from here?” “That depends a good deal on where you want to get to”, said the Cat. “I don’t much care where …” said Alice. “Then it doesn’t matter which way you go,” said the Cat, “… so long as I get somewhere,” Alice added as an explanation. “Oh, you’re sure to do that,” said the Cat, “if you only walk long enough.

Lewis Carroll, Alice’s Adventures in Wonderland (1976, p.78)

I have longed to be told which way to go from the outset of training. I had spent so long being dubious about psychotherapy that I needed clarity. It has been a continuing struggle to manage my anxieties about, at best, achieving nothing for my clients and at worst, actually doing them harm. Whilst fear prevents complacency, it can also immobilise. I realise now that the models of psychotherapy in which I have had the opportunity to be immersed and the psychological approaches which I have absorbed have helped to free me from some of my fear. Far from being a strait jacket of orthodoxy, these theories, with their differing underlying epistemologies, have enabled me to focus on the centrality of the therapeutic relationship by offering me a range of different stances which I could explore and
examine how they fitted. I propose to explore these three approaches in the order in which I worked with them and reflect on some of the therapeutic experiences which have contributed to my development.

Learning to Build a Relationship

I was daunted by the humanistic approach at first as it seemed too vague and I was longing for some certainty. I thought the idea of the self-actualising principle was too optimistic as I reflected back on the scenes of carnage I had witnessed whilst making a series of documentaries during the Bosnian conflict in the 1990s. I realised enough about the turmoils within my own nature to question the idea that “when the actualising tendency is unfettered by restrictions, the organism flourishes and may realise its full potential” (Sanders, 2006). Above all, I thought it would leave me floundering in the room with my first clients and in many ways, it did. But looking back on this first year, I think I was so desperate to know what to do rather than how to be, I needed to have to the openness of the Person-Centred Approach to force me to focus on the relationship.

I remember feeling I needed to woo my first clients, otherwise they would not engage with me. The terminology is unhelpful: engagement suggests that it is the responsibility more of the therapist than the client to forge the therapeutic alliance instead of building a relationship together. In my first year my urge to seduce my clients often drowned out many of the available signals within the relationship and it reduced my ability to challenge and to explore difficult feelings. Two things helped me to start to make sense of the way that connectedness could help: my own personal therapy and my work with clients. Having already spent four years in psychodynamic therapy, I resented being told I had to do a minimum of another forty hours. But I was also interested to see how it would be with another therapist and with another approach. I had the feeling my new gestalt therapist got my measure from the outset: I felt both challenged and contained in ways I had not
previously experienced. Having waded around in a sort of treacle of defensiveness during my first therapeutic encounter, I realised I might have to start some proper self-examination and thus I started to answer my fundamental question: what is therapy for?

My first placement was within a CAMHS where initially I worked with some of the mothers of referred children. Working with these women proved a particular challenge for me: their common feature was their mothering difficulties and I have often felt inadequate about my own mothering abilities. Mrs R’s daughter had been referred to CAMHS because her paternal grandfather had sexually abused her over many years. Mrs R had had the experience of being consistently betrayed during her life: her father had been violent towards her, her mother had not protected her, her husband had been unfaithful, her first child had died aged one. The abuse of her daughter was the trauma which made her resolve to retreat forever. She replicated that inability to trust with me and yet slowly we began to build a relationship between us. Although I sometimes felt overwhelmed by the extent of her suffering, the self-actualising principle began to make sense and Rogers’ necessary and sufficient conditions of therapeutic change (Rogers, 1957) enabled me to meet her at ‘relational depth’ (Mearns & Thorne, 1988). ‘Genuine dialogue’ seemed to have been made possible by the focus on the ‘I-Thou’ relationship (Buber, 1947) and I witnessed Mrs R changing her perception of herself in the world.

Attachment theory, which I was exploring for my research, also seemed applicable to the therapeutic endeavour. Considering the way that early attachments influence internal working models and are played out in later life, and within the therapy, provide important clues for the sorts of struggles that a client is experiencing. Offering a different way of relating through the provision of a secure base has been shown to be reparative, not just from evidence-based practice (e.g. Brisch, 2002)
but also from the growing neurobiological evidence (e.g. Schore, 2003; Gerhardt, 2004):

The human psyche, like human bones, is strongly inclined towards self healing. The psychotherapist’s job, like that of the orthopaedic surgeon’s, is to provide the conditions in which self healing can take place. (Bowlby, 1988)

I found this particularly useful with ‘S’, a 17-year-old girl who had been sexually abused by her father and was using self-harm and bulimia to help her manage her emotions. The secure base of the therapeutic relationship enabled her to explore the memories of the past which she had buried. When ‘S’ received the news that her father, who she had not been allowed to see for two years because of the abuse, was dying of cancer, she was conflicted about her sense of self-blame for the abuse and her anger against him. Using the Gestalt two-chair technique, we were able to explore the relationship between these two different emotions, because she was able to experience them in-the-moment of the re-enactment and as a result, she wrote a letter expressing her anger, her regrets and her love for him. Although she decided not to send this letter, the act of writing it enabled her to process both the abuse and his death and she was gradually able to give up her harmful behaviours.

**Learning to be Curious**

I started the second year ashamed of the fact that I had failed a process report, because I had been judged too confluent in my practice. As someone who had always set great store by succeeding, I found failure shocking. But it also helped me to re-evaluate what I was doing with my clients and I realised that I was still so afraid of the process of therapy. I was worried about the psychoanalytic theories which we were to be exposed to in the second year and I remember feeling quite
sick on the days we were to learn about Klein. But I was aware of needing something more to help me find my way through the chaos of my clients' inner worlds and the interactions between us. Bowlby’s split with the psychoanalysts meant that attachment theory largely adopted the positivism of developmental psychology and even his biographer admits that attachment theory lacks depth:

In comparison with Freud’s and Klein’s passionate world of infantile sexuality, Attachment Theory appears almost bland, banal even. An appreciation of the power of phantasy and the complexity of its relationship with external reality is somehow lacking in his work.

(Holmes, 1993 p. 6)

Looking back, my second year was all about coming to terms with this power of phantasy, within my clients and myself. When I chose to write an essay about the role of the mother in Klein’s theory, I was immobilised by fear which was released by my therapist who enabled me to experience the root of my anxieties as I adopted the different positions of my mother, Melanie Klein and myself in a constellation exercise which made it possible to transform my phantasies about Klein and psychotherapy into a more manageable reality. At last I was able to wrestle with the conflict of trying to develop a therapeutic approach whilst being unable to overcome the powerful introjection that the whole endeavour was dangerous and wrong. I could see beyond the witch-like figure which I had constructed in my mind of Melanie Klein and appreciate the relevance of her work.

The paranoid-schizoid position was something I could recognise in myself and in my mother and the idea of shifting from that polarisation towards a greater integration of the good and bad object has proved useful in much of my subsequent client work. Everything in Ms W’s life appeared to be polarised: her Chronic Fatigue Syndrome was making it impossible for her to look after her son and in the
room with me, her emotions often seemed overwhelming. She arrived at her third session in great distress and announced she was pregnant: the image of a hurricane came into my mind and I insisted on going to make her a cup of tea, defiantly thinking that this would be the most therapeutic way of helping her to regain control of her emotions instead of attending to my counter-transference that I could not contain her. On reflection with my supervisor, I realised that I was worried that I would be engulfed in the maelstrom of her feelings, as projecting these outwards was her only defence against the anxiety of annihilation. I focused the rest of the therapy on trying to help her integrate her sense of herself and others so that she could shift towards a more depressive position. By the end of our twenty sessions together, it seemed as though she was less controlled by her emotions and more able to accept both the good and the bad in herself and others, including me. She has subsequently gone on to join a therapeutic group and to undertake couples therapy.

Learning to work with both the transference and counter-transference helped me to develop a greater awareness of the relationship. By focusing on the more hidden communications which lie in such things as eye contact, or the moment a client chooses to take off his jacket, or the metaphor underlying apparently inconsequential stories, so much more is revealed about the object relation which is being recreated in the therapeutic alliance. As Freud wrote:

No mortal can keep a secret. If the lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore. (1905, p. 269)

This has helped me to explore a client's sense of their internal reality and what elements may have contributed to the shaping of that internal self. Working in the transference also enables a different way of relating to be experienced.
My appreciation of Bowlby’s concept of the secure base was deepened by Winnicott’s idea of containment and holding. Just as the ‘good-enough’ mother can absorb the infant’s emotional turmoil through effective attunement, so the ‘good-enough’ therapist can offer containment to their client so that their emotional turmoil can become more manageable. Essential to the concept of holding is the maintenance of the frame. The frame provides the client with secure foundations where fundamentals such as confidentiality and consistency are ensured. Learning to survive the frustrations of the frame may provide the client with a greater understanding of their difficulties and their ability to manage those struggles rather than being overwhelmed by them. The frame also helps me to manage my desire to reassure my clients because I have come to realise that instead of trying to allay their anxiety, I am there to try and understand it. Once I had accepted that I could be ‘good enough’ as a therapist, I was able to develop an attitude of sitting back in the chair, rather than sitting forward, and of walking with one shoe in the client’s world and one shoe out of it.

I can now acknowledge how useful Klein’s therapeutic approach to her clients can be as well as her psychodynamic theories. In Nicholas Wright’s dramatisation of Mrs Klein’s life, she says to her daughter, Melitta, who was also working as a psychoanalyst:

You want the truth? Good, fine. You reassure your patients. When they cry, you hug them. And you say their clouds have silver linings and you give them tips on life. What can they learn from that about themselves? All they learn is that you’re nice to them, which as a matter of fact, you aren’t. You’re bloody destructive. Take that patient. All his life, like everyone else, he has projected his infant experiences on to the people around him. But it’s only now with me, that he starts to see them. Now in that powerful terrifying thing we call the transference... You obscured that screen with
your emotions. You felt pity. You felt protective. Rubbish. If you want to be an analyst of any worth you have to trust your patients with the truth. However harsh. They're strong. They'll take it (2009, p. 41-2).

I am still not sure how strong my mother was when she went into therapy against her will as a small child but I know how much I need to be able to trust my clients, who come because they have recognised that they are struggling, with their truth.

Developing an expertise but not becoming an expert

So trusting my clients means not underestimating their own agency: to use the analogy of someone drowning, you can throw someone a life line which they can use to pull themselves out of the water but if you pull them out yourself, this will reduce their ability to develop an awareness of how they got into the water in the first place and how they can help themselves from falling in again (du Plock, 2010). This attitude of “supporting clients’ control over their lives and their ability to make appropriate decisions” is embodied in the Division of Counselling Psychology’s Code of Ethics (BPS, 1995).

After spending some time assisting my second year supervisor during assessments, I explored with her the possibility of adopting the approach of a reflecting team so that, instead of leaving the room to discuss the client and their needs out of ear-shot at the end of the assessment, we would reflect in front of the client about our impressions and what we thought might help. She accepted my suggestion and I noticed a significant change in the assessment process, where clients seemed to feel more heard and less abandoned in their distress. They also felt more included in making the most therapeutic choices from the range of available modalities.

I am aware from my own experience of seeking therapy that people come to therapy desperately seeking a solution and expecting the therapist to ‘sort things
out'. They are also afraid of being judged as failing or inadequate. The attitude of the therapist is fundamental in reducing the potential of a client feeling marginalised. I think I have to be particularly aware of how being a white middle-class, middle-aged woman affects my practice; it may reinforce in my clients' minds the impression that I am an expert. Evidence shows that working class clients in therapy with middle class therapist often feel inferior, uncomfortable and silenced by their therapists (Balmforth, 2006, as cited by Cooper, 2008). But however much I have now learned about psychological theories, the client is always the expert in their awareness of themselves and their lived experience while I am developing an expertise in helping to form a therapeutic relationship.

This non-hierarchical position also allows me to pay attention to the wider contexts of the client. I therefore keep in mind the 'social GRRAACCES – gender, race, religion, age, ability, class, culture, education, sexuality' (Mills-Powell and Worthington, 2007) because these aspects influence the way events are experienced and the meanings which are made of them. Dominant discourses subjugate others and it was my growing awareness of this which lead to me undertake research with a highly marginalised group of gay men trying to adopt. My motivations and findings are expanded upon within the research element of this portfolio. In my area of South East England, I have had little opportunity to work with people of different cultures. However every client who walks into the room is unique and different and a social constructionist attitude helps me to explore their meaning rather than delivering an expert-driven solution.

**Synthesis and Challenge**

There seemed to be an essential conflict between my developing epistemological stance of phenomenology blended with social constructionism and the Cognitive-Behavioural framework in which I had to work for my final year. There was the unreconstructed part of me which was excited by the idea of having tools with
which I could help solve people's problems and ways in which I could measure the progress of therapy. But I was concerned that these techniques were more designed to ease my anxieties about my purpose than to help my clients with their distress. However, I have been surprised by how useful I have found CBT, even though my experience has been principally second wave. Its rationalist flavour means that it overlooks the intangible and the unquantifiable, although the importance of the relationship is now increasingly acknowledged (Gilbert & Leahy, 2007). But while the position of knowing encourages the therapist to adopt the expert position, CBT also prioritises radical collaboration. This is epistemologically consistent as evidence shows that the greater the involvement of the client, the more change can be achieved (Beck, 1995). The focus on identifying the client's goals and enabling the client to become their own therapist through an emphasis on transparency is evidence of the centrality of empowerment in Cognitive Behavioural Therapy.

The directivity of CBT can be helpful to clients: I have found the methods and approach give some clients in acute distress a sense of hope and concrete evidence of progress through a creative use of psychometrics can enhance their motivation. While I thought I would be frustrated by the proscribed structure of the therapy, the psycho-education elements of the model seem to give clients a greater insight into the distress or dis-ease they have identified. Using the cognitive models can foster clients' belief that they can interrupt the connections between their negative thoughts, feelings and behaviours.

Ms B, who I saw for eight sessions because she wanted to find a way of controlling her bulimia, found it helpful to develop an awareness of the automaticity of her negative thoughts about herself and her appearance and how they led to a spiral of destructive feelings and behaviours. But I was also aware that, in my absorption with models and diagrams, I had less room to consider the therapeutic relationship...
and what that might tell me about her internal world. She described needing to fill herself up because of her sense of emptiness and this reminded me of the Winnicottian idea of a False Self being constructed to protect the True Self and in the process of construction, the True Self becoming increasingly alienated (Winnicott, 1960). By offering her the containment of the therapeutic alliance, she was able to expose more of this submerged True Self and together we could explore the meaning of her ‘emptiness’. Armed with cognitive and behavioural strategies to help her control the excesses of her bulimia, she was also able to achieve a better integration of herself.

I have learned that I do not need to abandon my epistemological stance in order to use the skills of CBT. Although the intellectual roots of CBT lie in a positivist epistemology, the techniques can be approached with a humanistic attitude, where those techniques are placed at the disposal of the client rather than imposed (Cooper, 2009). Thus the potential reductionism of CBT is overcome: the approach is not to focus on change but instead to try to explore the individual’s experience and the meanings which might emerge. A pluralistic framework which acknowledges that “different clients are going to want different things from therapy at different points in time” (Cooper, 2008) is sustainable if the therapist is clear about their epistemological position.

I was able to explore this pluralist approach during my third year placement in an Early Intervention Service for Psychosis. My 19-year-old client ‘A’ was convinced that strangers were waiting to get her to punish her for her ‘badness’. She had moved school eight times during her life and each time had found it difficult to find friends. When she moved to secondary school, she was constantly bullied by a gang of girls who purported to be her friends. Although she achieved great academic success at GCSE, she began to have psychotic experiences soon afterwards which led to her leaving school and becoming isolated at home with her
parents. Although NICE guidelines recommend a CBT approach with Psychosis (NHS, 2009), it seemed to both me and my counselling psychologist supervisor that, whilst some CBT techniques might give her some coping strategies to help manage her anxieties, it was also important to explore the narratives she had constructed around how she had been treated by others and how this might relate to her sense of badness and her fear of the strangers.

For 15 sessions, she was almost unable to speak and never looked at me. She often communicated by writing some thoughts which I could reflect on; she sometimes drew the same picture of a small stick figure constrained within a tiny box. I spent a lot of time wondering aloud about how difficult it was for her to construct an identity. In the penultimate two sessions, she started slowly to speak and was finally able to let her eyes find mine. At the end she wrote me a card, thanking me for ‘not trying to change her’ and she drew me a picture where she was emerging from the box and standing upright.

For many of these vulnerable young adults who have psychotic experiences, the therapy seemed to be more about making meaning for the first time, rather than uncovering a lost meaning. I find this search for meaning facilitated by the narrative approach: it seeks to find ways for clients to adopt different perspectives on the stories which they have chosen to tell (White & Epston, 1990). It is also the methodology which I have found most revealing as a qualitative researcher, as I have explained in my research dossier.

**Diagnosis and Distress**
The social constructionist approach also offers the counselling psychologist a way of thinking which goes beyond the medical and recovery models which increasingly predominate in today’s NHS. Whilst a knowledge of diagnostic categories is important, both as a shared language with other clinicians and
sometimes with clients, who may value the clarity of an identified condition, the question which remains uppermost in my mind is what function these symptoms might have. In what way do they provide a solution or a creative adjustment to a problem but have now become a problem in themselves? (Clarkson, 1989) Focusing on the meaning and uniqueness of the symptoms rather than their aetiology helps to open a creative dialogue about the therapeutic approach which might help most; this focus also reduces attributions of causality or blame.

It seems therefore essential to be flexible in response to the client’s presentation. Whilst formulation from a range of different perspectives is important to help structure one’s thinking and suggest interventions, this should never become so fixed that it distorts the needs of the client. The goal is not to match the person to a model but rather to find different ways of exploring an individual’s distress. Awareness of research which encourages different ways of thinking and challenges assumptions is vital but if it is used too rigidly, it can too lead to a failure to explore and be curious. “If you know what to do, it limits you. If you know more what not to do, then there is an infinity of things that might be done” (Andersen, 1992, p.54). I prefer a scientist-practitioner model which asks the question what might be helpful rather than what works (Strawbridge & Woolfe, 2010).

At last I feel comfortable with not knowing and with being able to put that position to good use. However I worry that this training which has encouraged me to think creatively and to develop a style which I feel comfortable with is going to make it increasingly difficult to fit in with the way NHS psychological services are developing. After three years working within the NHS, my commitment to its principles of ‘free at the point of delivery’ is even greater. I have been lucky with my placements which have all given me the freedom to explore different ways of working and thinking but I fear I was given that luxury partly because I was a
trainee. As I start to apply for jobs, I worry about the difficulties I will face in prioritising the relationship above the modality.

The introduction of the Increasing Access to Psychological Therapies initiative is to be welcomed if it achieves what its name suggests. However Layard’s economic analysis which lies behind its adoption focuses on providing a cure, implying that distress is similar to a physical illness which can be reliably diagnosed and simply treated. Allied to the deification of NICE guidelines, NHS service provision seems to be veering towards limiting the debate about ‘what works for whom’. As Marzillier and Hall point out:

While it is true that for depression and anxiety, CBT emerges as the preferred therapeutic modality, the most obvious conclusions from reading the guidance carefully is how many gaps there are in the evidence, how qualified are the recommendations and the relatively poor effect size. (2009, p. 399)

I have been enabled by my training to bring my research experience, my psychological knowledge and my therapeutic skills to challenge under-examined orthodoxies. But I am aware that I am emerging as a psychologist in a particularly difficult climate. The pressures to conform have perhaps never been greater. This puts a responsibility on us as Counselling Psychologists to maintain our independent position and to continue to influence the ongoing debate about creative ways of working with human distress.
Final thoughts

How Alice longed to get out of that dark hall, and wander among those beds of bright flowers and those cool fountains, but she could not even get her head through the doorway... "Oh, how I wish I could shut up like a telescope."

Lewis Carroll, Alice’s Adventures in Wonderland (1976, p.50)

Alice’s journey through Wonderland involved her both shutting up like a telescope and growing bigger than a house: she had magic mushrooms and ominous-looking medicine bottles to help her. Within the wonderland of therapy, I too have changed size in the last three years but I have had the different therapeutic models which have helped me to adjust my size. The struggle has been to find my right size: I thought I would feel ‘too big’ when I was working psychodynamically or within a CBT framework, I worried that I would be ‘too small’ or rather with not enough to do when working humanistically. I may have started out wanting certainty because of my long-held fears of psychotherapy but I gradually was able to relinquish that longing in favour of a position of not knowing. Although it sometimes still feels uncomfortable, I realise that flexibility and responsiveness can address the needs of the individual better than a rigid approach.

Like counselling psychology itself, I am still not fully formed: I know I never will be, as I am excited about how much there is still to learn. I started my training wanting to get it right: I needed to help solve my clients’ problems, I needed to pass all my academic work with good marks, I needed to read all the available books. Failing in my first year helped me to accept that I can be ‘good enough’ and made it possible for me to develop a position of my own. I can acknowledge the usefulness of the core conditions of the humanistic tradition, particularly congruence which drives me to be brave and authentic with the client. I find various psychodynamic theories useful pointers to the internal world of the patient, particularly the use of
transference as a way of shining a light on the client’s internal world. I like the collaborative attitude at the heart of CBT. I now think I can help build every therapeutic relationship anew, according to the individual needs of the client, the way they are experiencing their distress and the way they feel would be most helpful to explore that distress. From this we can together construct a meaning which is enough. As Nietzsche wrote (as cited by Frankl, p 109): “He who has a why to live for can bear almost any how.”
References


*Therapeutic Practice Dossier*
4.1. INTRODUCTION TO THE RESEARCH DOSSIER

This dossier contains a literature review and two pieces of empirical research. The literature review explores the role of attachment relationships in the motivations of adoptive parents and the way they parent. The second paper is an interpretative phenomenological analytic exploration of the experiences of prospective adoptive mothers making the decision to adopt from within heterosexual couple relationships. The third paper is a narrative analytic study of the sense made by gay men who are planning to adopt as part of a couple. All three papers are intended for publication in Adoption Quarterly, whose instructions for authors are included in Appendix C of the Literature Review.
4.2. LITERATURE REVIEW

Title: The Kindness of Strangers: the Role of Attachment Theory in The Motivation of Adoptive Parents and their Parenting

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Email: b.giles@surrey.ac.uk
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References
4.2.2. Abstract

The experience of adoptive parents has been much overlooked in the psychological literature, despite the crucial part they play in the outcomes of adoption placements. The assumption is made in the scant literature available and in social care policies that adoptive parents' attachment styles are key to the reparative relationships needed by adopted children. However there is little empirical exploration of how those styles might affect both the motivations of adoptive parents and their parenting styles. The present review explores the existing literature for how different attachment styles might interact with different motivations for adoption. It discusses the interaction of life events, such as infertility, and how these may impact attachment styles and thereby motivations to adopt. It also examines how those attachment constructs might affect adoption outcomes through the parenting styles of adoptive parents. This study aims to offer a deeper understanding of the adoptive parent experience which could lead to more effective therapeutic interventions with adoptive parents.

Keywords: adoption, parenting, attachment, adoptive parents
4.2.3. Introduction

It seems that the role of the modern adopter has become more important, more demanding and more difficult. The emotional balancing act that many adopters now have to perform requires parenting of a high order and people of rare motivation.


Woody Allen, Madonna and Tom Cruise are just some of the celebrities who have adopted children; countless others set their heart on adoption out of the glare of publicity. Yet the reasons why individuals wish to bring up a non-biologically related child are complicated and elusive. This review seeks to explore why individuals embark on the perilous journey of taking a stranger into their family; in particular, it will attempt to investigate how attachment styles might play a part in those motivations and how those parental attachment styles might contribute to adoption outcomes.

These will be considered in the context of the dramatically changed adoption landscape. Whereas, thirty years ago, adoption was deemed to provide a solution for all three members of the adoption triad – ‘the unwed mother, the bastard child and the barren couple’, the focus is now clearly to prioritise the best interests of the child (Howe, 1995; Hughes, 2003). This has created extensive delays in the adoption process where children are usually placed well into their first year. With the shift in society’s mores and the resulting acceptability of illegitimacy, fewer babies are now available for adoption. There is also a greater likelihood that many prospective adoptees fall into the ‘hard-to-place’ category, having experienced disrupted early childhoods and often many different placements.

The implications of these changes have been much examined in the psychological literature for the other two parties in the adoption triad – the birth parents and the
adoptive child – but the experiences of adoptive parents have been mostly overlooked. While the attachment behaviours and styles of adoptive children have been scrutinised in hundreds of different studies (e.g. Howe & Fearnley, 1999; Singer, Brodzinsky, Ramsay, Steir & Waters, 1985; Juffer, Bakermans-Kraenenburg & van Ijzendoorn, 2005), those of adoptive parents are largely unexplored. In the scant literature that does exist, there is a constant cry for more research to be undertaken (e.g. Walker, 2008; O'Brien & Zamostny, 2003; Edens & Cavell, 1999). Johnson and Fein’s (1991) paper on the Concept of Attachment and its Applications to Adoption states that “attachment is central to the decisions of prospective adoptive parents” (p.397) in its first paragraph and then fails to back this assertion up with evidence or further exploration.

Social policies (e.g: DfES, 2006) and therapeutic interventions (e.g.: Hughes, 2003; Levy & Orlans, 2003) have been constructed on the assumption that the attachment style of the adoptive parent is crucial and that it contributes significantly to the success or failure of adoption placements. Yet there are few studies which have examined its importance empirically; the literature that does exist is largely theoretical. Because there is so little literature on adoption motivation or on the attachment styles of adopted parents, findings from the adult and biological parent-child dyad attachment literature will be analysed in this review and possible links with the adoptive parent literature will be suggested to attempt a greater understanding of the way attachment might affect adoptive parents’ motivations and their parenting styles.
4.2.4. Motivations to Adopt

At the most touchy point in the narcissistic system - the immortality of the ego, which is so hard pressed by reality - security is achieved by taking refuge in the child.


It is impossible to establish the definitive ‘why of behaviour’, especially in an area as complicated as parenting. Biological parenting is often undertaken without much thought or analysis of motivation. Among the factors listed by Park (2005) are fulfilling familial or cultural expectations, affirming healthy adulthood and the desire for a family but the interaction of societal, cultural and identity forces are almost limitless. Langridge, Connolly and Sheeran (2000) found that the most commonly cited reasons to parent were the desire to give and receive love, to experience the joy of raising a child and to create a family. But these motivations have become more difficult to satisfy than they were in earlier adoption climates.

The impact of the changes in the adoption landscape on adopters’ motivations is well covered by Hoksbergen (1998). He identifies three periods: the first before 1970, when adoption was considered to be a service for childless couples. There were inherent judgements involved in the adoption process where the feckless, undeserving birth mother was replaced by the infertile (virtuous) childless couple and the implication was that the adoptive child should consider itself fortunate to have been spared its illegitimate fate. The procedure was as imitative of natural birth as possible where the adoptee was introduced into its new family within weeks of birth and little information was transmitted about the birth family. The second period, between 1970-85, is labelled the open, idealistic one, where adoption lost its taboo character and many more families, including fertile couples, came forward to adopt. Because of the development of different ideas about sexuality and abortion during this time, there were far fewer intra-country babies
available for adoption and the focus for adoptive parents shifted either to abroad or
to older children who had been rejected by their families. As studies emerged
which showed the reparative value of adoption for deprived children, the needs of
the child were increasingly emphasised.

The third adoption generation, known as the materialistic/realistic adoption period,
began around the mid 1980s; it continues to this day. In this period, the downsides
of idealism had begun to be exposed by studies revealing the frequency of
problematic behaviours in adopted children; adoptive parents became less
optimistic and more realistic. There is a danger that adopters have become over­
cautious and as Cousins (2003) suggests, this could partly explain the large number
of children waiting for permanent placements. While the number of prospective
adopters is roughly equal to the children for whom adoption is planned, Cousins
identified a mismatch between prospective parents, who predominantly want to
parent younger children whereas 43% of children referred to the national voluntary
register were over six.

It is estimated that only one in ten people enquiring about adoption go on to adopt
(DfES, 2006). Wallis (2006) conducted a survey better to understand why people
do or do not proceed with the adoption procedure. Of the thousand questionnaires
sent out to people who made an adoption enquiry with a UK adoption agency, only
245 were returned. From those who agreed to take part, Wallis interviewed 40
participants to explore, among other things, their motivations: 75% gave, as their
main motivation, the desire to parent. But so many factors may play a part in the
concept of parenting, particularly in advance of the reality, that the meaning of
parenting may be different for every potential adopter.

It may be especially difficult to identify the motivation of adoptive parents because
they may be so determined to adopt that they mask their true feelings –from
researchers and from themselves as well – in case they should imperil their adoption application. Bearing in mind these caveats, what does emerge from the literature is that there may be something different about the motives of adoptive parents. Gillis-Arnold, Crase, Stockdale and Shelley (1988) found, with a group of potential adopters and fosterers that, whereas prospective foster parents’ main motive was to help children, prospective adopters cited a range of different motivations including companionship, adding children to their family, replacing a dead child and wanting the ideal child. It seems as though adoptive parents may have a greater awareness of the psychological function of the adopted child compared to their counterparts to whom the biological route is available.

4.2.5. The Long Term Implications of Attachment

Attachment behaviour characterises human beings from the cradle to the grave. Bowlby, 1979, p. 129

Blending ethology, developmental psychology, child observation and behaviourism, John Bowlby identified that attachment applied to the protection seeking behaviours innately programmed into the infant (1979, 1982). Attachment therefore serves the specific biological function of promoting survival, and ultimately genetic replication. Originally attachment theory was largely focussed on the relationship between the child and its primary caregivers, usually its mother and father. Nowadays the term attachment is often used more indiscriminately to refer to parental responsiveness and sensitivity; the original literature makes it clear that the concept of attachment should be more specifically defined. As Main (1999) asserts: "attachment is a unique form of affectional bond. The term should not be used for affectional bonds in general" (p.846).

Hazan and Shaver (1987) established how far reaching the implications of attachment are, by demonstrating, through individuals’ self report, how their
attachment styles were closely related to experiences with key romantic figures. Doherty and Feeney (2004) extended this examination of the role which attachment plays in adulthood by establishing the range of attachment networks which individuals develop according to their age and circumstance. Attachment relationships with romantic partners were found to be pre-eminent (74.2% of the participants who identified themselves as having a relevant relationship) but, within the hierarchy of attachment relationships during the lifespan, relationships with mothers, fathers, siblings, children and friends also met the criteria of full-blown attachments.

Over fifteen per-cent of relevant participants reported their children as their primary attachment figures. Using a large sample of adults \(N = 812\) across the age range, they found that romantic partners were reported as providing all four of the classic attachment behavioural strategies of proximity seeking, separation protest, safe haven and secure base, whereas attachment to children was mainly characterised by proximity seeking and separation protest. While there was a stronger attachment to children living independently, where the parents are older and may rely more on their children as sources of comfort and security, separation protest and proximity seeking also applied to parents with dependent children. The evidence that children are found to provide attachment security for their parents may be particularly relevant to the motivations of adoptive parents, who could be seeking to satisfy their own needs in the pursuit of parenting an adoptive child.

Specific losses (e.g. arising from infertility) or gaps (e.g. arising from a need to do good) may create a changing sense of self which could lead to the pursuit of adoptive parenthood. Seeking a secure base could be argued to be a compensatory instinct that can be satisfied by the adoptive child. This brings the danger that the parents' psychological fragility could override their ability to meet the needs of their
damaged child. This will be further explored in following sections on two possible motivations for adoption: infertility and altruism.

4.2.6. The Care Giving Behavioural System

Bowlby also outlined, but in far less detail than the attachment system, the care giving behavioural system, which is triggered in caregivers by the instinct to provide protection in response to a significant other’s distress (1982). It may be because of society’s assumptions about maternal roles at the time of the development of attachment theory that Bowlby gave caregiving far less attention. In the 1950s and 1960s, the question about what causes mothers to provide care for their infants - care that requires costly personal sacrifices - was thought to be unnecessary because women’s nurturing characteristics were considered to be innate. Later attachment theorists, realising how wrong those assumptions were and how important care-giving behaviours are, have tried to clarify the constructs of this system. They acknowledge that “by ignoring the importance of the care-giving system, mothers are inevitably left as figures of blame, people to be judged for their sensitivity” (George & Solomon, 1999, p. 663).

These researchers suggest that care giving develops slowly in an age-appropriate manner. It usually forms during the transition to parenthood, through the experience of pregnancy, birth and the months following the birth. Their hypothesis however does not take into account the experience of adopted parents who do not undergo the hormonal changes which they describe as promoting care-giving instincts; nor does their argument explain the different responses of the care-giving system, such as carers who are too distant or too enmeshed.

Clarity about care-giving motivation is elusive: despite an entire edition of Psychological Inquiry (vol. 11, 2000) dedicated to the subject, few inroads have been made which have delivered a clearer definition of the care-giving behavioural
system. Cassidy (2000), using an ethological argument, suggests that there is no need to look for motivation as it is an instinct which is biologically pre-programmed as it ensures genetic survival; but this also fails to explain why parents fail in their care-giving and, pertinently for this review, why non-biologically related parents should wish to give care to adopted children. The debate continues but what has been accepted is that the way a parent responds is likely to be more independent of the child’s attachment behaviour system than was originally thought. So while the child’s cues may activate the care-giving system, what happens next is influenced by the internal organisation of the parent’s care-giving system. Care giving is therefore likely to be shaped by a mixture of innate and environmental factors.

4.2.7. Infertility as a Motivation and the Way it may Affect Attachment
The more the parent’s personality is well-organized and his sense of self is well-established, containing a healthy amount of narcissism, the more he will be able to differentiate between his own needs and those of the child: between fantasies, fears, wishes for reparation, and the real traits and handicaps of his child.

Noy-Sharav, 2002 (p. 61)

A distinction can be made between internal and external motivations to adopt and, while these may often overlap, the fundamental difference between prospective adopters who are motivated by internal factors and those more motivated by external ones is that the first, much larger, group are largely unable to have children of their own. It is estimated that 80% of people who adopt do so because they have been unable to produce a biological offspring (Hoskbergen, 1997). 1 in 6 couples have problems with their fertility: this has increased because of later marriages and women delaying motherhood. But only between 10% and 25% of infertile couples pursue the adoption route (Edens & Cavell, 1999; Hoksbergen,
1997) and this suggests a significant reluctance to taking non-biologically related children into one's family.

The literature that explores what differentiates those who go on to adopt and those who do not is largely theoretical. Infertility can be argued to be a narcissistic injury as it involves a significant re-evaluation of the self. It may therefore also affect attachment style, as Bowlby (1969) suggested that important life events can influence the internal working model: "some major change in environment occurs;... at those times radical changes of model are called for" (p.82). The possible self as parent, continuing the genetic line and creating a family evaporates to be replaced in the first place by nothing. There is evidence that infertility leads to general anxiety, mood disturbances, impaired self-esteem, marital problems, sexual dysfunction and social isolation (Edelman & Connolly, 1986). The experience of one participant on discovering they were infertile is reported by Waterman (2000): "when I began to think about life would be like without ever having a child, survival felt impossible. I seriously contemplated suicide."

Brebner, Sharp and Stone (1985) found that some infertile parents admit to being motivated to adopt by such things as the hope that it would cure infertility and the wish to please a marriage partner who is determined to adopt. There may be feelings of resentment from adopter to adoptee because they are a constant reminder of their own inability to reproduce (Marquis & Detweiler, 1985, as cited by Borders, 1988). Any of these could have perilous implications for adoption outcomes.

Assessment policies (i.e.: DfES, 2006) recommend that infertility should be resolved before adoption is embarked upon, to avoid the risk that couples will view adoption as second best. Resolution of infertility has become complicated by the availability of sophisticated reproductive techniques which prolong hopes. Van
den Akker (2001) explored the importance of the genetic link with a group of women who had undergone fertility treatment and were now considering adoption. The focus was on the processes which must be undergone in order to relinquish the dream of the biological child and for the transition to be made to adoptive parenting. They reported that once adoptive parents had made the decision to adopt, the majority (81.4%) had decided that a biological link was not important. This is explained in terms of Festinger’s (1957) Cognitive Dissonance Theory where there is a drive towards making actions and beliefs consistent with each other. So once the inability to produce a biological child is accepted, attitudes must shift in order to abandon the hopes for a genetically related child and to separate parenting instincts from fertility. Once they had decided to adopt, their reported reasons for this choice was that it would allow them to become a family (35.7%) and it would be a permanent solution (11.2%).

The question remains, however, about how convinced are people by their shift in attitudes. If it is pragmatically designed to resolve cognitive dissonance, there is a danger that the concern about genetic linkage will not have been resolved; this will affect the parents’ expectations of the adopted child and eventually the success of the adoptive placement. As Walker (2008) describes:

If the imagined child has not been mourned, the danger is that this fantasised child will be idealised with the effect that the adopted child will inevitably be a disappointment. (p. 51)

It seems that being able to separate their fertility status and their potential as a parent is significant in the decision making process. Using a qualitative method, Daniluk and Hurtig-Mitchell (2003) explored why their participants had decided to pursue adoption after a diagnosis of infertility. Themes emerged such as needing to know that they had done everything they could to try to have their own biological
child and then, having thoroughly examined the components of their childless life, deciding that their need to parent overrode everything else. One participant was clear that they were not motivated by altruism but by an internal need: ‘other people do not understand we’re not looking to rescue a child... we’re looking to parent’ (p.393). These findings suggest that adoption can heal some of the pain of infertility and that adoptive parents are able to find a rationale for the way they have chosen to resolve the narcissistic injury.

Once they had become adoptive parents, they found a connection to their adopted child which took the place of the biological link they had been unable to achieve.

From an almost fatalistic or spiritual perspective, participants came to believe that this child or these children were destined to be a part of their lives and they were meant to parent these particular children. (Daniluk & Hurtig-Mitchell, 2003, p.398)

The problem then arises about how this construction will affect the parents’ expectations and therefore the adopted child. The inevitable challenges of telling the child of their difference, keeping in touch with the birth family and the child’s own search for its identity may conflict with the parents’ adoption narrative of the chosen child.

There is little empirical evidence about the attachment status of adults who choose to adopt and therefore the relationship between attachment status and infertile couples’ decision to adopt can only be hypothesized. It is possible that the narcissistic injury will be likely to make people less secure and more avoidant or anxious. If the chosen route out of infertility is adoption, parents may be predisposed to a heightened interaction with the longed-for baby - i.e. it might emphasise their attachment style by making them more dependent and more likely
to be anxious as a caregiver. Edens and Cavell (1999) suggest that, using Bartholemew’s (1990) four category model, where she separated off the internal working models of self and others into different classifications, those high on the interpersonal avoidance dimension would be significantly less likely to pursue adoption that those who were more secure. Bartholemew and Horowitz (as cited by Edens & Cavell, 1999) suggest that avoidant individuals are less sociable; they therefore may also be less likely to adopt. Support for this hypothesis comes from Rholes, Simpson and Blakely (1995) who found that avoidant college students reported less desire to become parents than their securely attached counterparts. Rholes et al (1995) also found that, although anxious students did not differ from secure students in their desire to have children, they reported greater concerns over their ability to function as parents. Edens and Cavell (1999) suggest that, while anxious/ambivalent individuals may be likely to pursue adoption, they will be more doubtful about their capacity to form a bond with their adoptive child. So, while the avoidant individual may be less likely to adopt, the anxious individual will pursue the adoption route but the adoptive relationship may be distorted by their self-doubt.

However, infertility can be put to good therapeutic use: infertility provides adoptive parents with an understanding of the experience of loss – which may give them insights into their adopted children’s experience of the loss of their biological family. As Waterman (2000, p.281) writes from her psychoanalytical perspective, “an existential willingness to be ‘cracked wide open’ is a necessary and sufficient condition for turning a major loss into a transformative opportunity”. It is therefore important for therapists to be able to explore the meaning of loss for adoptive parents. Brodzinsky (1997) likens the process to grief work where the acceptance of infertility becomes incorporated into a functional sense of self. Parents pass from their fantasised identity as biological parents through mourning until they can take on their new identities as adoptive parents. It is possible to argue that those who
have come to terms with their loss of not being able to have a biological child could emerge more aware of themselves and more able to understand the losses experienced by others.

4.2.8. Altruism as a Motivation and the Way it may be Affected by Attachment:

A parent who provides a narrative that indicates a lack of resolution of a loss or trauma has a unique influence on their child's internal world. 

This study will use the term altruism to define the motivations for adoption which are not generated by the experience of infertility. While this division between the two could be considered too categorical, it is also impractical to allow for all the variations along the continuum of altruism to egotism.

Specific altruistic motives in adoption include parents who feel they have something to give and wanting to care for children in need; also wanting to extend their families without adding to the world's population problems. A quarter of the prospective adopters interviewed by Wallis (2006) gave altruistic child-centred motives as their reasons for pursuing adoption; these included people who were adopted themselves who wanted to pass on the favour done to them. However this group seemed less driven: they were significantly less likely to follow through their interest in adoption to its conclusion than those motivated by the need to parent (30% to 53%). In this new adoption climate, altruistic prospective adopters may be particularly useful to recruit: there is evidence that fertile couples are more positively disposed towards adopting special needs children (Feigelman & Silverman, 1983). They may have fewer internal needs i.e. the losses caused by infertility, the need to prove that they can become a parent. However, this
motivation could also lead to expectations of gratitude from the adopted child to the adoptive parent.

The literature on the relationship between altruism and attachment gives some clues as to how different attachment styles might affect the motivation to adopt. Mikulincer and Shaver (2005) hypothesized a route from attachment style through the caregiving behavioural system to altruistic behaviour. Based on previous empirical work, where secure attachment and altruism were found to be connected, they attempted to manipulate participants’ attachment style by heightening their sense of security through a priming intervention to see whether they could find evidence for a causal link rather than just a correlation. Their findings suggest that, by raising attachment security, even through manipulation, the care-giving behavioural system is enhanced and thereby compassionate feelings and altruism are promoted. If greater security leads to greater altruism, this could result in a greater likelihood to adopt in order to provide a nurturing and caring environment for a deprived child. The reverse is also true: avoidant attachment may lead to reduced altruism and therefore possibly less likelihood of adoption.

However there is also evidence that avoidant individuals, who try to find strategies to protect their fragile self-esteem, may display altruistic behaviours to feel better about themselves. But the outcome of this altruism may be distorted by its motivation – instead of doing good, it backfires because its aim is to enhance the individual’s narcissism rather than to benefit others. Feeney and Collins’ (2001) longitudinal study focussed on the motivations of adults to provide caregiving to their romantic partners. Correlation analyses revealed that caregivers who are higher in attachment-related avoidance reported more egoistic motives for helping their partner, including because they hoped to get something in return. Caregivers with attachment-related anxiety reported that they help their partner in order to gain love so apparent acts of compassion are actually aimed at reducing personal
distress rather than the suffering of others. This would have implications for adoption motivation because it might result in an adoptive parent proceeding with an adoption but only to satisfy their own needs.

4.2.9. Effects of different motivations on the adoption relationship

It is important that an adoptive parent work through the problems connected to narcissistic injuries in her past. Otherwise, the adoptee's inner split may deepen and he may be forced to construct a false self in order to accommodate the parent’s needs. Noy-Sharav, 2002, p. 74

These different motivations with their hypothesized relationship to attachment may lead to different parental coping strategies of their experience of adoption. Feigelman and Silverman (1983) suggested that, whereas infertile adopters seem to be more troubled by the role handicaps associated with adoptive parenthood i.e. the adoption procedure, the level of scrutiny, the waiting time and the social stigma, those motivated by altruism find it easier to take these in their stride. They were found to be significantly more approving of the idea of adoptees making contact with their biological parents than infertile ones.

This can be linked to Kirk's (1964) classic social role theory of adoption which identified two different approaches of adoptive families to adoption: firstly, rejection of difference where the difference between the adoptive and the biological experience is negated as far as possible. Although this may work for both the child and the family at the outset, particularly in infant adoptions, this defensive position is likely to cause problems later when the child begins to search for his identity and finds it to be a no-go area. The other approach is acknowledgement of difference where the differences are embraced. The danger of this approach is that adoption could be used as an excuse for the family’s problems and the more the differences are emphasised, the less the child will feel they
belong. Brodzinsky and Schechter (1990) reviewed this social role theory of adoption and suggested that these different approaches lie on a continuum where the mid-point is likely to be the most adaptive for both child and adoptive family. It is possible to argue that rejection of difference is more likely to apply to infertile couples, trying to simulate a normative family, while acknowledgement of difference may be more natural for the altruistically motivated, although, as has been outlined above, different categories of altruistic motivation may react differently.

Attachment styles may be argued to play a part where the greater the security of the adoptive parent, the more the adoptive parent may be able to celebrate the differences in a way which does not ignore the child's past nor alienate him from his present and his future. Edens and Cavell (1999) suggest that adoptive parents who fall into the preoccupied or anxious attachment category may be more likely to opt for the rejection of difference strategy while dismissive individuals may be predisposed towards the acknowledgement of difference approach. Secure caregivers may find it easier not to feel threatened by the adoptive status of their parenthood.

4.2.10. The Impact of Attachment Styles on Adoptive Parenting

Patience, tolerance, flexibility in the face of awkward and needful behaviour appears to underpin the most effective adoption of late-placed children. (Howe, 1998, p.105).

The literature considered above suggests that there may be a link between attachment and the motivation to adopt. Both the attachment and care-giving systems may be triggered in various ways to deliver different outcomes. Both attachment and care-giving also may play a crucial part in the adoption relationship because of the way it influences the parenting style of the adoptive parent. There is
a direct link between the inner world of the adult and the attachment patterns of their infants, as first empirically explored by George, Kaplan and Main (1985) with their Adult Assessment Interview (Hesse, 1999). Their semi-structured interview schedule was designed to access people's state of mind with respect to attachment by "surprising the unconscious" into self revelation. Whether the narrative is idealising, dismissing or emotionally unresolved is considered and the coding system is based on the coherence of the account of the adult's experiences with their parents and so, while the attachment styles match the ones devised for infant attachment (see Table 1, below), there is an important distinction in that individuals can be judged to have resolved their early attachment experiences and thereby to fall into the 'earned-secure' category. Therefore the replication of intergenerational patterns is avoidable if positive life events (i.e.: the secure base offered by a partner or a therapist) intervene.

In his 1995 meta-analysis, van IJzendoorn explored the predictive validity of George et al's (1985) study and found, in an analysis of ten studies (n = 389), a combined effect size of 0.72, with a particularly strong correspondence between autonomy of the parent and security of the child. Rholes, Simpson and Friedman's (2006) study, using the Adult Anxiety Questionnaire with eight avoidance and nine ambivalence items and the Desire to Become a Parent Scale, found a connection between parental attachment style and the experience of parenting. Parents who reported more avoidant attachment styles with their romantic partners showed less desire to become parents and found parenting more stressful and less satisfying:

Avoidant adults do provide care to others, including their children, at times, but they often do so to meet social obligations or to receive favours and benefits rather than due to feelings of love and concern, and the help they provide is often given from a safe emotional distance. (p. 282)
The link between the attachment styles of parents and their children has been shown not to be genetically determined in research undertaken with non-biologically related dyads. Dozier, Chase, Stovall, Albus and Bates (2001) found evidence of the importance of the substitute carer's care-giving on their foster child's attachment style. The adaptability of infants' internal models was demonstrated by their study of 50 foster mother-infant dyads, some of whom had been fostered only three months prior to the study. A 72% match between adult attachment styles of foster carers, as assessed by the AAI, and infant attachment styles, as tested by the Strange Situation Procedure, was found whereas a 52% rate of concordance could have been expected through chance alone. This is similar to the correlation found by van IJzendoorn's (1995) meta-analysis of biologically related dyads.

This transmission of attachment is particularly important with fostered and adopted children, many of whom have had disrupted early experiences. Since relationships with adopted children have a high emotional content, parents' own attachment behaviour will affect the way they respond to those children's fragilities and the more aware they are of their own vulnerabilities, the more they will be able to adjust to them. As Hughes writes:

If the child's behaviour activates within her aspects of her own relationships with her parents that were unresolved and poorly integrated, she is likely to react with anger or anxiety in response to her child. (2003, p.273)
Walker describes the fundamental attributes necessary in a substitute carer:

An autonomous state of mind, meaning someone who either has a history of secure attachments with primary care-givers or who has resolved any childhood issues. (2008, p.49)

Steele, Hodges, Kaniuk, Hillman and Henderson (2003) took 43 adoptive mothers who had a total of 61 children placed with them: these children had all suffered from neglect or abuse, either physical or sexual. Their purpose was to explore whether a linkage between their attachment styles existed, how quickly this could be established with these newly formed dyads and whether the AAI was sufficiently predictive to be used as “an identifier of competence in the parenting role” (p.190). Measuring the association between their attachment styles, as assessed through story-stem completion tasks, and those of their adoptive mothers, as measured by the AAI, they found that the children whose adoptive mothers were rated insecure were more likely to produce ‘aggressive’ stories. Like Dozier et al (2001), they established that adopters’ state of mind with regard to attachment could have a significant influence within three months of placement. They suggested that this could be explained by the adopted child’s hyper-vigilance to the state of mind of the caregiver because of previous experiences of maltreatment. If this hyper-vigilance is met by anxious or avoidant caregiving, this could confirm the child’s already negative construction of the world and himself. The AAI was thereby confirmed as a useful, if costly, assessment tool.

The efficacy of the AAI was further supported by Kaniuk, Steele and Hodges’ (2004) exploration of the impact of the attachment styles of adoptive parents on their older, hard-to-place adoptive children. While the AAIIs of the majority (over 70%) of the maternal participants revealed secure or ‘earned secure’ ratings, 20% showed themselves to have unresolved attachment status. The children of the first group
showed good attachment progress in their story stem narratives across the two years of the longitudinal study i.e. increased descriptions of domestic life and more 'ordinary' kinds of punishment rather than the terrifying catastrophic events which had been found with these children earlier in the study. However the adopted children of the unresolved mothers were the least likely to show evidence of developing secure attachments during the course of the longitudinal study and were thus less able to manage relationships at home or at school. These mothers also reported themselves struggling to focus on their adopted children's needs and feeling rejected by their children's aggressive behaviour.

This study demonstrates the potential plasticity of human development by proving that even older, hard-to-place children are changed by the secure attachment of their adoptive parents. The less optimistic implications are that children placed with unresolved mothers are less likely to develop emotionally; this points to the need for even more careful scrutiny at the time of placement and the necessity of therapeutic interventions being available for both adoptive parents and adopted children.

It is now possible for this literature review to trace a hypothesized route of the inter-relationship of attachment and its influence on adoptive parents. Table 1 suggests the links from the parent's attachment style (as measured by the AAI), through its behavioural manifestation with romantic partners to both the likelihood of parents pursuing adoption, either for internal or external motivations, and their possible parenting styles. The infant/child attachment style is the only empirically established link and is included as a reminder of the relationship between the attachment styles of parents and children. None of the other categories have a proven relationship; however Hazan and Shaver's (1987) may give a useful pointer as to how these attachment behaviours might manifest themselves in care-giving
styles towards children. The adoption motivation results are outlined above and the parenting style is drawn from the Kaniuk et al (2004) study.

Table 1: Hypothesized connections between parental and adult-to-partner attachment styles, adoption likelihood, possible parenting styles and infant attachment styles

<table>
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<tbody>
<tr>
<td>Secure/Autonomous Feelings of friendship, ability to trust</td>
<td>Strong</td>
<td>Sensitive/responsive</td>
<td>Secure (B)</td>
<td></td>
</tr>
<tr>
<td>Dismissing/Avoidant Critical, least accepting</td>
<td>Weak</td>
<td>Distant, unresponsive</td>
<td>Anxious/Avoidant (A)</td>
<td></td>
</tr>
<tr>
<td>Preoccupied Obsessive preoccupation, desire for reciprocation, high rate of dissolution</td>
<td>Strong (to satisfy parental neediness)</td>
<td>Enmeshed, intrusive</td>
<td>Anxious/Ambivalent (C)</td>
<td></td>
</tr>
<tr>
<td>Unresolved o</td>
<td>Weak</td>
<td>Inconsistent, ineffective, overly punitive</td>
<td>Disorganised (D)</td>
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Table 1 suggests that the optimum style for adoptive parents, both as far as their motivations and their parenting styles are concerned is the secure attachment style. Kaniuk et al (2004) found that a higher proportion of their participants than in the normal population had this characteristic (70% as against the more normal 50%). Although they do not give further statistical validation, they suggest that a high proportion of adopters generally come from the ‘earned secure’ group—individuals who have confronted, processed and resolved their loss. These parents’ experience and understanding of loss may make them particularly suitable as adoptive parents because this may enable them to help their children process their loss of their birth family.

Walker (2008) argues that attachment patterns lie on a continuum and that individuals who are securely attached can still display aspects of avoidant patterns in mildly anxious or mildly ambivalent styles. These can be adaptive in parenting, particularly with children who have been through painful early experiences and with whom emotional warmth needs careful regulation. While strongly avoidant parents may need to learn how not to be critical and punitive towards any show of vulnerability in their children, mildly avoidant parents can often be predictable, reliable and consistent. Strongly ambivalent parents can be over-involved with their children and can find it difficult to separate from them; mildly ambivalent parents can be warm and respectful of their children’s need for space. So, while categorisation may be applicable and even essential for the developmental psychologist, clinical practitioners would be better advised to focus on its dimensionality: individual behaviour can be judged to rank somewhere on a continuum and when so many factors contribute and direct causality is uncertain, it would be wrong to assign anyone to a fixed category, especially since Bowlby argued that attachment styles are open to change at any time in the lifespan.
Walker also warns about the over-usage of assessment tools in adoption: “it could result in the rejection of many applicants, with serious implications for practice” (p.55); he recommends that a complementary fit between adoptive parent and adopted child is kept in mind. However, the danger of overlapping styles is that parent and child would collude with each other’s style and fail to challenge habitual ways of behaving.

4.2.11. How attachment styles might contribute to the outcomes of adoption placements

Adoption is like playing with a loaded dice. (Miall, 1996, p.354)

It would be incorrect to suggest that adoption is always problematic. Various studies (e.g.: Levy-Schiff, 1990, Borders et al, 1998) have found that adoptive couples adapt better to their new parenting roles than biological ones; this may be because their parenting has had to be more considered and committed. A great majority of adoptive parents report being very satisfied with their adopted children (Brodzinsky & Huffman, 1988). However the over-representation of adopted children in clinical settings shows that problems within adoption often arise.

The simplest way to examine the success of adoption placements is through rates of disruption. Barth and Berry (1988) estimated an average of 2% for infant adoptions and 10-16% for special needs adoptions i.e.: children older than 5 years of age with physical, emotional or developmental problems. Among the seven factors they found to account for these rates, four are associated with the adoptive parents and can be argued to be affected by their attachment styles.

They are:

1. unrealistic adoptive parent expectations
2. rigidity of adoptive family functioning
3. low levels of support for the adoptive family

4. adoption by "new families" as opposed to foster families who have had previous contact with children)

The first, ‘unrealistic adoptive parent expectations’ can be thought to be shaped by emotional neediness. These can partly be attributed to socio-economic factors: studies from USA and Sweden suggest that lower-middle class families have more success as adoptive parents than highly educated families (Barth & Berry, 1988), possibly because middle class families place too many educational and social demands on their adopted children. It could also be argued that unresolved loss through infertility could promote more anxious attachment styles which could lead to greater enmeshment on the part of the adoptive parent. Levy-Shiff, Goldschmidt and Har-Even (1991) found that the longer people have to wait for their adopted child, the greater the idealisation of creating a family. This is an area which would merit further research, especially since the evidence of Triseliotis and Russell (1984) found that a fifth of their adopted participants reported dissatisfaction with their childhood because of their sense of having to meet parental expectations which led to stress, guilt and resentment.

The second factor, ‘rigidity of family function’ may also be influenced by attachment patterns, either because of unresolved loss or a dismissive style which makes emotional availability difficult and encourages distancing. The third factor, ‘low levels of support for the adoptive family’ may also be a product of attachment constructs; the greater the insecurity, the less likelihood of the parent being able to ask for help appropriately. The newly developed Attachment Style Interview by Bifulco (2006) focuses on parents’ ability to call for help as a way of identifying specifically how they will cope with post-adoption problems but more generally what their attachment styles are. The ASI assesses the ongoing quality of the prospective adopter’s relationship with their partner, ‘very close others’ and birth
family as a way of assessing their attachment security. Developed in the 1990s to further research into psychosocial risks for psychological disorders in women, it has now being increasingly used in its adapted form in adoption and fostering assessment.

The final factor, ‘Adoption by “new families” as opposed to foster families who have had previous contact with children’, could be argued to relate back to the meaning the child plays for the adoptive family. Within foster caring families, and possibly adoptive families motivated by altruism, there seem to be fewer parental needs whereas in families where rejection of difference is the preferred option and attempts are made as far as possible to replicate the biological parenting experience, a host of problems may be set up. Relying on prospective parents’ recall, Barth and Berry (1988) found the children whose placements were disrupted were significantly less likely to show an increase in attachment behaviours than those whose placements had not broken down. As the link between the attachment styles of the adoptive parent and the adopted child is now firmly established, this has clear implications of the mechanisms by which adoptive parents affect adoption outcomes.

### 4.2.12. Conclusion

One of the major problems for adoptive parents today is that they have not been properly prepared for the huge shift in the adoption landscape. The focus is no longer on them as an almost equal member of the adoption triad, as they were fifty years ago; it has shifted almost exclusively to the priorities of the child. It is only in so far that their needs can be utilised to meet those of the child that they are considered. This may have resulted in some adoptive parents, particularly those motivated by the internal needs of creating a family and having a child, finding it difficult to shift their own expectations so as to be able to construct a realistic relationship with their adoptive child. The image of the nuclear family may be
tempting for the adoptive parent but it is often inappropriate, particularly with late placed children whose own attachment styles are not easily adapted to more traditional families. Less normative family structures could therefore be argued to be more appropriate in certain cases.

This study has argued that motivations can be important indicators for successful adoption outcomes. While Bowlby hypothesised that childhood experiences play a major part in developmental outcomes, he never claimed they were deterministic and so the role of attachment needs approaching with caution. However it is a vital template to bear in mind and, as this review has aimed to show, it is also crucial when trying to understand the experience of being an adoptive parent. This study has shown that the attachment styles of adoptive parents need further exploration, both in terms of how they affect parental motivations and how they impact parenting style. While a relationship has been hypothesized here, it needs greater exploration before it alters the specifics of therapeutic intervention or adoption assessment. Nevertheless the literature examined here has consistently revealed that there is an important link between the attachment styles of adoptive parents and their children and that this would merit more thorough exploration; it is no longer enough to rely on the kindness – or the neediness - of strangers to take on some of the most troubled children in our society.
References


Appendices

Appendix A: Reflections on Use of Self

Appendix B: Strategy for Literature Search

Appendix C: Target Journal's Instructions for Authors
Appendix A: Reflections on Use of Self

The Researcher’s Relationship to Attachment Theory

I was motivated to undertake this study because, ever since I first read about Attachment Theory, I have been both attracted and repelled by it. It attracts me because it makes such innate good sense. Everything I read about John Bowlby and his approach seems so rooted not only in practical observation and logic but also in deep empathy, particularly for the difficulties children experience and how these may be manifested in later life. Learning more about Attachment Theory came at a time I was also immersing myself in the Person-Centred Approach: the two seemed to complement each other well. At the same time, and largely because attachment theory rings so true to me, I found it very painful to reflect on my own attachments in my early life and how these have shaped my relationships ever since.

I therefore wanted to find a prism through which I could look at attachment more thoroughly and thereby understand it better, so that, while I could reflect on the implications of attachment theory for my own life, the focus of my research would protect me from some of its painfulness. I have never been directly affected by adoption but I have always found it fascinating. Many children have fantasies of having been adopted: I remember becoming obsessed about it, particularly as a teenager and wondering whether that might explain why I felt so alienated from my family. Perhaps it was those same attachment issues manifesting themselves. Now I realise that my sense of identity is so influenced by my biological connectedness that it seems strange ever to have questioned my family structure. Perhaps when I started to bring up my own family, I finally realised how powerful and how impossible it is to doubt those genetic bonds. So adoption provided me with the ideal vehicle to delve further into attachment theory.
The Researcher's Relationship to Infertility

Although I was able to have my first child very easily, both conceiving and carrying my other children to full-term was problematical. Not only did I have difficulty getting pregnant but I also had numerous miscarriages. After many struggles I succeeded in having three children and was then greedily determined to have a fourth. I became so driven by this idea of the fourth child that it began to affect the whole of the rest of my life, including, of course, the children I had already had. It was, in the end, one of my main motivations for going into therapy. I needed to understand where this drive came from. I therefore have glimpsed what it is like to be unable to bear a child and I was drawn to the literature on infertility almost to the point where it was threatening to skew the balance of my review.

Again I had wanted to find something through which I could explore the subject but I needed to be able to cushion myself from the full impact of my findings. It has been, in some ways, comforting to read about other people's obsessions about having a baby and about their ways of coming to terms with infertility; they frequently match my own experiences as I felt possessed and eaten up by my failure to be able to control what should have been a basic capacity of my femininity. Exploring it theoretically has helped me resolve some of my own sense of loss and may also make me better able to work with clients who present with related problems.

I did consider adoption during this period but quite quickly rejected the idea. I can rationalise it in all sorts of ways but fundamentally I realise that I would have found it hard to integrate someone else's child into my own family. I would not have had the confidence in my own ability to forget about the difference and the needs I had of that fourth child would not – and indeed should not - have been met by someone else's child. Reflecting on my own reaction to a non-biologically related child makes me realise all the more how complicated adoption is; yet again I am
reminded how it is the individual experience which matters and therefore why I am drawn to counselling psychology.

**Therapeutic Implications of this Review**

My first client was a woman who had been adopted herself and who had adopted her eldest child because she had been told that she was infertile. It has been a painful privilege to journey with her for the last six months through the intense struggles she is having as both an adopter and an adoptee. Her experience of her son's difficulties has been made more problematical because it has stirred up her feelings about her own background. The more I have read about attachment and the more I work with clients, the more I realise its therapeutic usefulness. Bowlby wrote, sadly, at the end of his life, about the role he had seen attachment theory play in developmental psychology but how little it had been used within the therapeutic context.

Now attachment is in danger of becoming something which professionals can use indiscriminately. But this study has shown me that while the categorical approach is unhelpful in the clinical setting, an understanding of people's experiences with their care-givers does help to illuminate their later relationship patterns. This awareness has helped me therapeutically and I believe providing a secure base to my clients has been helpful in enabling them to explore their narratives.
Appendix B: Strategy for Literature Search

A variety of approaches were taken to identify the literature used for this research

1> Computer-Based Searches:

Attached are the results of some of the main articles identified from electronic database searches

A. PsychArticles:

Key words: ‘adoptive parents’ ‘motivation’ ‘infertility’ ‘adoption’ ‘attachment’ – differently combined yielded over 180 articles:

The most useful were:


**B. Ovid: Psych Info**

Key Words: ‘Attachment’ ‘Adoption’ yielded two useful articles:


**C. PsychArticles**

Key Words: ‘altruism’ ‘attachment’ yielded two useful articles:


2> **Library Searches:**

There were useful books in both the University of Surrey Library and the University of Sussex Library:


3> **Reference lists:**

Additional studies were located in the reference lists of the articles identified through the computer searches.

Once I had established the key names who had previously written important literature in the field, I searched for other articles they had written.
4> Key Journals:

Also the back lists of three key journals – Attachment and Development, Adoption Quarterly (US) and Adoption and Fostering (UK) was fruitful and delivered:
Appendix C: Target Journal Instructions for Authors

ISSN: 1544-452X (electronic) 1092-6755 (paper)
Publication Frequency: 4 issues per year
Publisher: Routledge

Instructions for Authors

Aims and Scope

Adoption Quarterly is an unparalleled forum for examining the issues of child care, the relationships between nature and nurture, and the psychological and social meanings of the word family. This international, multidisciplinary journal features conceptual and empirical work, commentaries, and book reviews from the fields of the social sciences, humanities, biological sciences, law, and social policy. In addition to examining ethical, biological, financial, social and psychological adoption issues, Adoption Quarterly addresses continuity in adoption issues that are important to both practitioners and researchers, such as: the intermediary task of matching adoptee, prospective adoptive parents and-most recently-birth parents, the adoptive parent’s task of telling their adoptee of his/her adoption, the reality of loss as experienced differently by the individual members of the adoptive triad and the possibility of bonding on the basis of "shared fate", adoption as a premier paradigm for studying the interactions of nature, nurture, and the lifelong development of the adoptee, adoptee adjustment (now viewed in a life-span perspective), adjustment issues for birth and adoptive parents. Adoption Quarterly also explores: the ideology of adoptive kinship, adoption as an institution, infertility solutions and reproductive technologies, future trends for adoption - and much more! The complexity modern adoption issues is daunting and challenging, but also extraordinarily exciting. The place to follow this excitement is Adoption Quarterly!

Submission of Manuscripts

Authors must submit manuscripts electronically. Please submit your manuscript in Microsoft Word format to Scott D. Ryan, MSW, MBA, Ph.D., Dean & Professor, School of Social Work, The University of Texas at Arlington, 211 S. Cooper Street, Arlington, Texas 76019-0129, adoptionquarterly@hotmail.com. Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. Any data that has been used in the manuscript was obtained under the approval of an IRB for Human Subjects. All accepted manuscripts, artwork, and
photographs become the property of the publisher. Manuscripts Length—No longer than 30 pages—including abstract/keywords, tables/figures, and references. Manuscript Style & Preparation APA 5th Edition—Publication Manual of the American Psychological Association. The Manuscript should use Times New Roman, 12-point font. The text should be Double-Spaced, including endnotes and references. The use of footnotes within the text is discouraged. Leave a one Inch Margins on all four sides. Include the manuscripts title an abstract (no more than 100 words) and keywords (up to 5) as the document's first page. Also include a document header on each page with an abbreviated title and page number of total (e.g., pg 2 of 7). Do NOT include any identifying information within the manuscript. Title Page: Important—Submit a separate cover page with the manuscript, indicating the article title, plus: full authorship, an introductory note with authors' academic degrees, professional titles, affiliations, mailing and e-mail addresses, and any desired acknowledgement of research support or other credit (50 words).

References

References, citations, and general style of manuscripts should be prepared in accordance with the APA Publication Manual, 5th ed. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article.

Examples:

Illustrations

Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:
• 300 dpi or higher
• Sized to fit on journal page
• EPS, TIFF, or PSD format only
• Submitted as separate files, not embedded in text files

Color Illustrations

Color illustrations will be considered for publication; however, the author will be required to bear the full cost involved in color art reproduction. Color art can be purchased for online only reproduction or for print + online reproduction. Color reprints can only be ordered if print + online reproduction costs are paid. Rates for
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applies. Print + Online Reproduction: $900 for the first page of color; $450 per
page for the next three pages of color. A custom quote will be provided for articles
with more than four pages of color.

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Tables and figures (illustrations) should not be embedded in the text, but should be
included as separate sheets or files. A short descriptive title should appear above
each table with a clear legend and any footnotes suitably identified below. All units
must be included. Figures should be completely labeled, taking into account
necessary size reduction. Captions should be typed, double-spaced, on a separate
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Title: “I wasn’t doing it to be nice...”: the experiences of prospective adoptive mothers of making the decision to adopt

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References
4.3.1. Abstract

There has been little empirical focus on the adoptive parent component of the adoptive triad, despite the fundamental role played by adoptive parents in the outcomes of placements. How prospective adopters reach that decision to adopt and their understanding of their motivations to adopt can provide useful information in the search for a greater understanding of the dynamics of adoption. This study explores the experiences of prospective adoptive mothers, with a particular focus on how they come to decide that adoption would be their route to parenthood. Data were collected from six women in heterosexual partnerships by means of semi-structured interviews. Interpretative Phenomenological Analysis of these interviews revealed 4 master themes within the women’s experiences: Adoption as second best, Adoption as a possibility, the process of Adoption as a threat, Adoption as a reality. The implications of the process by which they accept adoption as their route to motherhood are considered both for adoption policies and also for therapeutic practitioners working with those affected by adoption and infertility.

Key words: adoption, motherhood, motivations, rationalisations, infertility
4.3.2. Introduction

At the most touchy point of the narcissistic system - the immortality of the ego, which is so hard pressed by reality- security is achieved by taking refuge in the child. (Freud, "On Narcissism", 1914, 1957, as cited by Brinich, p.44, 1990)

Whereas thirty years ago, adoption was deemed to provide a solution for all three members of the adoption triad -‘the unwed mother, the bastard child and the barren couple’, (Howe, 1998), adoption policy is now focussed principally on the needs of the child: the perspective of the prospective adopter is no longer prioritised. This attitude seems to be reflected in a lack of scientific interest: Giles (2008) found, in an extensive literature review, that there had been little empirical research into adoptive parents generally and into the experiences of people coming to the decision to adopt more specifically. In a changed adoption landscape where almost no babies are available and prospective adopters are being asked to take on older and ‘hard-to-place’ children, a deeper understanding of the psychological processes which lead mothers to take on the care of genetically unrelated children within a society so biased towards biological family formation is even more necessary (Leon, 2002). In the light of recent figures that reveal that the rate of failure of adoption placements has doubled over the last five years (Munro & Hardy, 2007), an exploration of people’s rationalisations which lie behind the decision to adopt and how this is affected by the adoption process itself would yield much useful information.

A number of competing theories about motherhood suggest that the motivations to become a mother are multi-determined. From an evolutionary psychology perspective, it is argued that one of the reasons why individuals want to parent is to ensure the continuance of their own genes (MacCallum, Golombok & Brinsden, 2007). Biological theorists have suggested some sort of hormonal basis for
women's desire to produce a child, although there is nothing in women's physiology which makes them particularly suited to later child care (Chodorow, 1978). Psychoanalytical theory has identified an innate psychological drive to become a mother, arising from the interaction of instinctual needs and early life experiences, as encapsulated by Freud's description quoted above. Social constructionists have demonstrated how motherhood is construed as an essential and central component of adult identity for most women (Phoenix & Woollett, 1991). Whatever the basis of their motivations, motherhood appears to be an important life goal for many women (Daniluk & Hurtig-Mitchell, 2003).

However, approximately 15% of couples experience fertility problems and many of them will be forced to re-evaluate the assumption that they will become parents. Most prospective adopters are motivated by this inability to produce a biological child: it is estimated that at least 80% of people in Western Europe who adopt have been affected by infertility (Hoksbergen, 1997). Once medical assistance has either been exhausted or abandoned, women then realise that the biological route is unlikely to be successful and they have to face the reality of having either to accept childlessness or to pursue adoption as an alternative way of becoming a parent. There appears to be a significant reluctance to adopt: Wallis (2006) revealed that only 1 in 10 people enquiring about adoption continued with the process and the majority of those who turned back did so because of concerns about the adoption process and what they learned about the children waiting to be adopted (i.e.: the lack of babies and the backgrounds of the children). Women who opt to remain childless claim a lack of a 'maternal instinct' or a lack of interest in children as one of the dominant reasons for their decision (Park, 2005).

Those who decide to pursue the adoption route to motherhood require a greater commitment at the outset than that needed for biological motherhood because of the role handicaps of adoption, as outlined by Kirk (1964): e.g. lack of physical
pregnancy to serve as emotional preparation, intensive screening, lack of control over the process, lack of time frame. The adoption process is lengthy and demanding, providing incentive and time to reconsider and withdraw. Adoption is still a stigmatised family form and it is considered by many to be an inferior route to parenthood. Tyebjee (2003) found that 90% of his participants from within a general population had a positive view of adoption but 50% of those considered adoption to be not as good as producing a biological offspring. The perception of adoption as a second best route to parenthood is particularly prevalent among infertile couples (van den Akker, 2001). It may be that the importance of the genetic link becomes reinforced when it is denied to these couples.

Not all prospective adopters experience infertility; however previous literature suggests that there is a distinction between the motivations of those wishing to adopt because they have had difficulties producing their own child and those whose fertility is assured. 25% of the 245 prospective British adopters in Wallis’ (2006) mixed methods study into the reasons why people do not pursue adoption were able to have biological children. They reported being altruistically driven to consider the needs of society or the looked-after child. The other three quarters of her participants were affected by infertility and they gave as their main motivation the desire to parent. Van Balen and Trimbos-Kemper (1995) found similarly in their quantitative study into 108 Dutch long-term infertile couples’ desire for a child. For these infertile participants, one factor in their motivation to parent was the happiness a child could bring to his parents.

However, it has been found that fertile couples interested in adoption and motivated more by altruism were significantly less likely to go on to adopt than those with fertility problems, who were perhaps more driven by the need to parent (van Balen & Trimbos-Kemper, 1995). With 5,000 children available for adoption in the UK each year (DCSF, 2007), infertile adopters’ determination to parent is a
hugely valuable asset: it seems that some infertile women’s heightened sense of their need to become a parent leads them to overcome their resistance to adoption, with all its stigma and its perils and to accept the process as their only chance to fulfil their desire to become a mother.

The shift would-be mothers need to take from aiming to reproduce biologically to accepting adoption as an option has been little explored. A British study into the importance of the genetic link in parenting, undertaken by van den Akker in 2001, with 105 women, took a quantitative approach to women trying to resolve their infertility status and coming to terms with adoption. Findings suggest that Festinger’s (1957) cognitive dissonance theory was relevant for these women in accepting the non-biological link with their prospective children. Daniluk and Hurtig-Mitchell (2003) focussed their qualitative research into adopters’ experiences on 39 Canadian couples who had already adopted. They found that:

The decision to pursue adoption seemed to involve a process of acknowledging the losses associated with their infertility, separating their desire to procreate from their desire to parent, assessing their ability to love a child that was not genetically related to them, and legitimizing adoptive families as an acceptable family form. (p. 397)

The present study explores the motivations of prospective mothers from within a British population who have already made the commitment to adopt from within a heterosexual couple relationship but who have not yet actually adopted. By using a qualitative approach, which aims to understand the experience of the adoptive mother in making this decision to adopt, it is possible to explore their sense of their psychological journey before this has been confounded by the experience of adopting a child; their experience is therefore captured and interpreted during the actual process of decision-making. This may allow better access to how they
reached the decision to adopt, how they understand their motivations and how that
decision had been affected by their relationships, their social positions and their
experiences, such as fertility and the adoption process itself.

4.3.3. Research Questions and Aims:
With this lack of evidence from a contemporary British population within the
current adoption landscape, this study will aim to understand the experiences of
women as they go through the process of deciding to adopt and as they reconcile
themselves to the different sort of parenting they will experience as a result and to
understand how those motivations and rationalisations are affected by the
experience of the adoption process.

The outcomes of this study may better inform the work of adoption agencies in
making selection and matching decisions; they could also assist mental health
professionals working with people who are trying to come to terms with the legacy
of adoption, in whichever way they have been affected by this non-conventional
way of family formation.
4.3.4. Method

Design:
The questions above are best suited to a qualitative methodological approach because it can deliver a greater insight into the subtleties of the psychological phenomena at work in the decision making process of each individual. The aim of this study is neither to progress theory nor model build; it is rather to explore the particulars of the experiences and the commonalities and distinctions within those experiences. Interpretative phenomenological analysis has therefore been chosen as the method of analysis (IPA) (Smith, Jarman & Osborn, 1999; Lyons & Coyle, 2007). It is an approach which makes possible the capture of generalisable psychological phenomena whilst enabling the uniqueness of each participant’s experience to emerge. The contribution of the researcher’s subjectivity to their interpretation of the data is also fully acknowledged in the reflections in Appendix A, as awareness of the perspective of the researcher is essential (Smith & Eatough, 2002). This double hermeneutic therefore yields insight into how the participant has understood their lived experience, through the mitigation of the researcher’s own position.

Ethics:
This research study was granted ethical approval by the Ethics Committee of the University of Surrey in February 2009 (see Appendix B).

Participants:
Appeals were made through a number of different adoption agencies to recruit a broadly homogenous group of prospective adoptive mothers who were in heterosexual partnerships and who had already embarked on their adoption journey but without children yet placed. Responses to letters and postings on websites came through Adoption UK, the British Association of Adoption and
Fostering and two local county councils’ adoption services. Six women were interviewed, five in the South-East of England and one in the Midlands: all were white and middle class.

Each participant was sent a copy of the Study Information Sheet (Appendix C) and a Consent Form (Appendix D) which made clear the basis of their participation in the study. This explained its purpose, how it might be used and the provisions by which confidentiality would be assured. It also explained that participants could withdraw at any point without needing to give a reason. Because of the sensitivity of their contributions, the primary researcher also ensured that each participant was thoughtfully and sensitively debriefed at the end of each interview; they were each given a debrief letter (Appendix F) in which participants were also given suggestions for people who could give them further support, should they need it.

Five of the women who agreed to take part in this study were unable to reproduce a biological child with their partner and one had been unable to produce a second child after conceiving and giving birth naturally to her first. None of the participants reported any sort of religious influence during their childhoods or more recently. As well as demographic information, other relevant details about these participants are included in Table 1.
Table 1: Participants’ details relevant to this study

<table>
<thead>
<tr>
<th></th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
<th>Participant 5</th>
<th>Participant 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pseudonym</strong></td>
<td>Ruth</td>
<td>Gina</td>
<td>Jenny</td>
<td>Liz</td>
<td>Sally</td>
<td>Gill</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>28</td>
<td>36</td>
<td>38</td>
<td>35</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
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<td>White British</td>
<td>White British</td>
<td>White British</td>
<td>White British</td>
<td>White British</td>
</tr>
<tr>
<td><strong>Fertility status</strong></td>
<td>Unexplained infertility-hormonal problems</td>
<td>Recurrent miscarriages-first child born naturally</td>
<td>Unexplained infertility because of an accident</td>
<td>Infertile from childhood</td>
<td>Partner sterilised</td>
<td>Sterilised at 36</td>
</tr>
<tr>
<td><strong>Adoption stage</strong></td>
<td>Starting social services assessment</td>
<td>Starting social services assessment</td>
<td>Approved and matched</td>
<td>Approved and matched</td>
<td>Approved</td>
<td>Starting social services assessment</td>
</tr>
<tr>
<td><strong>Desired age/number of children</strong></td>
<td>1 child between 3 and 6</td>
<td>1 child between 0 and 3</td>
<td>1 child between 0 and 3</td>
<td>1 child between 0 and 3</td>
<td>Sibling group – any age</td>
<td>Sibling group – any age</td>
</tr>
</tbody>
</table>

**Procedure:**

The interviews began with demographic and background questions, followed by questions about the women’s understanding of the way they arrived at the decision to pursue adoption. A semi-structured interview (see Appendix E), as recommended by Smith & Eatough (2007), was constructed which would enable the interviewer to explore the meaning of motherhood and the family, the role of life events such as infertility, the experience of the adoption process and their expectations of the adopted child and their family formation. All interviews took place in the women’s homes and each lasted about one hour. With the participants’ consent, they were audio-recorded and transcribed verbatim.

1 Ethnicity groupings are taken from the 2001 UK census.
Anonymity was preserved by changing participants’ names and any other identifying details (see anonymised interview transcript at Appendix G).

**Credibility of the Research Process**

Traditional criteria for evaluating research quality, such as reliability, are not applicable to qualitative research (Smith, 2004). Instead the criteria for qualitative methodologies recommended by Yardley (2000) have been adopted to assess the quality of this study: sensitivity to context has been ensured through a thorough knowledge of the extant literature and an awareness of the social context of the relationship between researcher and participants. The analytic process outlined below shows commitment and rigour to both the topic and the method of analysis. Whilst always ensuring the sense of the data has not been distorted, it has also been analysed to yield a coherent account.

The centrality of the researcher’s position has also been acknowledged in Appendix A. The way this researcher’s own position might influence both the process and the findings has therefore been acknowledged. In particular, she may be influenced by having contemplated adoption herself, because of her experience of fertility problems and by seeing her own motherhood within a traditional family structure as a defining part of her identity. As a trainee counselling psychologist, she has also worked with several clients who have been affected by adoption both as adopters and adoptees and this has influenced her understanding of the experience.

**Analysis**

The first step in the analysis involved repeated reading of each transcript which enabled the researcher to become familiar with not only the content but also the overall tone of each participant. An initial interpretation was made of each transcript, identifying emerging themes which were then clustered together into sets of master themes. As Smith noted, it is possible to “imagine a magnet with some of..."
the themes pulling others in and helping to make sense of them" (2004, p. 71). These connections between themes were always crosschecked with the original data to verify that the participants' original meaning had not been distorted through interpretation.

A second researcher became involved in the extraction of the themes at this stage and separately the two researchers consolidated the list of emerging master themes so that, after a process of discussion, the themes from each transcript informed the selection and interpretation of themes from the other transcripts. Thus new themes and interpretations emerged from the data and the focus of the interpretation shifted as the relationship between the raw data and the interpreted data continued to be checked for consistency. As the data were written up, a further stage of crosschecking took place to produce a logical and coherent research narrative as well as an adherence to the data.

4.3.5. Results

In conducting the analysis, participants appeared to fall into two distinct groupings: both “Sally” and “Gill” had met their partners later in life and having previously ruled out motherhood, then found that the biological route was closed to them and that adoption was their only option. The data reveal how much simpler their route to adoption was. All the others reported having made assumptions about having child and a ‘normal’ family, which were then shattered by fertility difficulties. Three participants, “Ruth”, “Gina” and “Jenny” had struggled with their inability to produce a biological child and although none of them had a definite diagnosis of infertility, they had recently decided to opt for adoption. “Liz” had been diagnosed as being unable to have a biological child when she was a teenager so her infertility had become a part of her identity before she had the wish to have a child.
Despite these differences, the analysis of the data revealed that each discrete stage of the decision making process largely coincided with similar psychological constructs which showed some aspects of the internal journey taken by these women in rationalising their motivations to pursue adoption and how these rationalisations were affected by the adoption process. The following four themes (each constituted by several sub themes) will be reflected on:

- Master theme 1: Adoption as second best
- Master theme 2: Adoption as a possibility
- Master theme 3: Adoption as a threat
- Master theme 4: Adoption as a reality

Appropriate quotations from the data set are included to enable the readers to assess the persuasiveness of the analysis. The extracts from the interviews have been edited where necessary for clarity; identifying details, including names of people and places, have been altered to maintain anonymity. Clarificatory information is included where necessary within square brackets.

**Master theme 1: Adoption as second best**

The first master theme captures the assumptions about becoming a mother that participants had made about their lives: it reveals their sense of the importance of having a child for their identities. They are reporting on their needs from the perspective of not being able to have a biological child and they define their original notion of becoming a parent as synonymous with giving birth. Adoption was therefore not considered until their infertility was confronted. The need to have a child appears to be fundamental to these women’s sense of themselves and what emerges from the data is an overwhelming imperative to satisfy that desire. This master theme is broken down into 3 sub-themes: needing a child, needing to be a mother and needing a family.
Needing a child: All participants acknowledged their desire to have a child and to thereby appease an internal, almost visceral longing. Although it sometimes seemed difficult to participants to admit to their perception of adoption as a less good option because they had all committed to the process, the desperation to have a biological child seemed to lie near the surface of most of their narratives:

It’s been so many years that I’ve wanted to be pregnant and have a baby ...I saw being a mum as becoming pregnant, carrying to term and giving birth and that being the most, sort of the best way of being a family because that’s natural isn’t it? That’s what you think – you get pregnant, you have a baby and you’re a family. (Ruth)

Because the same as every, you know nearly every other woman out there who has children, I wanted to have it for me really ... it was much more of a selfish need - that’s what I need and I needed to fulfil that need. (Jenny)

There seemed to be a sense that, without children, their life could be lacking in purpose and meaning:

I can work as hard as I like and accrue all sorts of material possessions and for what? And for who? Who do I leave it to, you know? What’s it mean? (Gill)

Needing to be a mother: Participants also reported having dreams of becoming a mother and what that would entail. Some focussed on the practical tasks and the satisfaction of undertaking those functions. Underlying this data
seemed to be feelings of disappointment, regret and anger that they might be excluded from these experiences:

I want to nurture, I want to educate, I want to help a child develop into an adult, I want to queue up for two hours outside Legoland and take them down to the swimming baths and to ballerina classes. (Sally)

I always saw myself at the school nativity play. I always wanted to do that. (Jenny)

More fundamental was a sense that they would not miss out on the biological processes of becoming a mother:

I'll never know what's it's like to be pregnant... I'll never know what it's like to give birth. I'll never know what it's like to breastfeed. You know there's all those things that for me are part of being a woman. (Jenny)

I can't do what a woman is designed to do and that's really hard to think about. (Ruth)

The concept of the “inner space’ has been used to describe women’s sense of the emptiness inside them; the implication is that it needs to be filled in order for women to feel whole (Erikson, 1968). This sense of emptiness and loss as a result of not being able to experience the biological processes of procreation seems to run through the narratives of all the participants.
Needing a family: This sense of lack and emptiness continues in this next sub-theme. Once they had met their life partners, their sense of themselves as needing children became more urgent:

We just want to be parents and we want to experience every day all the trials and tribulations of having little ones around. (Ruth)

Without children, they would not be a family and this was an important part of consolidating and confirming their relationship:

It’s really upsetting to be honest because we leave them {other people with children} and come home and it’s just us. And although we love each other, there is something missing. There is always something missing. (Ruth)

This perceived emptiness of not having children loomed large in their long-term concept of themselves:

What would that be like when I’m in my 50s and everyone else has got a kid and we don’t – how would that feel? (Liz)

I guess I envisaged being older and not having children as more empty... there would have been a big gap for me really. (Jenny)

Despite the evidence that at least 25% of British households are comprised of people living on their own (van den Akker, 2001), these cultural norms of how a family should be and should be formed seemed to prevail among this group of participants. There seemed to be an inherent fear of being different and excluded if they were unable to have children.
The needs identified in this master theme seem to focus on the meaning a child could bring to the participants’ lives and how having a child could deliver to them important elements of their adult identity. While these needs could be satisfied through adoption, the data reveals participants’ underlying assumptions that ‘proper’ mothering is only achievable through giving birth. Giving birth is not only the ‘right’ way to become a mother but also the ‘best’ way for them. So the experience of having this denied them questions many aspects of their identities and therefore requires a significant repositioning of the self, as will be seen in the next master theme.

**Master theme 2: Adoption as a possibility**

Although all six participants spoke about their preference for biological parenting, the four who had the most difficulty with their transition to accepting adoption as a different way of parenting were those most affected by their experience of their infertility. The struggles these women had in coming to terms with their inability to have a child seems to have been acute. The experience of infertility is ranked as high as the death of a child or of a mate in comparison with other life stresses (Noy Sharav, 2002): it leads to general anxiety, mood disturbances, impaired self-esteem, marital problems, sexual dysfunction and social isolation (Edelman & Connolly, 1986). Like many women with fertility problems (Daly, 1986), three of these participants were given a prognosis which doubted their ability to produce a child but did not exclude it. This lack of clarity seemed to make it difficult to abandon their hopes to mother a biological child. It appeared particularly hard for them to decide when to stop focussing entirely on biological reproduction and to shift towards a consideration of other possibilities.

Contrary to other empirical investigations of the strategies women can use to resolve their infertility, which found that women felt they needed to exhaust all the biological routes before considering adoption (e.g. Edens & Cavell, 1999; Daniluk
& Hurtig-Mitchell, 2003), none of these participants had pursued assisted reproductive techniques. Instead, as they realised they were unlikely to parent biologically, they began to see adoption as a possibility. This seems to be the crucial point where the adaptation from giving birth to a biological child to adopting an unrelated child began. While other women might have opted for childlessness at this point, the sense these women made of their internal need for a child set them on the route towards adoption. Six sub-themes were identified within this master theme: Adoption as Plan B, the dream of a baby, negotiating cognitive dissonance, the ready-made family, finding advantages and resolving cognitive dissonance

**Adoption as Plan B:** The lack of a clear fertility status made it particularly difficult for the first three participants to overcome their sense of failure and to see adoption as anything other than their last option:

- Back then, I would have been like no that’s only going to happen if we know for sure that I’m not going to have a baby. (Ruth)

- We first ever talked about adoption very sort of tentatively but just would that be something we were prepared to do. `I think we were both thinking well yes if it meant not having any children or adopting, we would do that. (Jenny)

Gina, who could not comprehend her inability to produce her second child, because she had found having her first so easy, reluctantly began to consider adoption as a possible insurance policy:
I have it in my head that if one day it doesn’t work it’s really my fall back position ... we have to start doing something, we can’t just sit and wait for years and years. (Gina)

The Dream of a Baby: The first stage in making the adjustment towards adoption for some participants seems to have been to try to mimic the biological experience as much as they could.

I think that we both wanted a child probably as near to a baby as possible as it would have felt more like what we would have had ourselves. (Jenny)

In ways reminiscent of the old adoption process, where babies were adopted almost at birth and adoptive parents could simulate elements of the biological experience, women wanted to take on a child as young as possible- almost as though this would help them to disregard their failure to have a baby. Because current adoption policies rarely facilitate the adoption of babies, international adoption was often favoured at this stage, although later rejected because of its greater complexity.

I heard of people adopting from China and there being a lot of baby girls out there and I just thought it would be easier to get a baby from China. (Jenny)

Negotiating cognitive dissonance: As the reality of the difference between biological parenting and adoptive parenting became clearer, so the shift in attitudes began. Festinger (1957) argued in his Cognitive Dissonance Theory that there exists an inner drive to seek consistency in attitudes and beliefs. Participants had all recognised their need for a child but they mostly saw that child as a reproduction of themselves. They now had to reconcile themselves to the idea of having a child that was not biologically related; this entailed convincing themselves that adoption
would satisfy their longing to be a parent. Participants reflected on the starkness of their choices:

I’ve got to a point where I would just do anything to have a family ... we want a family now and this is the only route. (Ruth)

The crucial shift was in the repositioning of their understanding of being a parent away from the biological process and towards the longer term; gradually it appeared to them that there were alternative ways in which to become a mother:

It’s more about us being parents and being a family than me actually being pregnant and giving birth .... I’m so desperate to be mum that maybe I’ve talked myself into the fact that it doesn’t really matter. (Ruth)

There also seemed to be an awareness of the process of this transition and the possible part played by desperation in making that shift come about.

The ready-made family: The two women whose had dismissed the biological route early on seemed able to take a more rational approach about their relationship towards adoption than the other four who had struggled with their infertility. The route from childlessness to the solution of adoption was therefore more direct:

We just pressed a button and went ahead the next day. (Gill)

It’s the way we have chosen to have a child and to be parents rather than to replace a child. (Sally)
Both had taken the decision to adopt very quickly; they were also determined to take on a sibling group:

We'd rather do it, rather get it done and dusted straight away, in one swoop .... I want us to be a family, I want to have two children. (Sally)

It was as though once they had decided on the adoption route, they were impatient to be a fully formed family. While their rationale for this hurry was that they would not want to go through the adoption process more than once, it also seems there was an interesting urgency about needing to be a family as quickly as possible. Possibly they had the idea that the quicker they became established as a family, the less room for doubt about their decision to adopt there would be. It also meant that they would make up some of time they had lost not being a family.

Finding advantages: The women who had decided to adopt from the outset recognised the wider benefits of adoption immediately. Although they had both identified the need to have a child and a family for themselves, they also recognised their external motivations:

At the end of the day, we're adopting to make a child's life better. (Sally)

I'd like to give somebody, give a family an opportunity. (Gill)

The women who saw adoption as second best took longer to identify those benefits. However, once they had, this made the solution of adoption more attractive:

It makes sense in so many ways, I can't physically produce a baby right now and there are children out there waiting for a loving home and we know we can give that. (Ruth)
All the participants spoke about the desire to give a child a better chance in life but most of them were also clear that, however convinced they became of the other advantages, altruism was not their main motivation:

I can see that’s a valuable bi-product, that we are giving a home to a child that needs it. We’re not adding to the population. But I’m not doing it for that reason.... I wasn’t going to do it just to be nice. (Jenny)

While it was one of the few areas where the needs of the potential adopted child was considered, the focus still appeared to be predominantly on the needs of the prospective mothers. There was something very emphatic about this last participant’s declaration, almost as though she felt she had to justify her determination to satisfy her needs to become a mother. The honesty of this declaration suggests a powerful awareness of her experience of the adoption process; it also seems as though she feared her sense of altruism might be exploited.

Resolving cognitive dissonance: All except one of the participants seem to have come to terms with the adoption route by the time they had decided to start the process. Awareness of the element of altruism helped to resolve the conflict between their wishes and their opportunities. Festinger (1957) described how those who have to shift their attitudes through forced compliance are most likely to reconcile themselves to their new positions with conviction and it seems that most of these participants had now started to accept the difference between the two ways of becoming a parent:

I don’t feel like I’m having to give up a dream or anything I just feel like I’ve got a new one. (Ruth)
Only one participant, who was the most reluctant to relinquish the idea of being able to have her own child, spoke openly about the continuing struggle she felt:

I’m fighting with myself about that and it’s not easy ... it doesn’t feel right.
I am forcing myself. (Gina)

Because of her continuing belief in her biological ability, she had not been able to abandon her ideal of producing her own child and she found it difficult to accept what she considered to be the last resort.

This stage seems to demonstrate the greatest shift in attitudes, particularly on the part of the three participants who had to work hardest to change their vision about the way they would become parents. The resolution of cognitive dissonance was achieved through abandoning their prioritisation of the genetic link as the way to have the ideal, traditional family in favour of a broader understanding of the concept of parenthood. Adoption came to be seen as a positive choice rather than their only option and this enabled engagement with the adoption process, as the next master theme will explore.

**Master theme 3: Adoption as a threat**

Having accepted adoption as a way forward, the experience of the adoption process seemed to threaten the newly accomplished resolution of the cognitive dissonance. While the emphasis of the adoption agencies is to prepare people for parenthood, as well as to assess prospective adopters’ suitability, it seemed that all participants saw this process as one where their motivations- indeed their very characters- were under scrutiny; at times this seemed to threaten those motivations. There were two sub-themes identified within this master theme: being invaded and playing the game.
Being invaded: While prospective adopters understood that they had to be assessed, this also painfully emphasised the difference between them and biological parents, who do not need to gain permission. The power of the adoption agencies was both feared and resented:

They could have made, you know, our year or completely ruined our lives by the decision they made. (Jenny)

We were told you know you won’t go any further if you don’t kind of agree to that {the kind of child care the adoption agency was recommending} so we agreed to it. (Liz)

The adoption process seemed to make prospective adopters feel humiliated by their supplicant status. Participants’ sense of outrage was evident:

When we had one of our first meetings with the social worker, her question was “what is it you like about each other?” I don’t really think that’s any of your business actually, you know. (Gill)

The training is all about how to cope and how to deal with children and what to do when they do this and what to do when they do that. ... I don’t need to be told that. Why am I sitting here? Do I need this sort of training? It’s rubbish. (Gina)

Playing the game: Despite their anger, and their fears that their neediness might be exploited, these prospective adopters continued with the process and were resigned to the fact that they had to meet the demands of the adoption agencies, even if this meant having to be deceitful.
Because I want to adopt, I want to have a family, you know. And if that's the only thing that's going to stop it then I'll deal with it. (Gill)

I have to say the right things so as to get a child ... I'm not free to be honest. It's really tough but I've accepted it now. It's what we have to do. (Gina)

Participants felt powerless and out of control – almost punished by their desperation to have a child. The awareness of the stigma of adoption and its role handicaps became prominent again: this suggests that the resolution of cognitive dissonance may be quite precarious for it to be so threatened so quickly.

Master theme 4: Adoption as a reality
Despite these negative experiences, all the participants decided to continue with the process. This determination to continue is evidence of these women's recognition of their need for a child, whatever the apparent hurdles. As the prospect of becoming adoptive parents approached, their motivations to adopt still appeared to be changing shape. Four subthemes were identified in this master theme: Fate, Fears, Difference and Contradictions.

Fate: One way they could be reconciled to their decision to adopt, after the disturbances caused by the adoption process was through a belief in fate. The idea that they were somehow predestined to adopt seemed to confirm it as the best route:

"I very much believe in fact, I think that this ... this is what I was meant to do. I was meant to adopt and I just want the children to come along" (Sally)
Kirk (1964) in his seminal work on adoption emphasised the shared experience of loss through infertility and through being given up for adoption. One participant reflected on how this shared fate had somehow drawn them and their potential child together:

It's bad luck that's lead us to her in a funny way and it's bad luck that's lead her to us – it's bad luck on everyone's part. (Liz)

Fears: Prospective mothers also reported their worries about the lack of biological connection. This led them to question whether they would be able to love a non-biologically related child.

I can't visualise how you can love a child you adopt as strongly as you can a child that's biologically yours. (Jenny)

This is a common fear among adopters (Daniluk & Hurtig-Mitchell, 2003) and is heightened as the adoption becomes more imminent. It reinforces the difference between birth mothers, who do not need to question this connection, and adoptive mothers. This may help to explain the lack of entitlement these prospective adoptive mothers felt:

I feel like I'm stealing someone else's child... I feel a bit of a cuckoo. (Liz)

Difference: By now, participants seemed to be clear about the difference between the two routes to parenthood. Those who had come to the idea of adoption almost at the same time as they embraced the idea of motherhood seemed to rejoice in the differences:
Having a child come to you at age 3 or 4, they’ve missed out probably on the loving side of a mother and you’ve actually got, I think my job, our job is actually to bring them back to the love they should have had ... we’ll be therapeutic parents. (Sally)

The participants who had had greater difficulties in coming to terms with their infertility were also able to accept the divergence, albeit reluctantly:

It’s nothing like what all mums feel ‘cos it’s not like many other women’s experiences of mothering ... if you had your own children you wouldn’t have the sense of grief that you feel when you adopt. (Liz)

Unlike earlier in the decision process, it seemed more possible to see that the adopted child would not be replacing the longed-for biological child but could be something different:

I see the child with whom we have been matched more as an ... not an addition but you know a separate thing, as a separate equally wonderful thing alongside having our own child. Not the same at all but different... (Jenny)

This bodes well for the success of the adoption placement. Kirk (1964) described how adopters choose either to minimise the difference between adoption and the biological route or to emphasise it. He found the acknowledgement of difference strategy, where differences are embraced, to be the most adaptive for the long-term psychological well-being of both the adopter and the adoptee.

Contradictions: This ambivalence seemed to continue in the minds of some of the participants. The data revealed the underlying sense that most of them
would have preferred a biological child but some had found it easier to accept adoption than others. Others’ sense of their lack of psychological closure came across unambiguously in the data:

The best thing would be if I am honest is if I could get another biological child – that would be best … I feel I can do it and I am still hoping – 50% of me still says that I can do it… (Gina)

It’s a massively difficult thing to do (to accept infertility). I don’t think to be honest, I don’t know if we’ve completely done that … I suppose I still think it’s possible in the future that we may have our own child. (Jenny)

I mean it’s not the end of the road for me in terms of being able to conceive naturally. (Ruth)

The uneasy psychological compromise they had come to in their understanding of how they were motivated to adopt is best encapsulated in this revealing piece of interview:

It’s not my last chance to have a family but I kind of think, how I feel at the moment is that it’s our last option but that other options have been taken away from us but we’re happy that adoption is our last option. (Ruth)

The contradictions from within this statement suggest that adoption is her last chance to have a family and that she cannot afford to examine the regrets which lie behind what she considers to be a less satisfying way of becoming a parent.
4.3.6. Discussion

This section discusses the main findings and their implications for adoption policy and therapeutic approaches. The limitations of the study are also examined.

The research reported here reveals that participants would have preferred the biological route to parenting, if it had been available to them. It seems as though the genetic link, identified by evolutionary theorists, is seen to be an important motivator in parenting and for some women, who had assumed that childbearing was a given, the failure to fulfil that procreative urge created a narcissistic injury. The data revealed the defensive rationalisations, which the women evolved to come to terms with their sense of loss and grief at being excluded from what they considered to be the 'natural' way of becoming a mother. While it is not possible to isolate or identify motivations, this sense of their need for a child seems to resonate with Erikson's (1968) concept of the empty space within; there is some visceral imperative to fill the empty womb. These participants were purposefully chosen from the heterosexual community and were in stable partnerships: it is not clear how much that drive to reproduce is socially constructed by an expectation of traditional family formation.

Far from diverting these women from the dream of being a mother, the tragedy of being denied a biological child led them to contemplate a different journey towards motherhood. While it has been shown than infertile couples are hesitant about adoption (van den Akker, 2001), it seems that their sense of needing children to fulfil their identities enabled them to overlook the role handicaps of adoption, whatever their initial resistance. The tension which emerged between wanting to be a mother and considering adoption as a less good route to motherhood seems to have been resolved through pragmatism.
Implications for practitioners

While adoption agencies make clear that the adopted child is not a replacement for the child they were unable to produce, and participants reported an awareness of the difference between the two forms of parenting, nevertheless there emerges a sense that some women’s desire to become a mother was so powerful that there still could be an attempt to minimise the difference between the two experiences. Ultimately it seems as though they would endure anything to have a child, even what they see to be the perilous experience of adoption and initially one strategy is to try and equate adoption with biological reproduction. Attempts to replicate the birth experience as nearly as possible could lead to the rejection of difference approach, as identified by Kirk (1964). This ‘rejection of difference’ strategy has been found to be the most problematic as it is likely to cause problems when the child begins to search for his own identity and finds his/her adoption a no-go area.

While the changed adoption landscape needs to be recognised by adoptive parents, the emphasis on the negatives of adoption did not help participants resolve their cognitive dissonance. As Leon (2002) demonstrates, this stigmatisation of adoption that has informed both research and policy is largely a social construction, guided by the assumption of the supremacy of biological parenthood. Despite the expectations of deficient parenting in much of the literature (e.g. Brinich, 1990; Edens & Cavell, 1999), adoptive parents appear to function at least as well as their childbearing counterparts (Brodzinsky & Huffman, 1988) and family functioning has been shown to be as effective in adoptive families as in biological ones (Johnson & Fein, 1991). These findings are consistent with the added commitment to parenthood which adopters have to demonstrate, both in making the decision to adopt and the adoption process itself. More focus on these findings and further exploration of different ways of family formation could help prospective adopters focus on the positives of adoption and perhaps enable them to give up their dreams of more normative family formation more easily.
Adoption policy in the UK requires adopters to have come to terms with their infertility before they can embark on the process. This study's data show how aware prospective adopters were of this policy and even those most reluctant to abandon their hopes of a biological child admitted to “playing the game” of convincing the agencies that their infertility is resolved. Consistent with other studies into motivations to adopt, this can lead to a potential for deceit between adoption workers and prospective adopters (Daly, 1990). However research and clinical work has found that infertility resolution is not necessarily a prerequisite for a couple’s readiness to adopt (Brodzinsky & Pinderhughes, 2002). Participants in this study suggest that their acceptance of the adoption process might have been easier if it had been acknowledged by everyone involved that the process of infertility resolution and adoption readiness is more likely to be concurrent than sequential. This could enable a greater honesty for both the adopters who are trying to maximise their chances of becoming parents and the adoption agencies who are seeking to find people who are willing and able to parent children from increasingly problematic backgrounds.

**Study limitations**
The limitations of this study must be acknowledged. This study is based on a small number of participants who were relatively homogenous and who were all white and middle class. They were generally representative of the majority of prospective adopters because they were all motivated to adopt because of their fertility problems. However there were no participants whose fertility was assured and whose motivations might therefore have been different. Findings can therefore not be generalisable to the rest of the prospective adoptive mother population; the wider implications of these findings must therefore be suggested tentatively. However, although the sample size is small, it falls within the range recommended for effective IPA work where the emphasis is on doing justice to each experience. Although IPA addressed most of the aims of this study, it had the limitation of
breaking participants' stories down into smaller units and this seemed to lose some of the context and coherence within the participants' wider life story. This limitation could be addressed by using an alternative analytic approach such as narrative analysis in a future study in this area.

**Conclusion**

Research shows that therapists often discount the role of adoption when providing therapy to adoptive families (McDaniel & Jennings, 1997). This study’s findings may help inform practitioners of the many dilemmas faced by those affected by adoption. The continued sense of adoption as second best emphasises the importance of avoiding pro-natalist assumptions; a greater awareness of the way biological ties are privileged, not least through language, would also be helpful. Enabling prospective adopters to conceptualise their fertility status and their instincts to parent as separate entities will also help them to achieve a more integrated sense of self. It is also important not to underestimate the legacy of infertility. Brodzinsky suggests that:

> The goal of griefwork in dealing with infertility is best understood to be the achievement of a reasonably comfortable way of incorporating this painful loss into a healthy and functional sense of self. (1997, p.259)

This study yields a deeper understanding of how people come to terms with both their infertility and their decision to adopt. A greater awareness of the experience of a fundamental narcissistic injury such as infertility or any other sort of bereavement and how this impacts on an individual’s identity plays a central part in the work and the thinking of counselling psychologists. The adopted child is not the only part of the adoption triad affected by the primal wound of adoption (Verrier, 1993). All three parts of the triad experience abandonment and loss, where the fundamental assumptions of identity must need frequent re-evaluation. It
seems from this study that becoming an adoptive parent needs a considerable amount of identity adjustment. This is something which can overlooked by adoption professionals in their determined focus on the needs of the adopted child and it is important for mental professionals generally and counselling psychologists specifically to ensure that the importance of this perspective is not underestimated.
References


Appendices

Appendix A: Reflections on Use of Self

Appendix B: Ethical Approval

Appendix C: Study Information Sheet

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Appendix G: Sample Transcript
Appendix A: Reflections on Use of the Self

The aim of Interpretative Phenomenological Analysis is to explore participants’ subjective experiences of a phenomenon. However IPA acknowledges that the researcher’s own beliefs, experiences and beliefs interact dynamically with those of the participants throughout the research process. It is therefore important for researchers to be aware of their own perspective and how this might influence and informs their research. This section therefore identifies my position on the subject of adoption and how this might have influenced the research process.

About the researcher

I was drawn to this subject because I have a strong sense that my motherhood is a fundamental part of my identity. I am aware of a visceral and sometimes distorting need for my children, which often makes me fragile and vulnerable. I have spent more time in therapy exploring the role my children play in my sense of self than any other subject: my reliance on them sometimes frightens me. So I wanted to try and identify the nature of that need to be a mother and I decided that, through prospective adopters, I would be able to gain some insights which might be more accessible than with biological parents.

While I cannot imagine being unable to have a biological child, I have come close to the experience of infertility at two points in my life. When I was seeking to have my second child, I found it both difficult to conceive and then impossible to hold on to pregnancies; again after I had had my third child, I was determined to have a fourth and I had problems conceiving and also suffered many miscarriages. That longing for the fourth child was never fulfilled and this still affects me powerfully. Investing my energies in working with people who are experiencing emotional difficulties, by training as a counselling psychologist, is one way I have of focussing
my need to nurture and care which, as my three living children grow up and need different maternal input, I sense still needs an outlet.

So this experience of fertility problems meant that participants’ narrative about their desperation to have a child resonated strongly with me. I remembered both the drive and the determination, which could not be rationalised or justified, the loneliness and the shame. The lack of clarity around their fertility diagnosis and the frustration this caused stirred many memories within me of needing a categorical answer from the medical profession which would allow me to come to terms with not having a fourth child.

I was only able to imagine the heightened sense of longing and despair which these childless women experienced. The decision to abandon the dream of the biological child was one I never had to face: my biological clock did most of the work for me. These women were in a different situation where the power of their emotions threatened to overwhelm their chances of accepting adoption as an alternative. Their negotiation of their perilous journey has been fascinating and has taught me lessons about my own experiences as well as those of others.

**About the Research Process**

Both during the interview process and the analytic process, I found it difficult to bracket my own assumptions. This had an effect on my interviewing, as I am aware with hindsight that I did not pursue elements which emerged from participants because I assumed I already knew enough about them. While IPA accepts the centrality of my position as the researcher, I was often aware of a temptation to read too much into the data and to use my own judgements to inform my understanding of participants’ experiences. This is particularly in evidence around they way they speak about their need for a child and their experience of infertility, which are the areas I felt knew most about directly.
The benefits of having encountered some similar problems were that my relationships with my participants were possibly more sensitive. I expected the distress they often felt as a result of the interview, which may have encouraged them to explore their experience in greater depth and I think I was better able to explore their emotions, having experienced some of the grief of being denied a child. As a former television producer, interviewing participants felt familiar and yet the methodology and the approach was different. I often had to struggle with my temptation to adopt a journalistic attitude and to stay with the phenomenology of participants' experiences.
Appendix B: Ethical Approval

Dr Adrian Coyle
Chair: Faculty of Arts and Human Sciences Ethics Committee
University of Surrey

Belinda Giles
Psychotherapeutic and Counselling Trainee
Department of Psychology
University of Surrey

10th January 2009

Dear Belinda

Reference: 276-PSY-08 RS
Title of Project: The Motivation of Adoptive Mothers

Thank you for your submission of the above proposal.

The Faculty of Arts and Human Sciences Ethics Committee has given favourable ethical opinion.

If there are any significant changes to this proposal you may need to consider requesting scrutiny by the Faculty Ethics Committee.

Yours sincerely

[Signature]

Dr Adrian Coyle
Appendix C: Study Information Sheet

Study title: The Motivation of Adoptive Mothers

Researcher: Belinda Giles

You are invited to take part in this research study. Before you decide, it is important for you to understand why the research is being done and what it will involve.

What is the purpose of the study?
The aim of this research is to gain insight into the experience of becoming an adoptive mother and which motivations play a part in the decision to pursue adoption. It will attempt to understand better the reasons individuals are drawn to this kind of parenting by glimpsing the experience of this process from within. It is anticipated that the findings from this study will add to the knowledge and understanding of prospective adoptive parents, and mothers in particular, both in the wider community and within adoption agencies.

Do I have to take part?
No, your participation is voluntary. If you decide to take part, I will give you a consent form to sign. If you decide to take part but find later on that you change your mind, then you can stop taking part at any time; you don’t have to explain your reason for withdrawing. As all information will be kept strictly confidential (there is a section later which explains this further), your participation in this study could in no way affect the outcome of your adoption application.
What will happen to me if I take part?

I will arrange to meet you for a 45-60 minute informal interview where I will invite you to discuss with me your own experiences of your decision to adopt. Only you and I will be present during the interview. I would like to undertake the interview in as convenient a place as possible for you: you may decide this is in your own house, or there may be another location we could find where we could be undisturbed. I will audiotape this interview and will then transcribe what you have said. I will offer you a copy of this transcript and ask for your comments, prior to my submission of my research to the University. I will also offer you a copy of my final paper.

Confidentiality:

Any identifiable information will remain confidential to myself. In typing the transcript, your name and others referred to during the interview will be substituted with replacement names so that they will not be identifiable to anyone else. In any written reports of this research, this confidentiality will be strictly observed so that all information is kept anonymous. The audio tape will be kept securely by me in my own locked cupboard and the tape will not have your name on it; only I will be able to identify it from the interview number I allocate it. I will erase the tape following the submission of my study to the University at the end of July 2009.

What will happen to the results of the study?

The results of this study will be written up into a research report as part of my Practitioner Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. Further it may be submitted to a psychology journal for publication. Any identifying details ie: names or locations will remain anonymous.
After the interview:

If, following this interview, you feel you have suffered any distress, details are included below of people who would be able to offer you support, should you wish to contact them:

- Your own adoption social worker
- British Association for Adoption and Fostering, Saffron House, 6-10 Kirby Street, London EC1N 8TS. Telephone: 020 7421 2670

Please contact me to discuss any questions you might have about this project via:

Researcher: Ms Belinda Giles
Department of Psychology
University of Guildford
Guildford, Surrey GU2 7XH
Email: b.giles@surrey.ac.uk
Telephone: 01483 689176

Any complaints or concerns about the any aspects of the way you have been dealt with during the course of this study will be addressed; please contact Dr Riccardo Draghi-Lorenz, Research Supervisor at the address below.

Research supervisor:
Dr Riccardo Draghi-Lorenz
Department of Psychology
University of Guildford
Guildford, Surrey GU2 7XH
Telephone: 01483 689176
Appendix D: Consent Form

SURREY UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
PRACTITIONER DOCTORATE IN PSYCHOTHERAPEUTIC AND COUNSELLING PSYCHOLOGY

Consent Form

Research study: The Motivation of Adoptive Mothers
Researcher: Belinda Giles

Please read the information points below. Should you agree to participate in this study, please sign this consent form to provide your consent to participate and to confirm that you have read this and the participant information sheet.

➢ I, the undersigned, voluntarily agree to take part in the study on adoptive mothers' motivations to adopt.

➢ I have read and understood the Information Sheet provided. I have been given a full explanation of the nature, purpose, location and likely duration of the study and what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

➢ I understand that all personal data relating to volunteer research participants is held and processes in the strictest confidence, and in accordance with the
Data Protection Act (1998). I consent to the interview being audio recorded, and to the recording being transcribed for the purpose of this research. I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.

➢ I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

➢ I confirm that I have read and understood the above and freely consent to participate in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of this study.

Name of volunteer (BLOCK CAPITALS) ............................................
Signed ............................................
Date .............................................

Name or researcher (BLOCK CAPITALS) ...........................................
Signed ............................................
Date .............................................
Appendix E: Interview Schedule

Study Title: The Motivation of Adoptive Mothers

Part One
Background Information Questionnaire

1> How old are you? ..........................................................................................................................

2> How would you describe your ethnic origins²

Choose one section from (a) to (e) and then tick the appropriate box to indicate your ethnic origins.

(a) White
   British [ ] Irish [ ]
   Any other White background (please specify).................................................................

(b) Black or Black British
   Carribean [ ] African [ ]
   Any other Black background (please specify).................................................................

(c) Mixed
   White and Black Carribean [ ] White and Black African [ ]
   White and Asian [ ]
   Any other mixed background (please specify).................................................................

(d) Asian or Asian British
   Indian [ ] Pakistani [ ] Bangladeshi [ ]
   Any other Asian background (please specify).................................................................

(e) Chinese or other Ethnic group
   Chinese [ ]
   Any other background (please specify)...........................................................................

² The format of this question is taken from the 2001 UK census
Part Two
Semi-Structured Interview

Opening phrase and question:

"I would like to hear about how you have come to your decision to adopt a child? Could you tell me, in your own words, what that experience has been like for you and what do you feel has motivated you in particular to adopt a child?"

Areas of enquiry to guide the interview for use if areas are not raised spontaneously by the participant:

1> How the idea initially came to you?
   - role of life events i.e.: infertility, loss of a biological child
   - religious affiliation
   - family precedents
   - other experiences of adoption – friends?
   - adopted herself?

2> How did the idea grow on you?
   - weighing up the pros and cons
   - a growing sense of conviction about this being the way to proceed
   - strongest positive factors?
   - strongest negative factors

3> what does having a child/ a family mean to you?
   - childlessness
   - social expectations
   - family expectations/pressures
4> What was reaction/support of your partner?
   - partner's concept of a family
   - need for a child
   - what does life look like without a child
   - reluctance/fears

5> How much has your expectations of having a family been influenced by your own upbringing?
   - relationship with mother and father as a child
   - relationship with siblings
   - attachment in early years
   - meaning of 'a family' then and now
   - relationship between childhood experiences of parents and adult personality
   - relationship with mother and father now

6> What do you think you can give to your adopted child?
   - altruism
   - attachment modelling
   - building a relationship

7> What do you think your adopted child can give to you?
   - expectations
   - companionship
   - friendship
   - allegiance/loyalty
   - effect on marriage/partnership
8> in what ways will your own upbringing influence the relationship you would like to have with your adopted child?

- feelings
- modelling

Towards end of interview:
"is there anything else which you think is important about your experiences which you would like to add?"

At close of interview:

- thank participant for taking part
- de-brief and ask participant if she has any questions at this point?
- leave de-brief letter with participant and ensure she has researcher contact details
Appendix F: Debrief Letter

SURREY UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
PRACTITIONER DOCTORATE IN PSYCHOTEHRAPEUTIC AND COUNSELLING PSYCHOLOGY

De-brief Letter

Research Study Title: The Motivation of Adoptive Mothers
Researcher: Belinda Giles

Thank you for participating in this study. If you have any comments or questions on the interview and/or the research process please ask me. If you think of further information that you would like to discuss with me, please contact me via email or at the address below.

The audio tape of the interview which you have given will now be transcribed and analysed along with interviews conducted with other prospective adoptive mothers. The information gathered will be anonymous and any quotes from the interviews used in the reports will be given replacement names. I will contact you again, in approximately one month, with a copy of the transcript from your interview for you to read and comment on. I would be grateful for any feedback you might have on your interview.

I will also offer you a copy of my final research report for you to keep once it has been completed and approved by the University.
If, following this interview, you feel you have suffered any distress, details are included below of people who would be able to offer you support, should you wish to contact them:

- Your own adoption social worker
- British Association for Adoption and Fostering, Saffron House, 6-10 Kirby Street, London EC1N 8TS. Telephone: 020 7421 2670

Thank you again for your participation in my research. If you need any further information, please contact me via:

Belinda Giles, Counselling Psychologist in Training, Department of Psychology, University of Guildford, Guildford, Surrey, GU2 7XH
Email: b.giles@surrey.ac.uk
Telephone: 01483 689176

Research Supervisor: Dr Riccardo Draghi-Lorenz
Department of Psychology, University of Guildford, Guildford, Surrey, GU2 7XH
Appendix G: Sample Interview Transcript

NB: all names and locations have been changed to ensure confidentiality

Participant 1

1  And I suppose the first sort of thing I wanted to ask you was just a little bit
2  about, you know, just sort of your ethnic origins and how old you are.
3  OK.
4  So how old are you?
5  28.
6  28, right and how would you describe your ethnic origins of that lot there?
7  White British.
8  White British. OK so I will tick that box. Great. So I suppose really what I want
9  to do today is hear in your own words about what lead you to think about
10  adoption and what you think your motivations were and, as I said, I've sort of
11  got some ideas of things that I might prompt you with but very much, from your
12  experience, can you tell me what happened really.
13  OK.
14  How it all started.
15  I'd always thought that it was a good idea, adoption, anyway because there are
16  just so many children that need a home, you know, and I'd not had a good start
17  in life myself and I was very close to going into care myself so I always kinda
18  think, well, if you don't think about that type of child and the start they've had
19  and the help they need then what's going to happen to them, you know, and
20  that could have been me. So I always thought it was a nice idea and then when
21  I was 17, I, when I went on contraception I had some problems. My weight
22  went up by sort of 3 stone in the case of the same amount of months after
23  having the injection and it sort of messed up my whole system and I haven't
24  been able to conceive basically so I guess that's kind of ... I mean it's not the
end of the road for me in terms of being able to conceive naturally - they say it
might happen but it's very unlikely and me and Roger have been together for 9
years now and it's just the next step for us. So we want a family now and this is
kind of the only route really and because of the NHS system and money
restraints people with my weight problems don't have fertility treatment. You
have to be under a certain BMI. I'm not under it. It depends what
Gynaecologist you speak to. One of them said “go away and lose 8 stone and
come back when you've lost 8 stone and we'll help you”. Another one said
“go away and lose 3 stone and we'll consider you”.
Wow, how was that?
I don't know. I think some are just stricter than others. You know, your BMI has
to be below 35 to carry a healthy baby and not to put the mum and the baby at
risk and there is more chance of miscarriage if you are over a certain weight as
well, I think, so over a certain BMI so they won't risk it basically if they are
giving you fertility treatment. And to be honest we have talked it through and
read a lot about IVF and various other ways of getting pregnant and it just
seems so physically intrusive. And I say physically intrusive because before the
adoption process I would have said it was intrusive to go through fertility
treatment but only physically. I think the adoption process is more intrusive in
so many other ways. That's what we found anyway. Before you start the
process you have no idea.
So I wonder how long, so you talked about how, you know, you had it in the
back of your mind that, you know, thinking about that that kids have a tough
time.
Yeah
How ... can you sort of pinpoint the stages by which that, alongside your
apparent inability to conceive, came together and sort of got you on the road to
adoption. It's a process from which it sort of goes from something you think
about at the back of your mind and then it sort of gradually comes forward.
Well, we, after we got engaged which was about 6 years ago now we talked about family quite quickly before we were even married and I always knew that there would be issues but I didn’t take it too seriously at the time that I wouldn’t be able to have a baby. I just thought it might take longer than other people so we just kept trying, kept trying and the doctor said come back in a year, come back in a year and it gets really disheartening and so I suppose in the last couple of years ... at one point I was kind of really obsessed with becoming pregnant and then the more I thought about it was more about having a baby and then in the last year and a half its been more about being a mum. It’s like my brain’s sort of kicked into gear and I’ve grown up a bit. It’s more about us being parents and being a family than me actually being pregnant and giving birth and all that sort of thing. Those things aren’t so much, well, they’re just not important to me anymore. I can’t say I can’t pinpoint when that change happened but it’s sort of in the last year and a half and I don’t know if that’s because I’ve finally realised, well, maybe it’s never going to happen so physically. And to be honest maybe 5 years ago I wouldn’t have gone down the adoption route because I saw being a mum as becoming pregnant, carrying to term and giving birth and that being the most, sort of the best way of being a family because that’s natural isn’t it? That’s what you think - you get pregnant, you have a baby and you’re a family. I don’t feel like that anymore. I just want, we just want to be parents and we want to experience every day all the trials and tribulations of having little ones around.

So there is something about, what you are saying is, there’s something about the longer you didn’t become pregnant the more you started to think about the meaning of being a parent.

Yeah definitely and I don’t know if that’s because I’ve got to a point where I would just do anything to have a family. I don’t think like that. I mean I would do anything but I’m not seeing adoption as my last chance or anything like that. I just think that it makes sense in so many ways, you know. I can’t physically
produce a baby right now and there are children out there waiting for a loving home and we know we can give that so that’s how we feel about it. So it’s like a kind of, it’s a deal. I mean you’ve got the loving home, there are children who need loving homes and you can put the two together through adoption.

Hopefully yeah. And when you talk about it it sounds as though you have come to terms with that.

Yes and I think I... I don’t know. What I know ... I’ll be very upset if we can’t adopt and not just because we can’t, you know. I won’t go after, if we get turned down I won’t be like “oh I can’t have a baby physically so I’ll never be a mum”. It will just be such a shame because I think we’ve got a lot to offer, you know. We can make a really nice family and yeah I can’t, I don’t know how we’ll cope with it to be honest if we are turned down but I mean I’ve got passed not having a baby physically so hopefully if it doesn’t happen I’ll get passed that as well eventually.

Can I ask you what stage you are at in the adoption process?

Well we went to ... it’s such a long process. We contacted them last, I think it was last September.

Who was this, your local authority?

Yea and they showed initial interest. They send out information at that point and then we said we wanted to go to information session and they told us we wouldn’t be able to go until June this year which was an eight month wait which is really disheartening when they say that because they say that the whole process from that information session is going to take like 8 months anyway so they just sort of doubled that to 16 months ...

Sure.

... so really upset about that. But in February this year, because I mean it plays on your mind constantly, you’re just like will we won’t we, February of this
I rang up on the off chance that we might be able to get on an earlier information session and they said they had a cancellation and we could come in two weeks time which was just fabulous. So we went in February and that was great and I mean it just kind of confirmed everything we had already thought of, answered other questions. So we said yes we would like an initial assessment interview and so the Social Worker came out and did that and we talked a lot about my health history because I've suffered with depression on a couple of occasions and because one of them was last year they like you to be off medication for like a year and a half to two years before they will put you through the process – one, because there are so many people waiting to be part of that process they would waste money on me if they were going to put me through the process and then it wouldn't happen because of that reason and two, it would obviously be devastating if we went through that whole 8 month process and then they just turned us down. So they told us they say they can see a lot of potential in us as parents, as adoptive parents and to contact them again in the New Year next year.

Right.

So as that stands then at the moment but I don’t see it as defeat because they’ve said a lot of nice things about us in this report.

Right.

They’ve said that, you know, we’ve got some experience with children. We’re clearly a strong couple as well. We’ve been through so much together and just the way we were with each other she represented us really well in her report so, yeah, so that’s it at the moment.

But it’s the wait.

It’s another wait.

Another wait. And you’ve had 6 years of waiting already.

Yeah. It’s funny to think actually that when we first got together I’d never thought about having a family and Roger was against having a family and then
our friends started having babies. That's another difficult thing actually. Our
close friends since me and Roger have been trying to have a baby have had 4
between them and another one of my friends is like due a baby any day. It's
very difficult when that happens and it's strange to think that Roger didn’t want
a family and then now I think he’s as broody as I am. You know I see the
disappointment in his face and it’s horrible. So yeah another wait but I am
trying to remain positive because she said don’t let it get you down because I
do think there’s a lot of hope for you so ...

I guess managing the waiting and your anxiety and your ...

I'm just trying to fill my time as best possible really and not look on the BAAF
website anymore because the children that are waiting for families ... it's just,
it's quite sad really.

Yeah it must drive you crazy in some ways.
Yeah it does. I'm kind of trying to convince myself as well as everyone else that
I'm coping fine with it because it, because we have been trying for a family for
so long and we've tried so many different things. I mean I've been on various
medications that should stabilise my reproductive system or whatever. So
many steps along the way and just being turned down at every step is just really
difficult to cope with.

So there is something about the adoption process which almost kind of
replicates that isn’t there, sort of, going forward and then being told to stop...

Yeah.

... and wait and it's almost like a pregnancy in itself isn’t it?
Absolutely but I think with the ... what’s quite scary about the adoption process
is that in contrast to being pregnant you go through this like 9 months of being
assessed and then you’re kind of told yes or no. No is obviously devastating.
Yes, when they say yes it can be like weeks before you have a child moved in
so you are kind of told like weeks before that a child is going to be moving into
your life ... that’s really quite scary.
Yeah.

At least with pregnancy you’ve got that 9 months, you know, to prepare yourself.

It’s a finite time isn’t it?

Yeah.

I mean I’ve heard that that actually is almost the most difficult period that when you’ve been accepted ...

And then there’s meetings. I mean I just can’t imagine how I’m going to act in that sort of meeting you know what do you say “my name’s Ruth. I’d like to be your mummy”. I don’t know but ... it seems like the whole process is a sort of a cross-that-bridge-when- we-get-to-it sort of thing and it’s quite nerve-racking really.

And in terms of your sort of fertility issues has that, has the fact that you’ve sort of embarked on the adoption process, has that, has that changed the way you think about about getting pregnant or about ...

I’m still ... I still think about pregnancy very occasionally. I stop myself because there was a point where that was all I thought of and I was doing tests all the time and because I don’t have regular periods I don’t know, I could be pregnant and I wouldn’t know for a few months, you know, so there was a time when I was just doing them all the time and all I could think about, you know. I don’t know if you’ve seen the film “Maybe Baby” where they like, they’re doing everything. She’s like got her legs up against the wall and they’re doing various positions and he’s rushing home from work at the time of ovulation all that sort of thing. I used to be like that you know but ... no I don’t. I think about the adoption positively and now it’s been put off I kind of occasionally think oh I, well, I might be you know it’s possible but don’t build yourself up Ruth for goodness sake. But I don’t think we will go down the fertility route. And with the adoption thing as well if we do get accepted to be assessed they say then you’ve got to go on contraception which will be a strange concept for me really
because I've never had to not since I, well, it's a decade ago since I've been on
the pill so ...
So it's going from trying to have a baby to trying not to have a baby in order to
have a baby.
And then I might be on the pill that whole time and then them say no in the end
and then there's always this thing in the back of my head, well, what if that was
the time when it might have happened.
Yeah.
So ...
Yeah that's quite huge isn't it really
Yeah it is yeah.
So in your mind is it possible to describe the sort of difference between if you
can imagine yourself being accepted for assessment ...
Yeah
And then taking, having to take contraception as a result. In your mind can you
think of the difference between giving birth to your own biological baby and
adopting a baby? Does .. how do you explain that in your mind to yourself? Is
there a difference? Is it the same?
I would think there would be a difference but I think because ... because my
wont for being a mum is so strong all I can ... I can't see, I can't feel a
difference in myself when I think about the two occasions. All I think is that I'll
be so overwhelmed, so happy that nothing else in the world will matter. You
know if either of those things happen if we adopt or if I have a baby I can't
imagine anything being better than either of those but I don't ... I can't class one
over the other anymore so I'm quite open to ... I just want to be a mum so it
doesn't really matter to me which way, which way it happens.
And is that again in terms of, sort of, I mean it's really difficult to pinpoint in
your mind but you said 5 years ago you were quite obsessive about becoming
pregnant doing all the handstands and all that kind of stuff and ...
Yeah.

And now you've, sounds like that's changed and you've sort of...

It's completely changed, yeah.

And is that, so do you think that like 5 years ago it would have felt really like a second...

I think back then thinking of adoption was definitely going to be my last chance scenario.

Right.

You know back then I would have been like no that's only going to happen if we know for sure that I'm not going to have a baby.

Right.

Yeah.

So then it would have seemed like very much a second sort of, yeah what's the phrase I'm trying to think of, a sort of, you know, a lesser option, a less good option.

Back then yes I think, I don't, I think maybe that's a more immature way of thinking of it. I don't, I don't... why my thoughts have changed on it and I feel kind of ashamed when I think I used to think that way if that makes sense.

Where do you think that shame comes from?

I don't, I really don't know, I mean like I say I think part of it is because I'm so desperate to be a mum that maybe I've talked myself into the fact that it really doesn't matter. I don't know but that is how I feel. I don't know.

And you talk about your desperation to be a mum. What, what, where do you think that comes from?

That's a long story! I've always been a bit of a mother figure anyway cos my mum's got mental health problems and I was her carer from the age of 8 so I think that's probably where I get it from. I've been mothering everyone I know ever since.

Were you the eldest in the family?
I'm the only child.

Right.

So that was difficult and I don't know if this ... I kind of think about it occasionally and I'm not sure if it makes any sense to anybody else but ... I moved away. My mum lives in Wales and we moved away about 5 or 6 years ago and she became more independent and we became more independent. I, she was less dependent upon me. I don't know maybe that was the point at which I felt something was missing or I wasn't using that part of my character anymore maybe I don't know.

You sense a link between your sort of determination to become a mum and that move away from your own mum is there?

I don't know. I just think that looking after people has always been in my nature and I can't think of anything better than doing that with my own child. And I just want me and Roger to be parents together so I mean I always thought ... I always thought that we would have really good looking children as well because he's very handsome but ... I don't know. I just want us to be a family really and that might be, I suppose again that might be because I had a very insecure messed up childhood maybe. I don't know. I don't look at it as if I'm trying to right any wrongs or I want to have children to, you know, forget about and give them the childhood I never had. It's not like that. I don't feel that way but I do think that that would be the case, you know, I definitely would give them a much better childhood than mine. I would hope.

Were you, was your dad in your life?

Yeah. He, my parents divorced when I was 8. Like I said mum had, has paranoid schizophrenia and my father was incredibly violent towards her. Strangely though I was very close with him. I didn't believe my mum for years and years. So when he moved out well it was just disaster areas all round. I was looking after mum and I was missing him and it was just dreadful. I was bullied a lot. I tried to kill myself when I was 14. I mean I had a really tough time of it.
So it's kind of surprising I got this far really but ..... I'm a totally different person really. Even my mother-in-law says to Roger all the time "how she turned out so well" which is nice.

That is nice. Did your dad stay in your life? Have you kept in touch with him?

He did up until a few years ago cos when I, I kind of came into my own and I said I wasn't going to put up with him being a rubbish dad anymore, you know, I wasn't going to ... he never contacted me it was always me going out of my way. He'd always slag off my mother and I just said in the end I didn't want to put up with it anymore and we've not spoken since. It's been about 4 years since we've spoken to him.

So, but you really had to step in and look after her when he went.

Yeah absolutely yeah which the looking after her ... I don't think the looking after her was so bad. It was putting up with the fact that I had to look after myself so much. I think that's what was difficult. It's not that she didn't want to look after me she just didn't have ... She couldn't.

... the skills or when she was ill she just didn't think about it I suppose.

So you say it wasn't just her you were looking after, you had this sort of longing to look after other people ...

All the time, it's something that I've always done.

Were there other people you were looking after as well?

Well I mean I went into care work and now I work in supported accommodation for people with mental health ...

Oh do you?

Yes so that's just kind of me really but I am training. I'm re-training to do personnel practice to be an HR Advisor so to get away from a stressful, one stress into another stress.

Right.
But it's all kind of geared around having a family cos I just think, you know, the job I do at the moment is a 365 day a year kind of job and shifts, weekends, evenings.

Right so really difficult to ... So, yeah, I'm making changes. I've been making gradual changes for children in our life you know.

Like? Silly little things actually like buying a computer table that you can pack everything away in so that there isn't too much on show for the kids to play with. Silly little things like that we've been doing recently.

Right so you're sort of getting ready. Getting ready yeah. Well I think really only in the last couple of years that we've grown up. Our house was quite studenty before that really.

So what was Roger's feeling about adoption? You said that originally he ... Well originally he didn't want children at all.

Right. But I think that was because he was quite immature at the time and he was trying to be a rock star. When we got together he was in lots of bands and his mum always put us off as well. She always used to say "oh no children tie you down. They're very expensive" all that sort of thing. But she changed her tune after we got married which, I'm not surprised, she's quite old fashioned like that. And so, I don't know, like I said when our friends had children ... he, he loves spending time with children. He's a bit of a clown with them really and they love him and he likes to hand them back because he can't, because I suppose until you've done it yourself you don't know the challenges and how to deal with them. So yeah he kind of changed his mind. I'm trying to think when he changed his mind. It was probably about 4/5 years ago he really came round to the idea of being parents but the last couple of years it's got a lot stronger in him and, you know, like I said I can see it in his eyes when, you
know, whenever one of our friends has another baby and we go and see them. It’s really upsetting to be honest because we leave them and come home and it’s just us. And although we love each other there is something missing. There’s always something missing so ... And where is he with the adoption, in his head, I mean can you sort of describe ... I think he was more open to the idea than me to be honest with you. Oh right. And from the time when we started talking about adoption and it was all about having a baby he’s the one that’s talked through with me and helped me rationalise having an older child. Right. Because we have got in the last year and a half, we have gone from saying we want a baby to right we’re going to go for a child between the ages of 3 and 6. And we crept up to that and the more we’ve talked we’ve rationalised and been really strict with ourselves and really I’m trying to think of the word ... what would make sense and what is workable rather than the dream ... Yeah. ... you know, and he’s always the one that says “look Ruth you know that whatever age they are there is something to enjoy, you’re going to love it” and I know he’s right but it’s taken me longer to sort of ... because, like I say, it’s been so many years when I’ve wanted to be pregnant and have a baby so ... but one of my friend’s children, one of them is almost 4 and she’s just an absolute dream, you know, she, I mean don’t get me wrong she’s not perfect by any means she’s the cheekiest little girl I know but it’s just something new coming out of their mouths all the time and she’s just so much fun, you know. And have you been to, is it true that you are more likely to have a child, have a child if you go for the older age group?
Yeah under 1 is really unusual. I think our local authority only, like, 1 or 2 under ones were adopted last year.

Only 1 or 2?

Only 1 or 2 yeah. Then when you’re going over 1 to 3 that’s the most common age group and then 3 to 5 is the next common one. Over 5, between 5 and 9 is the difficult one. People don’t really take those ages. Teenagers very unusual to get adopted. Unfortunately they have to go into long term foster care. And sibling groups that’s difficult as well and I even considered going for sibling groups and I am honest with that. That was just so that we would be considered more, you know. I would love to have more children in our life but when I think about it realistically going from zero to 2 is going to be really difficult so we’ve already told them no we want to go for one child, boy or girl, between the ages of 3 and 6. That’s what we kind of narrowed it down to.

And that feels good for you both, that’s a place where you both go to together?

It is now yes. Like I say, I wanted younger than that but realistically I couldn’t stay off work and they’ve said that, you know, in a lot of couples that they’ve got waiting on the list now one of them is willing to stay off work up until those children are at school full time and I can’t afford to do that at the moment so ... maybe in a few years time when Roger’s qualified because he’s training to be an accountant.

Right.

But I see, if we were sensible then perhaps we would put it off a few more years and then we could have exactly what we wanted which would be to have a baby and I think that’s not because we would prefer a baby over like a toddler it’s because we want as much time as possible with them. We want to go through everything, you know.

And to be there the whole way through sort of thing.

Yeah.
And why do you have an idea that you would be more likely to get that if you waited? Is that because of your work situation?

Yeah exactly. In a few years time we will be able to afford for me to stay home.

Right.

That’s the only thing. And they do say that financial restraints shouldn’t be a reason not to adopt.

Yes.

But when they ... I mean it’s means tested. We do earn a decent salary between us but there’s lots of bills going out but they would still base it on the money that we get before all of our debts, all of our bills are taken into consideration so on the face of it it looks like we’re actually doing quite well but really we’re not left with loads of money at the end of the month, you know, so I don’t think we would qualify for financial assistance.

Yeah so all these are all really difficult decisions aren’t they?

Yeah.

You’ve talked, you’ve talked about this notion of having a family and I wonder if you can describe what that means to you in your head, sort of when you first started thinking about getting pregnant, having a baby and now where it’s got to. What does a family mean?

That’s a really difficult one.

It is I know.

I think that families ... actually I’m not going to generalise like that because every family is different and I certainly haven’t got any good experiences to share, well I’ve got some good experiences but they’re outweighed by the bad.

So I would like to think that our family would be close and supportive of each other and that we would encourage and nurture our children not push them in directions they don’t want to or can’t go, have fun together just ... I just can’t wait to see all the changes and hear all the new things they’ve learnt that day and just have new experiences together. Even things that me and Roger do
now, they’re going to be totally different when there’s another person around.

Just having another little person in the house. I just can’t wait. It’s exciting and there’s always something new and I know it’s going to be tiring but apparently you just do it so my friends say. You just do it. You just find a new routine together and you stick with it and ...

There’s something about, you just said about coming back, you’ve just seen a friend who’s just had a baby and you and Roger come back and you’re empty handed.

Yuh.

And I just wondered about that sense of, are you a family without a child?

We’re very close and we tell each other everything but we do ... it’s quiet here. There is a gap. Like when we’re out with our friends and their children we’ll often sort of look at each other at the same time because we’ve noticed something amazing about that little girl and you know, God that’s really upsetting to think about but we’ll often do that. I’ll look round and he’s looking at me thinking exactly the same thing, wow, isn’t she amazing. I can’t believe she’s just said that or I can’t believe she’s done that. When we come home after spending time with them it’s just so quiet and it feels really empty here because I mean, don’t get me wrong, my friends are brilliant and they think that we’re great with the kids and they would happily leave us with them and there’s things that we want to do with those children like I want to sit at the table and make Easter cards and send them off because I’m proud of my little girl’s or my little boy’s made an Easter card. We could do those things with those children but you can’t, it’s just never going to be the same unless they’re yours. You know the decisions you make and the the way you describe things or explain things is going to be different from parent to parent and I just can’t wait for it really.
And I'm wondering about sort of, one of the things that I'm interested in is how having a baby, having a child, being a mother is about, is kind of how important is it to one's sense of being a woman. Do you know what I mean?

Do you mean the difference to being a mum to an adopted child and parenting your own or...

Not necessarily although if that's something you feel is something that question brings up. I was more thinking about, does it leave you with a sense of not being quite, you know you've talked about not being quite kind of a family, without a child...

In the last few years, well not the last few years so much because I've kind of come to terms with the fact that I might not ever have a baby of my own but before that it was very much well I'm not an actual woman, you know I'm not, I can't do what a woman's designed to do and that's really hard actually to think about and I've felt very guilty and I've apologised to Roger on numerous occasions for not being able to provide him with a [........] a little Roger or a little Ruth. I mean he says don't be so stupid and, you know, I don't blame you but you can't help but think well course he wants his own child, you know, course he does because I do, you know, course I do. So for a long time that was on my mind all the time that I'm not working properly and that people weren't helping me, you know. I was going to various doctors and they were all coming up with some excuse or fobbing me off onto another specialist or come back in a few years time. But I know that there's a lot about me that a child can benefit from whether that be a birth child or an adopted child and that's all that matters really because I've got a lot to give and the children that we are looking to adopt need that so I don't, in some ways, I suppose I just had to come to terms with that but I don't feel like I'm having to give up a dream or anything I just feel like I've got a new one. That's how I like to think of it.

Well I don't know how long we've been talking for. It seems ages doesn't it?

About an hour I think.
485 How are you feeling?
486 OK
487 OK
488 Yeah
489 OK. Is there anything else that you wanted to talk about specifically or anything you think we haven’t covered?
490 No I don’t think so.
491 No. Shall I have a look at my list?
492 OK
493 Oh I know I know. There is a question I have to ask. I suppose it’s about, it’s impossible, my subject is the most ... why do people, why do women want to adopt?
494 Yuh.
495 And sort of wondering how much ... you talk really eloquently about why you want to be a family and about a sense of, you know, not, a sense of also of letting Roger down to some extent by not being able to provide him with a little [... as you said but, is there a sense, in which you know society expects you to have children?
497 Yes definitely. Like when I talk to people after a while, are you married and have you got children I mean that’s really normal questions which, when I answer, they like “oh I’m so sorry”.
499 So what do you answer out of interest?
500 Now it’s different. I’m just like no it’s fine it’s alright we’re thinking about adoption ... before it would be like oh yes, maybe one day, trying to remain optimistic but not feeling it inside. Yeah, no I think that, well, women that’s what women are for isn’t it. Stereotypically they’re there to get married, have children, look after the house. I mean I don’t feel under pressure to be a mum or anything. I just ... I want that because there’s such a closeness between mums, again stereotypically, mums and their children are just inseparable
aren't they? Mother's will do anything and I do believe I will do anything for my children as well whether I've given birth to them or not, you know.

I'm interested in the fact you say that because obviously with your experience with your mum, however much she wanted to do everything with you, for you, it sounds as though she was obviously not able to.

That's right yeah.

So I don't know if there's a relationship between you wanting, you said you didn't want to, there wasn't anything about you giving your child the childhood you weren't able to have.

Yeah I know it's not about that really. That doesn't ... I suppose if you look deep into it that might be some sort of underlying reason but I've always, when I was young I always thought I would grow up, get married, have children and the older I've got the more it's been on my mind, the more I guess I've wanted to be like my friends with their, as I see from the outside, their perfect little families you know. Two children, the car, the house. We've got the car and the house, we just ...

And the cat!

Yeah and the cat.

Yeah so there's that hole missing sort of thing.

Yeah I mean, it's just, I think it's my dream, you know, everyone says you're having dream, everyone has got a different one and that's mine, to be a mum, to be in a happy marriage.

And it sounds like what you just said was that 5 years ago when you really really were at the sort of stage of longing to be pregnant that somehow the adoption as you said has sort of taken you on another journey.

Yeah.

It's another route.

Yeah.

Which has given you hope in a way that you were feeling hopeless before.
Yes I was definitely. We were quite surprised as well about who it’s open to, adoption. It’s, you kind of think you’ve got to be rich and you’ve got to be married for so many years and have this and have that but it’s not like that at all. And the way I think about it now actually is that it’s not my last chance to have a family but I kind of think, how I feel at the moment is that it’s our last option not that other options have been taken away from us but we’re happy that adoption is our last option. We want it to be because we wanted to be parents and there are lots of children that need parents.

It’s something in a way you said at the beginning that it was an instinct you’d already thought about so long before you knew you might have difficulties so in a way things coming full circle, coming back.

But I mean I still can’t help when I’m walking down the street and a teenagers coming along whose got a baby in a pram with a dirty face and she’s pregnant again and she’s got a cigarette hanging out and you know that sounds like a stereotype as well but it happens a lot in this area. I’m furious. I’m so angry at Society, at the way these girls just go around and can get pregnant so easily and then treat their kids like crap I, yeah, that makes me really angry. I’m like, and then there’s like huge women twice the size of me who have got broods of kids as well. My doctors tell me I’m not getting pregnant because I’m overweight so I’m still quite bitter about not being able to get pregnant when I think about it but it’s not something that consumes me anymore.

And do you have a sense of how you got to that, that ability for it not to consume you?

No I really don’t. I really don’t. I know that when I got depressed last year a lot of it was to do with not being able to have a family and that had been going on for so long and eventually it just got on top of me and I’m not sure why I came out of the other side of that depression either but when I did come out the other side I was a wiser person and I just felt totally different about things and thought about things differently. I don’t take things to heart as much as I used to. I don’t
read into things as much as... I try not to anyway. And with the fertility thing
that's kind of when we said let's do the adoption now because I'm ready for it
and I feel differently about it all of a sudden. I can't pinpoint ...
What the process was it just felt like you'd got there.
Yeah, yeah which is good really so... But I do have this overlying sense that I'm
putting all my eggs into one basket and they might say no still and ... only time
will tell with that one.
That that that must be scary.
Yeah it is, yeah.
And I suppose my last question I think, I'm going to stop interrogating you in a
minute, but it sounds like you are now very up on, you know you told me what
likelihood you were to get a child between 3 and 6 ...
Yeah.
You know quite a lot about adoption now.
We've read a lot.
You've read a lot. Do you think your view of adoption has changed as you've
become more informed about it?
I think we ... initially we went into it thinking OK look we want children lets go
ahead and do it but then there's still some things that scare us. The more we
found actually it's not quite as scary as we thought. You know, for example
meeting birth parents that was something we were, like, no way but the more
you read about it and the reasons sort of thing it makes sense. That's just an
example of one of the things that was totally different to the way we originally
thought of it. And we do believe that adoption although it'll be a really difficult
journey and very intrusive and there are just so many steps that you are hoping
you'll get over the next hurdle and the next hurdle, we do think that it's right for
us and it's not a case of we will go through it now just because we want to have
a child. We will go through it now because we know it's right. So I think that's
changed. I think it might have started out as, well, we might not ever have
children so let's do the adoption process but it's not like that anymore. Which is good. Cos I always worry what if I'm doing this because it's the only way but with anything in my life what if I'm doing this cos it's the only way, I'm settling for second best but I don't feel I'm that about the adoption so.
4.4. RESEARCH REPORT TWO

Title: “I felt the price I was paying to be happy as a gay man was to be childless”: an exploration of the narratives of gay men who are actively pursuing adoption as part of a couple.

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4.4.2. Abstract

Adoptive parents are the least researched part of the adoption triad and a focus on gay adoptive fathers is the rarest of all. The narrative approach has been found to be particularly useful at a time of biographical disruption and this study explores the experiences of gay men as they reach the decision to try to adopt as part of a couple. Five men who are in the process of adopting were interviewed to investigate how they make sense of their experiences in the context of their life history and their societal context. Three primary narrative structures were identified within their accounts: Gay Adoption as a Mission, Gay Adoption as a Challenge and Gay Adoption as an Opportunity. The findings are discussed with reference to other literature on adoption and identity formation. Implications for professionals working with families with a non-normative structure are considered.

Key words: adoption, gay identity, gay parenting, narratives
4.4.2. Introduction

The Adoption and Children Act 2002 made it possible for lesbian and gay couples to adopt jointly everywhere in the United Kingdom except for Northern Ireland. This finally placed gay couples on the same footing as heterosexual ones as regards adoption legislation as previously, gay men could only adopt as single people and then often only if their sexual orientation was not made explicit (Cosis-Brown & Cocker, 2008). However, gay men who adopt are still a tiny minority. Of the 3,300 adoptive placements made in 2007, only 1% of these were placed with male same-sex couples (DCSF, 2008).

With the large disparity between the number of children available for adoption and the number of prospective adoptive parents, gay men are an important resource who have a lot to offer ‘looked-after-children’ (Brooks & Goldberg, 2001). Becoming a parent is a major life aspiration and is intimately bound up with an individual’s social and gender identity, self-perception and public persona. It has been argued that many gay men do not come forward as prospective adopters because of their culturally influenced uncertainty about whether they are entitled to parent (Hicks, 2005; Hicks & McDermott, 1999). Although studies have revealed that 50% of gay men would like to become fathers (Sbordone, 1993; Beers, 1996, as cited by Brodzinsky, Patterson & Vaziri, 2002), the majority of gay men remain childless (Horgarden & Llewellyn, 1996).

Constructing a meaning around their desire to parent that allows the decision to adopt may be particularly complex for gay men. Because of the predominant culture of heterosexism, gay people are often considered to be a threat to the traditional family and its structures (Gillis, 1998). They have been variously stereotyped as “anti-family, sexually deviant, gender role deviant, mentally ill and subversive” (Herek, 1996). Despite the change in the law, 40% of people in the UK still think male same-sex couples should not be allowed to adopt because it is not in the best interests of the child (Action for Children, 2008). The right wing
press in the UK continues to be vociferous in its opposition: “what started as a decent attempt to be tolerant towards a minority lifestyle has turned into an assault upon family life and human rights” (Phillips, 2009) and the Christian right suggest that gay couples only want to parent to prove a political point (Morgan, 2002).

Heterosexist attitudes suggest that gay men who want to parent violate two societal ‘rules’: that women are the preferred nurturers of children and that gay men are not to be trusted around children (Mallon, 2004). There are further concerns that children brought up in same sex couples will develop a distorted sense of their own sexual orientation, despite evidence to the contrary (e.g. Tasker & Golombok, 1997) and that they could also be bullied because of their adoptive parents’ sexual orientation.

For biological reasons, gay men have had to be particularly creative about their routes to parenthood; surrogacy, co-parenting arrangements, fostering and adoption have been their only options. Adoption agency surveys suggest that some gay men choose adoption as a first, rather than a last, resort to form a family (Hill, 2009), unlike heterosexual couples who most usually adopt because they have not been able to conceive (Hoksbergen, 1997). However, gay men who are adopting as openly homosexual have to negotiate both their internal and external identities in order to decide to proceed.

Becoming a parent is intimately bound up with any individual’s psychological, social and cultural identity. For any prospective adopter, the process involves re-evaluation of self (Brodzinsky & Pinderhughes, 2002): the decision to adopt a non-biologically related child is a major life event, which will change not only the individual’s perception of themselves but also of their relationships and of their place in the wider world. The way that the experience is storied can reveal much about the way individuals have renegotiated their identity in the light of deciding to adopt and how they will integrate this into the narrative of their whole life.
Many researchers have used narrative approaches to explore topics associated with identity formation (e.g.: Murray, 2003; Gray, Fergus and Fitch, 2005). The task of narrative psychology is to explore the different stories that individuals tell for the insights they can offer into the identity of the storyteller and how that connects with their social context (Murray, 1997). The use of narrative is particularly prominent in everyday understandings of disruption (Bury, 1982). The concept of biographic disruption, when the structures in daily life become disjointed, is of relevance to anyone becoming a parent, and particularly those who are forming their families in such a non-traditional way as gay parents do.

Narratives structure events so that they demonstrate both a coherence, in how events are linked and a sense of movement through time. This is achieved through establishing a goal state and the narrative is constructed to show how events have made it more or less achievable (Murray, 2003). It is this relationship between events, not the events themselves, that is responsible for sustaining the dramatic engagement (Gergen & Gergen, 1984). Therefore the structure of the narrative and the identification of the dramatic forms within that structure is as revealing as the language and tone of the story-telling. “Tellers pour their ordinary lives into archetypal forms i.e.: tragedy, comedy and satire” (Riessman, 1993:25).

The little research undertaken into gay adoption has largely focused on societal attitudes and practice issues rather than on understanding this different approach to family formation (Hicks, 2005). The few studies into the experience of gay adoption also include lesbian adopters and these inevitably reflect the context of the time they were undertaken: participants in Skeats and Jabri’s 1988 study were all London-based and mostly lesbian. Hicks and McDermott (1999) had a wider range of participants but only two men who had been successful in their application to adopt. The context today is very different now that adoption agencies are no longer allowed to discriminate against gay men and they can adopt as a couple.
This study aims to explore how prospective gay adopters make sense of their experience of deciding to adopt. A qualitative approach was adopted because it provides the opportunity to explore the quality and the texture of the participants' experience (Coyle & Lyons, 2007). In particular, the narrative analytic approach as proposed by Murray (2003) has been chosen as the most appropriate method because it aims to examine the way people develop stories about their lives to help them make sense of their experiences. Other qualitative methods were considered and rejected because the focus of this research is the life stories of the participants and the meaning they make of their decision to adopt.

Through a greater awareness of the way gay men construct their identities around their decision to adopt, useful recommendations can be offered to mental health professionals who are working with clients affected by this non-normative approach to family formation, particularly those who are struggling to reconcile their different identities as a gay man and an adoptive parent.

4.4.3. Method

Ethics

This research study was granted ethical approval by the Ethics Committee of University of Surrey in February 2010 (See Appendix B).

Participants

Participants were recruited through postings on adoption websites (BAAF, Adoption UK) and through a national gay adoptive parent group which requested gay people who were actively seeking to adopt as part of a gay couple to act as research participants (see Appendix C). Eight gay couples replied; three were excluded for geographical reasons and one member of one of the remaining couples declined to take part. Five individuals agreed to take part; they all resided in the South East of England. Following Murray's (2003) recommendations, initial contact was made with the participants, the purpose of the study was further
explained and a setting for the interview was agreed. Each participant was sent a
copy of the study information sheet and a consent form (see Appendix D and E).
Participant details are displayed in Table 1.

The following inclusion criteria were used:

1. Participants had to be planning to adopt as part of a gay couple.
2. Participants had to be actively engaged in the adoption process, either at the
   assessment stage or at the approval stage, but not with children already
   placed.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Ethnic Origin</th>
<th>Stage in Adoption Process</th>
<th>Desired number of children and gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Bernard&quot;</td>
<td>40</td>
<td>White British/Other</td>
<td>Matched</td>
<td>Sibling group: 2 boys</td>
</tr>
<tr>
<td>&quot;Duncan&quot;</td>
<td>48</td>
<td>White Irish</td>
<td>Assessment</td>
<td>Sibling group: boys</td>
</tr>
<tr>
<td>&quot;Tom&quot;</td>
<td>40</td>
<td>White Other</td>
<td>Matched</td>
<td>Sibling group: boys</td>
</tr>
<tr>
<td>&quot;Greg&quot;</td>
<td>50</td>
<td>White British</td>
<td>Assessment</td>
<td>Sibling group: boys</td>
</tr>
<tr>
<td>&quot;Robert&quot;</td>
<td>42</td>
<td>White British</td>
<td>Assessment</td>
<td>Sibling group: boys</td>
</tr>
</tbody>
</table>

The narrative approach to research has been used with different sample sizes. For
the purpose of this study, five participants were recruited as it was considered that
this number would offer a rich source of data which would not result in a
superficial analysis (Yardley, 2000).

Procedure

Five in-depth, open-ended interviews were conducted, one per each participant.
Although some men were part of the same couple, each participant was
interviewed individually. The interviews lasted approximately an hour each and

3 The ethnic groupings are taken from the 2001 UK census
were recorded. Field notes were kept to assist in the later interpretation of the interview data (Murray, 2003).

**Interview Structure**

The data were gathered through the use of narrative face-to-face interviews (Murray, 2003). The interview approach adopted for this research was a life story format that encourages participants to construct an account of their own lives. The structure of the narrative is therefore determined by the participant while the researcher takes the role of encouraging the story to unfold. The opening question in this life story interview approach was “could you tell me about your life?” (See interview schedule in Appendix F.) This allowed participants to choose their own course through their story, prioritising what is important to them and making a sense of events as systematically related rather than randomly occurring (Murray, 2003; Gergen & Gergen, 1984). Taking into account the way they had been recruited, they were aware of the focus of this study and this informed the selection of their material.

**Interview Procedure**

All the participants were interviewed in their homes. Each participant completed a demographics form (see Appendix G). It was explained to the participants that the aim of the interview was to learn about their life and experiences and that there were no ‘right’ or “wrong’ answers. At the end of the interview, all participants were given a debrief letter (see Appendix H) and a follow-up email was sent the day after the interview thanking them for taking part.

**Credibility of the Research Process**

The four criteria for evaluating qualitative research, as recommended by Yardley (2000), have been adopted to assess the quality of this study.

1. Sensitivity to context has been ensured through a knowledge of the extant literature and an awareness of the social context of the relationship between
researcher and participants. The position of the researcher and the way this might have impacted the research process has also been acknowledged in the self-reflective section at the end of this paper (Appendix A).

2. The analytic process outlined above shows commitment and rigour to both the topic and the method of analysis. Whilst always ensuring the sense of the data has not been distorted, it has also been analysed to yield a coherent account.

3. There is also a clear fit between the research question and the epistemology adopted. At every stage, the methodology has been disclosed.

4. Although the narrative approach cannot claim to be generalisable because it is idiographic, this study will hope to bring a greater understanding to the experience of gay men adopting which may influence adoption assessment policies. More generally, useful insights may also about be offered to the psychotherapeutic profession about the way parenting and the sense of self interconnect.

Analysis

Data were analysed according to the qualitative approach of narrative analysis (e.g. Murray, 1997; 2003; Gergen & Gergen, 1984). There is, as yet, no standardised methodology to the narrative approach, although a number of underlying principles and philosophies can be used to help focus the research (Crossley, 2007). The way in which gay couples have experienced the social and cultural context of their sexual orientation will influence the sense they make of their adoption journey. This study therefore takes a social constructionist view of self, which sees identity as a fluid, relational and dynamic process and where human experience is mediated historically, culturally and linguistically (Gergen, 2009). A focus on the way the material is organised and how the causal links between events are constructed will also be prioritised in this study because it reveals how individuals attempt to give meaning to the various challenges they confront and attempt to restore a sense of order.
As suggested by Murray (2003), the interviews were transcribed verbatim (see Appendix I) and were read several times by the researcher to become familiar with the overall structures and content of the data. It was decided to focus on certain aspects of the data at the expense of others: narrative construction with its temporal dimensions, tone, imagery and the societal context was prioritised as a way of being best able to explore the relationship between the participants' identity negotiation within the parameters of their wider world.

A brief summary of each account was produced (Step 1) and then a full outline of the beginning, middle and end of each story was described (Step 2). The goal state of becoming an adoptive parent was identified and drawing on the work of Gergen and Gergen (1984), the narrative orientations of each account were noted so that the parts of each account which were progressive (in which there is movement towards the goal), regressive (where there is movement away from the goal) and stable (where there is little change) could be identified (Step 3). The way these different orientations were blended together in the overall narrative enabled the researcher to identify the dramatic form of each story. For example, a progressive narrative which is then followed by a stability narrative can be identified as conforming to the 'happily-ever-after myth' whereas a regressive narrative which is followed by a progressive one can be described as the 'happy ending'.

The researcher also documented the personal, interpersonal and societal levels apparent in each account, connecting the participant's experiences with their construction of their identity, how they conveyed that story to the researcher and what is revealed about the underlying beliefs of the participants and their contexts (Step 4) (Murray, 2003). The original data was referred to at every stage of the analytic process to ensure that interpretations remained grounded in the data. An example of the process of analysis can be found in Appendix J.
The extracts from the interviews have been edited where necessary for clarity; identifying details, including names of people and places, have been altered to maintain anonymity.

4.4.4. Results

Narrative Forms

Three narrative orientations were identified within the accounts of the five participants: Gay Adoption as a Mission, Gay Adoption as a Challenge and Gay Adoption as an Opportunity. Results are reported through the three narratives which are most representative of each of these orientations. The tone of each narrative and the use of language and imagery will also be considered, alongside a focus on the societal context of each story. These elements of the narrative approach have been chosen because they are reflections of how gay men’s negotiation of their fatherhood is affected by the judgements and structures of the society in which they live. The narratives are developed as follows:

Gay adoption as a mission

This wholly progressive narrative orientation was apparent in the account of one participant who described every event as contributing to the positive outcome of the story. There is a feeling of coherence where one thing leads to another in an almost purposeful manner and it suggests that there is little doubt that events would unfold as they have. The structure can be identified as conforming to the ‘happily-ever-after’ schema as outlined by Gergen and Gergen (1984), as the progressive narrative is followed by a stability narrative where the goal has been reached and can be celebrated.

Bernard’s story

Bernard, a 40-year-old gay man, had contacted the researcher on the first day that the post had gone on to the adoption website: it seemed that he was eager to explain his adoption journey. He and his long-term partner had recently been
matched as prospective adoptive parents of two brothers. Although he had waited for many years to achieve this life-long goal of becoming an adoptive father, it seemed that his quest was nearing its end. This may have contributed to his narrative being both so progressive and positive. His story telling style was coherent and he recast the obstacles that had made adoption difficult for him as positives. In the final part of his narrative, he showed his sense of confidence about the fulfilment of his ambition and in his abilities as an adoptive parent.

Bernard began his account by describing the many different places he had lived which had given him the ability to “fit in” wherever he is:

I must say I rather like that about myself. I like that the fact that I feel comfortable in most places.

One of the advantages for him of moving around was that, when he came out as a gay man, he did it away from home and this meant that he felt comfortable with his gay identity before having to tell his parents. He described how he always knew he wanted to be a father:

This was one of the longest running desires that I can remember. I can distinctly remember pretty much as far back as I can remember having desires to be a father.

He reflected on how unique he thought this desire was:

I really did think I was alone in being a gay man and wanting to be a father.
but when the researcher reflects back that this might have been isolating, he said that he “never felt badly about it”. Unlike the other participants in this study, he conveyed a sense of already having a solution:

By the time I was out, I knew that I was definitely going to adopt ‘cos there wasn’t really any other option.

He had a clear sense of what appealed to him about becoming a father:

I think there is definitely a nurturing aspect, a desperate wanting to nurture children. There was to a very large degree a sort of educative aspect, I really wanted to show children what I really love about the world.

The altruism in adopting a non-biological child was a positive incentive and he argued that adoption is the best route for gay men to become parents:

To negotiate the biology of creating a child is distinctly distasteful I think. Whereas adopting a child, an existing child who needs a family seems to me the much more natural way to go if the other options aren’t, not so much available, they are available, but aren’t natural to you.

Having established the reasons for his ambition to adopt, Bernard then went on to identify the three categories of difficulties he had to confront. Firstly he was aware of the lack of precedents in gay adoption:

You really had to find the nooks and crannies, the loopholes in order to be able to do it.

Far from being alarmed by these difficulties, he relished the prospect of the challenge. His second difficulty was persuading his partner to agree to adopt. He
was aware that this was a long-standing source of disagreement in his relationship with his partner:

At various points I said, you know, this shouldn’t carry on if you’re never going to want to be a father because I haven’t changed. I want to be a father. And we did fight quite intensely about it at various points.

It seems as though Bernard had a sense of a clock ticking and as he reached a landmark birthday, his patience about his partner’s reluctance was wearing thin; Bernard’s use of language suggests that it was Tom who would have to change his position if the relationship was to survive:

I became very insistent that we needed to do something about this, we needed to answer the question because neither of us was getting younger and I wanted to adopt.

His final negotiation was with the adoption system. It took two years for them to be approved from when they first approached an adoption agency and although they had said they were willing to consider a broad range of children, it took two more years for them to be matched. He attributed this more to bureaucracy than homophobia:

That process was incredibly frustrating largely because we didn’t think that we were causing any of this. I mean the fact that we were gay didn’t cause a problem in our assessment. We were just facing the incompetence of bureaucracy that a lot of people face in the adoption society.

Bernard saw the two boys they have now been matched with on the day they were first posted on the adoption website. He speaks of this as though they were almost destined to parent them:
There were two of them, they were the right age, their profile didn’t raise anything terribly scary... And so I called up their social worker and I said this is who we were. And I think we got lucky.

Bernard said it transpired that the children’s social worker had always thought a gay couple would suit their needs; she put them at the top of the list of suitable parents.

The end of his narrative was looking into the future and how he thinks he will be as an adoptive father. He considered the enforced delays in his adoption journey to be beneficial because he has been able to adjust his expectations of his children-to-be:

The chances are that my kids aren’t that bright, aren’t that talented so what I am really doing is working to bring out the best of them not so much as how well they reflect me. And there is a bit of a sense of loss in that but realising the talent I bring, all the accomplishments, intelligence is to allow my children to be the best that they can be. And that’s rather nice.

He was speaking in the present tense as though he had already re-positioned himself as an adoptive father. He was already able to celebrate the different way in which he has formed his family and how his life long ambition has been fulfilled:

The kids will be different in a way and our family will certainly be different. But I’m also looking forward to that actually. Much as I like the idea of the normal family I also really like the idea, cos I’ve always been slightly different in my life, being a little bit out of the mainstream too. And being distinctive in a way. I rather like the idea of actually being visible on the street in the neighbourhood and the school as the gay family.
Gay adoption as a challenge

Two of the men’s accounts were characterised by this narrative orientation of adoption as a challenge. They portrayed their experience of deciding to adopt as one where they had to overcome the many obstacles which had been put in their way to prevent them from becoming fathers. These accounts alternate between being regressive and progressive with a start-stop construction where movement towards the goal is achieved but then halted until the next hurdle is negotiated. The way the events are linked together suggest that the combination of determination and good fortune has made it possible for the struggles to be overcome. This narrative therefore could be described according to Gergen and Gergen’s dramatic categories as a romantic saga where there is a series of progressive and regressive phases within the narrative but the overall thrust is towards achieving the goal state of adoption.

Duncan’s story

Duncan is 48 year-old gay man of Irish descent who, with his partner, Jerry, is half way through their adoption assessment. When he realised he was gay, he decided that there was no chance of him ever becoming a father. It was only later that he began to think he might be able to adopt. However the difficulties seemed insurmountable until he and his partner moved to London at the same time as the law allowing gay couples to adopt was passed; it was then he was finally able to embark on his adoption journey.

Duncan began his story with his childhood in Ireland, growing up as the eldest child in what he calls “a fairly conservative Christian with a small c” family where he felt the pressure “to be responsible, a good child”. When, as a teenager, he began to realise that he was gay, this went against both his family and his society’s culture: “that was an enormous thing because it was totally wrong.” One of his major struggles with his sexual orientation was that he realised he would have to abandon any idea of becoming a father. He speaks in terms of this being “a loss, a
bereavement". This description of bereavement over the loss of fatherhood appeared in all the men's narratives, except Bernard's.

Duncan thought that, because of his sexuality, he would have to:

Hide away for the rest of his life – that was the assumption I was making....Things were pretty horrendous...we pay a price for everything we do in life and I felt the price I was paying to be happy as a gay man was to be childless.

He became involved in gay politics, campaigning for people living with HIV and forgot about "the parenthood stuff". It was when he was training in the US as an HIV social worker that the idea was first suggested to him that he and his partner should adopt: "and it was the first time I realised that we actually could do this". This event was like an epiphany: it was then that he realised that he could become a parent after all. Although he had contemplated biological routes of becoming a parent, he had rejected them: surrogacy seemed ethically and personally wrong and co-parenting appeared fraught with difficulties.

However, by the time he had qualified, the particular state in the US where he had been training outlawed gay adoption and there was no chance of adopting as a gay man in Ireland. It was only when Duncan and his partner moved to London for work reasons in 2003 that their adoption ambition began to seem realisable again. The law which allowed gay couples to adopt had just been introduced:

So again for the second time it seemed we could become parents.

The tone of his narrative is optimistic but also suggests that there were frequent disappointments he had to deal with. Once adoption had become possible again, he still had to negotiate his family's attitudes and the adoption system. He was
surprised by how supportive his family were but the first adoption agency he contacted proved to be another setback:

They were anything but friendly. They were vile, absolutely awful to us.

In his narrative he returned to this experience several times:

And then meeting these awful women at xyz adoption agency really, really knocked the stuffing out of us, really rattled our faith in ourselves... we backed away and licked our wounds and decided..... They decided they weren't going with us and made all sorts of horrible assumptions about us and we decided we didn't like them.

Both the language and the imagery of a wounded animal are powerful demonstrations of the pain and the anger he felt as a result of his rejection by this adoption agency. He attributed much of their bad experience to a homophobia which the agency did not seem to acknowledge:

I think with the adoption agency we first approached I really do vilify them, that's a big issue for them that we were two gay men. They don't recognise where they are coming from.

After six months, they decided they would try again through a different agency and this time they got a very different reception:

It was amazing; all the deficits the first adoption agency had identified, the second one saw as assets.

However this agency recommended that they should move out of their flat in the centre of London:
They came to our flat in London which was at the top of a tower block – it had wonderful views - and they told us they wouldn’t place a child and I was really really distraught but I actually appreciate, I now accept they were right.

Giving up his flat was another loss he had to negotiate. He described coming to terms with this for the sake of the child they might adopt but it seems to have been an extra demand to struggle with.

They decided to move to the South Coast, an area which he described as ‘a conservative, small c’, echoing the description of the environment in which he grew up. Rather as he had to negotiate his gay identity in that context, so he spoke about becoming a gay adoptive parent in another judgemental atmosphere:

I chat to this old guy on the train and I just know he’s a true Victorian and I wonder how he’d react if he knew that I was a gay man adopting a child. Maybe I’m totally unfair but I suspect he’d be writing to his MP. And I’m conscious of that.

He was therefore aware of a need for the adoption process to be as rigorous as possible so that his adoption intentions can be validated:

It needs to be, we really need to be able to prove ourselves... at the end of it we can hold our head up and say, in spite of the Daily Mail, say well actually somebody thought us good enough.

Duncan was also aware that the researcher lived locally to him and may therefore represent the wider society that may be critical of his intentions and to whom he has to justify himself. He seemed to be conscious of the way his parenting
ambitions are considered, compared to those of a heterosexual couple but that he is now able to follow his instincts more:

And it's almost like we are not sanctioned to do this by society. ....It was I think like that heterosexual norm thing, we're not part of the norm but it just felt normal.....

Duncan’s account did not reach a resolution because he has not yet completed his adoption journey. He has experienced so many set backs in his struggles to become a father that he may have left his narrative open to allow for whatever was to come next. At the end, he acknowledged the difficulties he has experienced:

A lot of losses on the way. Most children are conceived by two people having fun for 20 minutes, you know. With us it's a lot harder.

Despite the losses, he was able to acknowledge the strengths he might have as an adoptive parent:

I feel when I am talking to social workers that actually we do have a hell of a lot to offer here... in things like life experience and different things we’ve done with our lives....Not saying that other people can’t do that but there are not enough parents for all of these kids that are out there. So in a way that is almost like taking a puppy from a pound type of thing. But I just feel absolutely right to do this.

**Gay adoption as an opportunity**

The orientation of this narrative has a mixture of stable and progressive elements. It was apparent in the narratives of two of the participants who had discounted the possibility of fatherhood when they had come out as gay men. There was therefore no movement towards the goal of adoption as it was not even considered. For
both of them, adoption became a possibility for social and personal reasons and this introduced a progressive phase in the middle and end of their accounts. Within the range of the commonly understood dramatic repertoires, it could be suggested that this narrative conformed to the ‘happily ending’ story, where happiness is restored to the protagonists.

**Robert’s story**

Robert is a 42 year-old gay man who did not consider adoption as a possibility until he was in a stable relationship five years ago. He identified a clear division between heterosexual people who had free choice about becoming a parent and gay men like himself who did not: this heightened his sense of loss and resentment about not being a father. For a long time, he dismissed any prospects of becoming a parent until he realised that various changes had made this achievable. His experience therefore could be understood as stable and then progressive when adoption became his solution to the loss of his fathering role.

Robert began his narrative by describing the way his civil partnership with his partner Greg played a key role in his decision to explore adoption. He identified that his partnership being sanctioned by law was crucial for him:

> So for me personally having a civil partnership, the equivalent of getting married, reinforced by law encouraged me to think of things you thought years ago that they weren’t possible.

His partner’s work circumstances changed and this also made adoption seem more possible. He was also aware of the strength of their relationship as a resource which they wanted to share:

> It’s a very strong relationship and so we’ve got a lot of love, stability and nurturing to give and ultimately it is about love, nurturing.
He made a distinction between the biological urge to have children which he attributes to women and the emotional urge to nurture which both genders can experience:

I don't think there's that mother nature wish because funnily enough we can't conceive but in terms of the wish to have children is as strong as anyone I think in that sense.

He was aware that his decision to adopt would make him a minority among parents and also a minority within the gay community:

Actually being gay and adopting isn’t necessarily fitting in with your other gay friends.

He was confident that attitudes towards gay people have changed and attributed this shift to the law leading the way. While he considered that civil partnership is now broadly accepted, he acknowledged that there is still some resistance to gay adoption and this makes him aware of having added responsibilities as a gay adopter:

You're going to be a model of sorts and will have a role in shifting attitudes just by being gay parents. There is a sense of responsibility in that as well.

Robert described the experience of coming out as leading to "real feelings of isolation, being different". He could see that this might help him as an adoptive parent:

Going through difficulties means that you can identify what it's like to feel different and also you develop a sense of resilience by coming through
something difficult. So in that sense, you know, it puts you in a stronger position because you’ve had a more eventful life and a more troubled life.

He considered that being gay in the 80s meant that there was no possibility that he would ever be a father. This denial of his chances to be a father seemed to reinforce his sense of being marginalised:

Being gay meant you wouldn’t be a parent...there is a sense of being different but also being inferior as well because you’re not going to have the same opportunities because of something you didn’t chose to be but you are......It impacted on your wider identity, your being and what your life would be like in the future... banging the door shut before you has a chance to really explore your own sexuality.

The imagery of banging the door shut on the opportunities which were available to other people because of his sexual orientation suggests he felt locked out from something he considered as fundamental to the human experience.

Robert then listed all the reasons why society was opposed to gay fathering at that time but it seems as though he is referring to the present day to some extent too, as he refers to these discourses still continuing:

The arguments are still there and used about children need a mother figure and a father, that they’ll be bullied at school and that it’s not what God intended.

These arguments meant that he did not even entertain the possibility of being able to adopt:
I didn’t get as far as weighing up all the options and arguments against.... It wasn’t about pros and cons of being a gay parent versus a straight parent. It wasn’t an option.

Robert and Greg are now a significant way down the adoption route and he described how he welcomes the scrutiny of the process:

I think it’s really right and proper that the questions are as detailed as possible. I think that is really important in terms of them being convinced and you too showing that you are committed to the process. I don’t have any qualms about the process as involved as it is because it should be.

He explained how the adoption agency, in working hard to be non-judgemental, avoid some of the essential issues about gay men’s sexual orientation:

I don’t think they interview you as they would any other couple... they don’t ask about your ... past around sexual experiences ‘cos gay people may or may not have had more sexual experiences... they don’t really ask you about differences in being gay and what that means in terms of outlook on life...I don’t know whether they feel fully comfortable about challenging the boundaries about being gay or not.

Robert brought his narrative to a close by reflecting on the possibility that his bid to adopt might not succeed:

If it doesn’t happen for any reason, then that is closing the door that was closed to you when we were growing up so it would be really emotional, it would be quite a real sense of loss... a sense of reinforcing from those times the inequalities and prejudice.
He used the metaphor of the closed door again to describe how painful it would be to be denied the right to parent a second time. He also emphasized that although he sees many similarities with the heterosexual experience, there are also unquantifiable differences:

Ultimately it's about a couple giving love and support and nurturing so that isn't any different. What is different? It's just different.

4.4.5. Discussion
Deciding to adopt a non-biologically related child as a gay man in a cultural environment which still prioritises biological reproduction as the gold standard of family formation and within a heterosexist society which often considers the desires of gay men to parent as something that is both gender deviant and dangerous is particularly challenging to the identity. Both the ways in which these participants constructed their narratives and the themes which emerged from those narratives indicate that there are different ways of making sense of that experience of deciding to adopt which will now be discussed.

Narrative Forms
Three narrative accounts were identified in the accounts of the five participants: Gay Adoption as a Mission, Gay Adoption as a Challenge and Gay Adoption as an Opportunity. This first narrative construction was both linear and progressive and the way it was constructed was also reflected in its tone. It seems to suggest a smooth pathway towards fathering through adoption. There is no acknowledgement of needing to come to terms with the difficulties of being both a gay man and a father because the solution of adoption had already been decided on so the narrative could unfold as a sure but steady movement towards that goal where even the personal and legal stumbling blocks are given credit for making a positive contribution. As Isak Dinesen said “all sorrows can be borne if we can put them into a story” (as cited by Riessman, 1983: 4) and another sign of this way of
making sense of the recast identity is this participant’s eagerness to participate in this study. He seems to have repositioned his identity in a way which takes into account the past but also envisages his future with clarity— as a gay adoptive parent.

The two participants who developed the ‘Gay Adoption as a Challenge’ narrative, where regressive and progressive elements were interspersed, conveyed a sense of achieving their goal against the odds. As Ricoeur (1984, as cited by Murray, 2003) identifies, when individuals are denied the opportunity to express their agency, they experience suffering. These men had received the message at an early stage that they would have to choose between being ‘happy as a gay man’ and ‘being a father’ and this had entailed a sense of bereavement when they had had to relinquish the possible self as a father, although they still retained some hope. These narratives, in their construction, their content and their tone, suggest that the lack of fathering opportunities had to be reluctantly assimilated into their identities until it was gradually overcome after many attempts and much struggle.

The two narratives of ‘Gay Adoption as an Opportunity’ also entailed an acceptance of the impossibility of becoming a father as a gay man. With this construction, fatherhood was totally abandoned and adoption not contemplated: their identities were adjusted accordingly, albeit with difficulty. Breakwell (1986) in her process-based conceptualization of identity describes this assimilation-accommodation route as a way of protecting the individual’s self-esteem and sense of personal continuity. The ‘happily-ever-after’ story emerges when adoption is reintroduced as a possibility, and is quickly seized upon: a different possible self could be allowed to take shape.

Societal Themes
The other focus of the analysis was on the societal context of the narrative and the way it was shaped by an awareness of the audience. The researcher could have

Research Dossier
been identified by the participants as a representative of the wider domain in which these narratives are constructed: a biological mother in a conventionally formed family who might be considered as someone who might populate an adoption approval panel. Therefore these narratives may have been constructed to accentuate the appropriateness of the legal changes which have allowed gay couples to adopt and to emphasise the particular attributes of each individual prospective adopter and therefore their entitlement to proceed with their adoption intentions.

Clarke (2002) has identified a sameness discourse in some gay and lesbian families who are aware of their stigmatisation and adopt a strategy of identifying similarities with their heterosexual counterparts; this may also help to eradicate their own internalised doubts about their parenting abilities and entitlement. They are likely to adopt strategies of normalisation which include emphasising love and security and to minimise the difference in family structures. Robert emphasises the ‘love, stability and nurturing’ which he and his partner have to give. Bernard describes how he wants to nurture and educate his children. Other normalising strategies include explicit parallels, where similarities between gay and heterosexual families are identified and compensations for deficits are highlighted. The importance for Robert of having a civil partnership may have been a way of identifying a parallel with heterosexual families. Duncan asserts how much he has to offer to his prospective adoptive children and Bernard spoke about how he can help his children to achieve their potential. He also emphasises how he did not experience any homophobia.

The advantages of these normalisation strategies is that they do not challenge the established the ‘norm’ of family and relationships: imitation rather than asserting a different sort of parenting may seem less challenging. The costs of this approach are that it reinforces the stereotypical ideas that ‘normality’ equals heterosexuality. “Sexuality is no determinant of parenting” (Golombok, 2000) and yet all these
participants seem to engage with a sameness discourse in some way. Robert identified the adoption agency’s reluctance to explore elements about him and his partner which he thought were relevant. This unwillingness to engage with difference has been experienced elsewhere where an avoidance of certain subjects, particularly sexuality, was identified within the assessments of gay prospective adopters (Hicks, 1996). Instead of considering the creativity and novel forms of kinship which gay men have been compelled to explore, the ‘acceptable’ or parallel versions of gay parenting seem to be preferred by these potential adopters.

It is impossible to tell whether these participants are being pragmatic in their acceptance of the sameness discourse or whether they are seeking to minimise the societal homophobia and possibly elements of their own internalised homophobia too. They may be finding a way of resolving two opposing ideas – identifying as being gay and wanting to parent by shifting from a position of accepting they would not be fathers to accepting that there was a route which was available to them. As Festinger (1957) described, a state of cognitive dissonance entails having to change beliefs to fit in with behaviour and it can be argued that the way Robert and Duncan welcome the greater scrutiny they underwent during their assessments may be evidence of attempts to resolve that dissonance. This celebration of the invasive nature of the adoption process lies in direct contrast to the reaction of prospective adoptive mothers in heterosexual couple relationships, who are more likely to resent the assessments (Giles, 2009). It could be argued that the more marginalised gay men need to have their adoption bids validated through the additional scrutiny while the heterosexual women felt resentful because they were convinced of their entitlement to become parents.

While the lesbian parenting community has been able to relinquish much of this sameness discourse and develop itself more as a radical alternative (Clarke, 2002), it seems that gay adoptive parenting may be more hesitant about its status. It is not
as fully developed or as widely accepted as lesbian parenting and so gay men may still need time to develop an adoption voice of their own. There seems to be some hints within this narrative of this emerging: Robert identifies this sense of difference but is unable to give a fuller description. However, he is also aware that he is still a rarity as a gay man adopting as part of a couple and that he will therefore have a role as an ambassador and in shifting attitudes further.

Clinical Implications
The insights gained from this study have significant clinical implications for psychotherapists working with anyone who lives as part of a family which does not conform to heteronormative models. Some gay men clearly struggle to reconcile their sense of wanting to be a parent with their gay identities and the marginalisation they might feel as outsiders to both the parenting and the gay community (James, 2002). There is also evidence that the more secure gay men feel in their sexual identity development, the more confident they feel as parents (Lassiter, Dew, Newton, Hays & Yarbrough, 2006). Just as the narrative approach to qualitative research helps to understand more about the layers of meaning constructed around identity so the narrative approach to therapy can help people who are in distress to explore more about the stories they have constructed and identify the ones they have not privileged (White & Epston, 1990).

Study Limitations
Limitations of this study must be acknowledged. The study is based on a small sample of participants who were all white, middle-class and over 40 years old: they were also all politically sophisticated. A broader range of participants might construct their conflicting identities less similarly.

They were all interviewed before they had had children placed with them: while this is an advantage because the future they describe is untainted by the experience of being fathers, it would be worth considering a longitudinal follow-up of these
men to explore how their narratives might change as a result of achieving their goal state.

The focus of the analysis was on the way the narratives were constructed and space did not allow for commonalities to be identified between the narratives. Whilst this is consistent with the narrative approach, it makes the conclusions of this study even less generalisable than other methods such as Interpretative Phenomenological Analysis. This weakness is outweighed by the capturing of each individual story and an analytic approach which allowed the researcher to focus concertedly on each data set.

**Conclusion**

The narrative approach makes no claim to generalisability and it should be reiterated that this study does not consider its conclusions beyond its participants, although it can claim to contribute to a greater understanding of the experiences of gay men as they decide to become fathers through adoption.

Gay adoption is at an interesting stage. It is publicly legitimised and affirmed. The strengths which gay men have to offer are now recognised by adoption agencies who consider that the overlap between gay identity and adoption identity can be used creatively to offer new starts for children whose biological families have let them down. It seems from this study that these participants are now aware of these strengths and can incorporate them into their narratives.

However there also emerges a sense of doubt about their entitlement to parent which may have arisen because of the heterocentrist culture in which they have developed their own identities. Incorporating the identity of a prospective gay father is tackled in a number of different ways by these participants, although there is a basic reliance on a sameness discourse. Enabling a greater celebration of difference and strengths is something which the humanistic approach of
Counselling Psychology could help to encourage with the idea that a parent's greater sense of self could improve the success of adoption placement outcomes.
References


Giles, B. (2009). "I wasn't doing it to be nice": the experience of prospective adoptive mothers making the decision to adopt. Unpublished doctoral submission: University of Surrey.


Appendices

Appendix A: Reflections on the Use of Self
Appendix B: Ethical Approval
Appendix C: Adoption Website Posting
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Appendix E: Consent Form
Appendix F: Interview Schedule
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Appendix I: Example of Transcript
Appendix J: Example of Analysis
Appendix A: Reflections on the Use of the Self:

One of the criteria identified as indicating good quality in qualitative research is that the researcher should be aware of the ways in which her own background and experiences might impact the research process (Yardley, 2000). My relationship to the subject and to the research process will now therefore be described.

Relationship to the Research Topic

I was drawn to the subject of gay adoption through a client I worked with in my second year who was going through the process of adopting as part of a lesbian couple. Having already embarked on a research project on the motivations of heterosexual prospective adoptive mothers, it was fascinating to witness my client exploring her sense of her own need to mother and how she struggled to incorporate this into her other identities – as a gay woman, a social worker, a daughter, a friend. I had a feeling that the therapy allowed her to bring these different identities together and make a new meaning of the way she could bring them together.

I also had a strong sense of what therapeutic parents she and her partner could be to the two children with whom they had been matched. The children were part of a sibling group whose own birth family had been judged inadequate because of their chaotic lifestyles; their first adoption placement had broken down after three years because the children had been found to be ‘unmanageable’. It seemed that my client, who had experienced rejection many times, partly because of her identification of herself as a lesbian, would offer a sort of therapeutic parenting to these damaged children which could give them a good chance of surviving their shattered childhoods.

This was in contrast to the heterosexual women who were my participants in my second year. Because of the attitudes that surround adoption as ‘second best’, they
seemed to have difficulties reconciling themselves to the only form of parenting which was available to them. Their physiology had let them down and had made it impossible for them to parent biologically. While they resented having to adopt, they also seemed to consider that, as part of the mainstream heterosexual community, they were entitled to adopt without too many questions being asked. So it was their rights to parent rather than the child’s rights to a family which they revealed as their focus in many of their interviews.

This contrast led me to start thinking even further about motivations to parent, which had dominated so much of my life. It meant I had to become aware of many of my assumptions and with that awareness started the process of challenging them. As someone who has struggled with my mothering identity, finding it both reassuring and frustrating, thrilling but overwhelming, I had always assumed that the life course I had taken – of getting married, followed shortly by becoming a mother – was ‘normal’. That was the culture in which I was raised. In fact, there was a bit of me that felt challenged by any other form of family formation.

Although I have always counted myself as a liberal, I reacted against the idea of gay and lesbians parenting and assumed that it would have more to do with gays and lesbians satisfying their needs rather than being ‘selfless’ as I thought parents should be. However when I began to explore other people’s motivations to parent, I began to re-evaluate these assumptions. I also became aware of different theories of identity development and as I applied them to my own experiences of life, I began to realise that self is far less categorical than I had assumed. As I explored what I thought characterised me, I began to be aware of the many different factors which had led to me being who I am and am still becoming. Of these, social context seemed pre-eminent and the more I read about social constructionism, the more it seemed to fit what I was hearing in the therapy room and what I was discovering about myself.
Relationship to the Research Process

With a previous career as a documentary film-maker, I had always been interested in the narratives which people create around their lives. It is an approach which I am finding increasingly valuable in therapy. The way people story their experiences, what they choose to include and to omit, what they emphasise and the imagery they use all suggest useful angles for exploration. Although I liked the principles of narrative psychology, I found the methodology difficult to understand. I was frustrated by not being able to focus on the content more, partly I think because I had such a strong idea of what I wanted to find in my data. My supervisor encouraged me to keep my focus on the structure of narratives but it was not until I had analysed all five participants that I could see how much that focus could reveal about the ways these men were restructuring their identities to absorb the dimension of becoming a parent along with the other components they had already established.

The approach also helped me to develop a creative relationship with the data. Instead of being drawn into a process of searching for the evidence I thought I was looking for – that gay men could provide ideal parenting for damaged children because of their own experiences of loss - I was both able to become fully immersed in the data but also to stand back from it and understand different layers of meaning within it. Rather than focusing on the commonalities between the men’s accounts, I found the construction of their individual narratives most revealing. They enabled me to remain curious and open to different possibilities – an attitude which was consistent with my epistemology.

I enjoyed the process of using a life story approach with these participants rather than having my own interview agenda. Because I was interviewing couples, I got two perspectives on the same story and the disparity between the two accounts was invariably fascinating. This reinforced for me that every individual truth is separately constructed and that the stories one tells about one’s life make sense out
of the randomness and have the function of giving a purpose and a wholeness to what otherwise might be unbearable.
Appendix B: Ethical Approval

8th February 2010

Dear Belinda

Reference: 400-PSY-10
Title of Project: Making a Meaning of Adoption: An Exploration of the Narratives of Gay and Lesbian Couples Deciding to Adopt

Thank you for your re-submission of the above proposal.

The Faculty of Arts and Human Sciences Ethics Committee has given favourable ethical opinion.

If there are any significant changes to this proposal you may need to consider requesting scrutiny by the Faculty Ethics Committee.

Yours sincerely

Dr Adrian Coyle

Belinda Giles
Psychotherapeutic and Counselling Trainee
Department of Psychology
University of Surrey

Dr Adrian Coyte
Chair: Faculty of Arts and Human Sciences Ethics Committee
University of Surrey

Belinda Giles
Psychotherapeutic and Counselling Trainee
Department of Psychology
University of Surrey

8th February 2010

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Yours sincerely

Dr Adrian Coyle
Chair's Action

Ref: 400-PSY-10
Name of Student: BELINDA GILES
Title of Project: Making a Meaning of Adoption: an Exploration of the Narratives of Gay and Lesbian Couples
Supervisor: Dr Riccardo Draghi-Lorenz
Date of submission: 11 JANUARY 2010
Date of re-submission: 08 FEBRAURY 2010

The above Project has been re-submitted to the FAHS Ethics Committee.
Favourable ethical approval has now been granted.

Signed: Dr Adrian Cowie
Chair

Dated: 8th Feb 2010
Appendix C: Adoption Website Posting

"Prospective adoptive gay and lesbian parents are needed to help with a research project. Belinda Giles is a trainee Chartered Counselling Psychologist at the University of Surrey and she is keen to find out more about what makes people decide to become adoptive parents.

She is looking for approximately ten participants who would be willing to help:
- men or women who have already embarked on their adoption journey,
- who are adopting as part of a couple and who have not yet had a child placed with them.

The research would consist of a semi-structured interview with each participant for about an hour at their home.

All participants will be treated with great sensitivity and will be assured that their contribution will in no way affect the outcome of their adoption application.

All interviews will be kept confidential and all analysis will be anonymised.

Participants will be able to withdraw from the study at any time without needing to explain their reasons.

The project will be supervised by the course director at Surrey University, Dr Riccardo Draghi-Lorenz and has received the University of Surrey's ethical approval.

Interviews will take place in March, April and May 2010.

If you are interested and/or would like more information please email Belinda at b.giles@surrey.ac.uk.

Many thanks.
Appendix D: Study Information Sheet

SURREY UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
PRACTITIONER DOCTORATE IN PSYCHOTHERAPEUTIC AND COUNSELLING PSYCHOLOGY

Study Information Sheet

Study title: The Narratives of Gay Prospective Adoptive Couples

Researcher: Belinda Giles

You are invited to take part in this research study. Before you decide, it is important for you to understand why the research is being done and what it will involve.

Please read the following information carefully.

What is the purpose of the study?
This research is being conducted as part of a Practitioner Doctorate in Psychotherapeutic and Counselling Psychology.

The aim of this research is to gain insight into the currently under-researched area of gay and lesbian adoptive parenting by focussing on the experiences of gay and lesbian couples coming to the decision to adopt. It is anticipated that the findings from this study will add to the knowledge and understanding of the perspectives of gay and lesbian prospective adopters, both in the wider community and within adoption agencies.

Do I have to take part?
No, your participation is voluntary. If you decide to take part, I will give you a consent form to sign. If you decide to take part but find later on that you change your mind, then you can stop taking part at any time; you don’t have to explain your reason for withdrawing. As all information will be kept strictly confidential (there is a section later which explains this further), your participation in this study could in no way affect the outcome of your adoption application.
**What will happen to me if I take part?**
I will arrange to meet you for a 45-60 minute informal interview where I will invite you to discuss with me your own experiences of coming to the decision to adopt. I would like to undertake the interview in as convenient a place as possible for you: you may decide this is in your own house, or there may be another location we could find where we could be undisturbed. I will audiotape this interview and will then transcribe what you have said. I will offer you a copy of my final paper, once it has been approved by the university.

**Confidentiality:**
Any identifiable information will remain confidential to myself. In typing the transcript, your name and others referred to during the interview will be substituted with replacement names so that they will not be identifiable to anyone else. In any written reports of this research, this confidentiality will be strictly observed so that all information is kept anonymous. The audio tape will be kept securely by me in my own locked cupboard and the tape will not have your name on it; only I will be able to identify it from the interview number I allocate it. I will erase the tape following the submission of my study to the University at the end of July 2010.

**What are the possible disadvantages and risks of taking part?**
Due to the sensitive nature of the subject matter, there is a chance that you may find it distressing to recall the experiences which have led you to decide to become an adoptive parent. Should this happen, please feel free to contact me if you feel this would help. A list of support agencies offering confidential help will also be provided for you in the debriefing information. If you appear distressed during the interviewer you or I may end the interview early without any pressure to continue.

**What are the possible benefits of taking part?**
It is hoped that you will find the interview process interesting and perhaps useful. Reviewing how you have reached this point in your life may be reassuring. You may also feel that you are helping other prospective gay and lesbian adopters through your participation.

**What will happen to the results of the study?**
The results of this study will be written up into a research report as part of my Practitioner Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. Further it may be submitted to a psychology journal for publication. Any identifying details ie: names or locations will remain anonymous.
This project has been approved by the Ethics Committee of the Faculty of Arts and Human Sciences of the University of Surrey.

Please contact me to discuss any questions you might have about this project via:

Researcher:  Ms Belinda Giles  
Department of Psychology  
University of Guildford  
Guildford, Surrey GU2 7XH  
Email: b.giles@surrey.ac.uk  
Telephone: 01483 689176

Any complaints or concerns about the any aspects of the way you have been dealt with during the course of this study will be addressed; please contact Dr Riccardo Draghi-Lorenz, Research Supervisor at the address below.

Research supervisor: Dr Riccardo Draghi-Lorenz  
Department of Psychology  
University of Guildford  
Guildford, Surrey GU2 7XH  
Telephone: 01483 689176
Appendix E: Consent Form

SURREY UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
PRACTITIONER DOCTORATE IN PSYCHOTHERAPEUTIC AND COUNSELLING PSYCHOLOGY

Consent Form

Research study: The Narratives of Gay Prospective Adoptive Couples

Researcher: Belinda Giles

Please read the information points below. Should you agree to participate in this study, please sign this consent form to provide your consent to participate and to confirm that you have read this and the participant information sheet.

➢ I, the undersigned, voluntarily agree to take part in the study on gay and lesbian prospective adoptive couples.

➢ I have read and understood the Information Sheet provided. I have been given a full explanation of the nature, purpose, location and likely duration of the study and what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

➢ I understand that all personal data relating to volunteer research participants is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I consent to the interview being audio recorded, and to the recording being transcribed for the purpose of this research. I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.

➢ I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.
➢ I confirm that I have read and understood the above and freely consent to participate in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of this study.

Name of participant (BLOCK CAPITALS) ...........................................................
Signed ............................................
Date ..................................................

Name of researcher (BLOCK CAPITALS) ...........................................................
Signed ............................................
Date ..................................................
Appendix F: Interview Schedule

Study Title: The Narratives of Gay Prospective Adopters

Opening Question:
• Could you tell me your life story?

Possible prompts:
• Can you tell me how you think you got to where you are today?
• Is there a central theme which you can identify as running through your life story?
• Can you tell me a bit more about that?
• Reflecting back statements and asking for clarification
Appendix G: Demographics Form

Study Title: The Narratives of Gay Prospective Adopters

Background Information Questionnaire

1> How old are you? .................................................................

2> How would you describe your ethnic origins\(^4\)

Choose one section from (a) to (e) and then tick the appropriate box to indicate your ethnic origins.

(a) White
   British [ ] Irish [ ]
   Any other White background (please specify).................................

(b) Black or Black British
   Caribbean [ ] African [ ]
   Any other Black background (please specify).................................

(c) Mixed
   White and Black Caribbean [ ] White and Black African [ ]
   White and Asian [ ]
   Any other mixed background (please specify).................................

(d) Asian or Asian British
   Indian [ ] Pakistani [ ] Bangladeshi [ ]
   Any other Asian background (please specify).................................

(e) Chinese or other Ethnic group
   Chinese [ ]
   Any other background (please specify).................................

\(^4\) The format of this question is taken from the 2001 UK census
Appendix H: Debrief Letter

SURREY UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
PRACTITIONER DOCTORATE IN PSYCHOTHERAPEUTIC AND COUNSELLING PSYCHOLOGY

De-brief Letter

Research Study Title: The Narratives of Gay Prospective Adopters

Researcher: Belinda Giles

Thank you for participating in this study. If you have any comments or questions on the interview and/or the research process please ask me. If you think of further information that you would like to discuss with me, please contact me via email or at the address below.

The audio tape of the interview which you have given will now be transcribed and analysed along with interviews conducted with other prospective adoptive mothers. The information gathered will be anonymous and any quotes from the interviews used in the reports will be given replacement names. I will contact you once the project is completed and a copy of the completed research report will be made available to you, once it has been approved by the University.

If, following this interview, you feel you have suffered any distress, details are included below of people who would be able to offer you support, should you wish to contact them:
- Your own adoption social worker
- British Association for Adoption and Fostering, Saffron House, 6-10 Kirby Street, London EC1N 8TS. Telephone: 020 7421 2670

Thank you again for your participation in my research. If you need any further information, please contact me via:

Belinda Giles, Counselling Psychologist in Training, Department of Psychology, University of Guildford, Guildford, Surrey, GU2 7XH
Email: b.giles@surrey.ac.uk
Telephone: 01483 689176

Research Supervisor: Dr Riccardo Draghi-Lorenz Department of Psychology, University of Guildford, Guildford, Surrey, GU2 7XH
Appendix G: Example of Transcript

Interview 1: “Bernard”

Anyway as I said what I would like to do if it’s alright with you is literally just ask you well first of all I’d like to ask you some background information - not at all obligatory if you don’t want to answer it. Could I ask you how old you are?

40

OK. And how would you describe your ethnic origins?

I am white. On one side of my family my family is from the UK. On the other side of my family we’re from Greater Russia but on both sides of my family I am Jewish.

OK. I think that is all that lot taken care of. OK. So really I was going to ask you if you could start telling me about your life and I can obviously prompt you if it feels sort of too big but maybe start telling me about your childhood.

Sure let me give you some sort of geographical idea it might make it somewhat clearer. I was born in South Africa. I spent 17 nearly 18 years of my life there and then left to study at university in the United States. I spent 4 years there, came back to South Africa for a few years and in that period I met Tom. Then I went back to the States to do a Law degree and was in the States for 6 years altogether but that time studying and working. All that time I lived in New York City. Then I left and went to Hong Kong briefly for just over a year and then I moved here. Tom had moved back to London. He’ll tell you that he lived in London while I lived in New York part of the time. He moved back to London when I left for Hong Kong and then we moved back in together when I moved back to London which was 9 years ago now.

Right so a lot of travelling around.

Quite a bit. It doesn’t feel like there was terribly much upheaval. I spent a good chunk in each place. The short period was Hong Kong really. That was just over a year but I spent a good chunk of time in the US, a good chunk of time in South Africa and spent a good chunk of the time here. What is a result of all that moving around is that it has somewhat de-rooted me. Well it was either the moving around or I think a pretty common experience for white South Africans feeling quite de-rooted from a place. Particularly because the time in South Africa in which I grew up was right at the end of apartheid. I was born should I say at the height of apartheid but by my late teens it was really
the dying years of apartheid. A lot of people leaving at the time I left South Africa before it really reconstructed so there wasn't really much of an identity there apart from one that we were all desperately trying to reject. And although the second time I left South Africa just after the first elections by that point the country hadn't really changed yet so I hadn't developed enough of a feeling of being native, feeling like I belonged more there than anywhere else ...

To the new South Africa.

To the new South Africa yes. I must say I rather like that about myself. I like the fact that I don't feel rooted to any particular place or as I like to think I feel comfortable in most places. There are definitely places that are alien to me. Hong Kong was one of those I never felt I really fitted into Hong Kong. But otherwise the movements around haven't felt discombobulating in anyway. I've felt comfortable wherever I've lived and able to fit in. And at the same time and this is particularly true of England not so involved really in the country that you bring all the baggage with you. The important thing here is that I don't think I fit into the class system. I don't think foreigners do and that's a massive advantage to live in England is that you don't have to fit onto the class level.

Very interesting.

So that's the long span. I grew up in a family of three boys. I am the oldest. My middle brother is 15 months younger than I am and my youngest brother is 6 or 7 years. My parents are still married. They've been married over 50 years now. And we had a very happy childhood I think. All the normal things. I fought with my brothers and of course I fought with my parents but by and large it was a very stable loving house. Unusually, and a lot of people pick up on this, it wasn't overly demonstratively warm which is counter-stereotype I think. Jewish families are notoriously warm and embracing, filled with the smell of chicken soup. My family wasn't like that but I think that was partly because my mother is actually English and she seems much more English. She's much colder. And so that was the atmosphere of the family.

But she's Jewish?

Yes, she's Jewish but not in a stereotypical way. Her personal cultural baggage is English. In fact she's English enough that my other grandmother, my father's grandmother, when they first started going out never really believed that she was Jewish. Partly because her family didn't speak Yiddish so when she met my father and my father’s family would have spoken Yiddish a bit at her – their first language was English, my father’s first language was English – they would have spoken Yiddish ...
And they had come from Russia originally you said?

Yes

OK – directly to South Africa?

Directly to South Africa. My grandmother and grandfather left when they were teenagers. I never met either of my grandfathers – they both died before I was born. But my mother knew her father-in-law and so would have known that that family sort of spoke Yiddish to each other and that was something that she never would have been able to participate in as her family spoke English.

They’d been assimilated I suppose in that’s what they did.

By and large an English Jew doesn’t speak Yiddish.

Yes that’s true isn’t it.

There are obviously Jews that live in England that do speak Yiddish. There are families that emigrated here from the continent at some point. Most likely between the two world wars. But real English Jews that have been here for a century or two don’t speak Yiddish.

The other significant thing is obviously is that I came out at some point. I actually came out in my early twenties when I was studying when I was in the States. And so I was out publically, everybody sort of knew except really everybody in South Africa which of course I didn’t have to worry about them they were 2000 miles away. It was several years before I came out to my parents which in some ways is an advantage because I think coming out is an important process for gay people. It’s learning to live with yourself and it happens several years later than learning who you are happens for most of us.

You get to know yourself when you are a teenager and gay young people come out much younger these days. Gay people really get to know themselves well in my case late teens early twenties. To go back to me my advantage was I was able to become comfortable with myself as a gay man before I really had to deal with my family. And so by the time I came out to my parents it wasn’t really a case of seeking their approval or sort of work out who I was in relation to them – that I knew and I knew what it was to live as a gay man and all I was really doing was telling them. And when they objected to various aspects I told them off which I don’t think is something that most gay men get to do very easily or get to do at the beginning.

So what you are saying is that you kind of had a sense of confidence about who you were and who you were as a gay man by the time you decided to tell your
parents and you weren't working that out as they were putting up their
opposition or whatever they did.

Exactly. Well my parents weren't terribly opposed – that's the wrong word –
they weren't visibly upset. As in almost everything else in my life they weren't
very supportive of me in whatever I did so I don't think they would have
expressly objected. But there were aspects of it that they weren't that
comfortable with and I didn't really have to struggle with that. Those were
struggles that I had had several years earlier – internal and working things out in
what must be said was a very supportive college environment. Lots of other
people came out at the same time. And so when they objected to, for example,
several years afterwards, when they objected to me being demonstratively
affectionate with Tim in the presence of other people like other family members
I told them to go to hell. They were demonstratively affectionate with each
other why shouldn't I. And interestingly, afterwards I mean I hadn't made an
argument I made it slightly more articulately and politely than that, they are my
parents after all, they accepted it which I think was an enormous advantage for
me because I didn't really have to fight with them about who I was.

What you seem to be saying is the sort of sense of confidence, the sense of
identity that you'd already got from coming out in America and really testing
that out in all its ways gave you and ability to confront your parent when there
was any kind of opposition rather than having a sense of needing to justify
yourself.

Yes that's right. Interestingly though and I am going back chronologically when
I ... it was not when I was really coming out because I was out by then at the
time of course then out to my parents ... when I suppose I was beginning to test
the waters with my parents the first sort of major issue that I confronted them
with was the issue of adoption. By that point it wasn't so much that it was that
which caused me to know that I was going to adopt, we'll go into adoption in a
little while, I already knew I was going to adopt but by the time I was out I
knew that I was definitely going to adopt 'cos there wasn't really any other
option.

Right.

I mean I know there is but .... And so interestingly the first issue that I sort of
dealt with in my parents was how they would feel about having adopted
grandchildren. My mother picked this up very quickly actually after I'd come
out to her she said was that conversation we'd had several years ago about
adoption in relation to this yeah yeah you're coming out ...

Oh really
Which I thought was very interesting. I mean that’s exactly what it was about. I didn’t need to tell you about the gay stuff yet but let’s talk about some of the other issues in my life and see how you deal with those.

Were you aware that you were testing the water?

Oh yes I knew exactly what I was doing. I was out by that point. Everybody in America knew that I was gay. It was just people in South Africa who ..... And to be fair to my parents they were very accepting of the idea of adoption. And they have remained that way. I mean my mother has much more recently – I came out 20 years ago to my parents – more recently, although that’s not so recent any longer, let’s say 5 years ago when Tom and I were bringing up the idea of adoption to our parents, in my case again, my mother picked up the conversation. She said “I always knew this was going to happen. You told us this 15 years ago.”

Right. So they were happy, they were completely happy about that.

Yes. And in fact I think the fact that my mother – I speak about my mother, my father is much less articulate on these issues but their opinions are largely the same in fact most of these conversations I had with both of them – but I think that when they put together the idea they could be grandparents, I think probably more importantly to them is that fact that I could be a father, I think that when they realized that could happen they were, or they became, much more comfortable with my being gay, it became less of an issue for them because that’s what I think they were most worried about. Not so much that they wouldn’t be grandparents, I don’t think they’re terribly worried about that but that I wouldn’t be a father because they knew that that was very important.

Terribly important to you, they knew that, right OK.

And it was a relief in a way to them that although I was gay I had already worked out how I was going to be a father so it wasn’t so much an issue for them about me.

Out of interest, do your brothers have children?

Very recently, yes. My middle brother married exactly a year ago, just under. And his son was born in October – don’t do the counting! My youngest brother who now lives in London had a son who was born at the end of December.

Really so two ...
Within a couple of months of each other. And as you know my parents will get
two more within a few months and so have gone from 0 to 4 within 12 months.

That's amazing isn't it.

Yeah.

But they recognize this in you. They knew that being a father for you was a
really important thing.

I think that there are two things there. One, I'd been explicit all through my life
about wanting to be a father and so they knew, there was no secret about it.
And the other thing was, and this was one of the things that I rather liked about
my relationship with my parents is that they think I will make a very good
father. So they were upset to think that I might not be one and conversely very
happy to realize that I would be.

So that's their sense but it also sounds that,
what they were picking up was that
it was very important for you. Can you say more about that? About that sense
of wanting to be a father.

I can. This was one of the longest running desires that I can remember. There
are various things that I have desired all through experiences in my life but I
can distinctly remember pretty much as far back as I can remember having
desires that one of them was to be a father. And there are all sorts of things
involved in it. I think there is definitely a nurturing aspect, a desperate wanting
to nurture children. There was to a very large degree a sort of educative aspect,
I really wanted to show children what I really love about the world. Tim thinks
this is hilarious but for decades I have collected all of my books. I never throw
away my books, including all my children's books and I was consciously doing
that because I knew I wanted to keep those books which I loved, I've always
loved books, for my children. And similarly I have all sorts of stuff collected in
this house that I have known for years which I was keeping to give to my, or
show to my children or play with them. And that's always been an absolutely
conscious desire that I really wanted to show children things that I loved. And
they are not necessarily, definitely not children of other people. I do like
children generally and I have taught at various points in my life and I love being
an uncle now although a relatively recently one. But none of those were a
substitute for having my own children and I didn't become a teacher for
example because I didn't like it that much. I liked it well enough and I liked
being with the kids but I didn't want to make it my career, there were other
things in my life that I wanted to make my career in but that... And it was
partly because becoming a teacher would never have substituted for being a
father which is really what I wanted to do.
Yeah I can see that. Being a teacher would have satisfied that bit of the educational stuff but what you’re talking about is a much more global feeling of nurturing and educating and showing and of bringing up.

Bringing up, yeah, that really is the phrase.

And it sounds like you had that really early on

Very early on. As far back as I can remember I can remember this.

And can you remember your peers having that sort of ... did you have discussions with your peers or friends or ...

We clearly had discussions because people that have known me for a very long time, my old friends from childhood, all mention that when I came out to them. They all said “that’s a pity because we know how much you wanted to be a father and we think you would have made an excellent father”.

Right.

And again all of them in reprises of the conversations have all emphasized how wonderful it was that I found a way of being a father because they’ve always known that I wanted to be one. There was no secret about it.

And you talk about there being only one route. Can you tell me more about that?

I can. It’s not that there’s only one route. I’ve always known that I could I suppose I’ve never actually tested this, I could naturally have a child biologically. But that’s the other thing. I’ve also known for a very long time that I wanted to adopt. And there are some things going on there. There were adopted children in my family. Not my immediate family, my extended family.

Right

And so what adoption was was not an unknown quantity to me. You know, again as far back as I can remember my cousins I’ve known that some of them are adopted. One of my very closest friends from my teenage years, he’s still a good friend of mine, is adopted as was his brother and of all the families that I knew growing up theirs was one that I admired the most. He has wonderful parents, I mean, even if his parents hadn’t adopted two of their four children I think it would have been a wonderful family. But it always struck me that one of the reasons it was a wonderful family was because of the generosity of his
parents in adopting two children, creating a family by adoption. And
interestingly, one of those which I think is not a terribly rare experience in
adoption families where they adopt first and then have kids. And the interesting
thing about my friend’s younger brother and, my friend is a boy and the other
adopted kid is a boy, are the two oldest and then they have two girls between
the youngest boy and the oldest girl there are fewer than 9 months. He was
adopted and Freya was pregnant almost simultaneously and I mean it is actually
wonderful to see those two siblings who are incredibly close. But it always
struck me that there was an incredible generosity of spirit in that family that not
only had they created it by adoption but when they had biological kids and we
all knew that that had never really been the plan for them it just happened, they
still managed to be equally generous to all of their children. And none of the
kids ever mentioned anything in fact quite the opposite about their parents’
favouring the natural over the adopted kids or vice verse. That always struck
me as incredibly warm, human, wonderful and something that I knew I wanted.

Can you say more about that? Well, you said “generosity”. Can you describe it
any more? Can you expand on that description anymore? In terms of your
vision of what you wanted – do you see what I mean? You said you looked at
your friend’s family and this is a really generously inclusive family but I wonder
if you could flesh out the description. Take your time.

What it is it’s going back to that bringing up aspect. I think there is a generosity
in sharing your experience of the world with a children and that was something
that I definitely wanted to do but you can make that so much more. You can
really share a life with a child. And of course biological parents do that. I
mean they give life to their children. But adoptive parents I think have in a very
deliberate, conscious way, actually have to share their lives with their children.
I mean everything about their lives. Their houses, themselves, their very
biology in a way. Sometimes you are actively denying yourself or at least
avoiding the opportunity to procreate biologically. If you aren’t avoiding it you
are in some ways substituting adoption for having a biological kid sometimes
because you have to or in my case because that’s almost the natural way to go.
I mean I think in my case it would be unnatural to have a biological child. But
you are nevertheless consciously making a decision to avoid or deny the
natural and instead create a link with a child deliberately but, and I don’t like to
use the word and I very distinctly use it with a big hyphen, unnaturally.

What you seem to be saying is that something, I am really interested by this idea
that it would be unnatural for you to have a birth child. You have a sense that it
is actually in some ways more natural to go the unnatural way, the non-
biological way.
And I really think that’s true because, I mean, of course I know that not all children come out of loving relationships partly if you’ve gone through the adoption process you know that to be true. But by and large children come out of loving relationships, you know people fall in love with each other, they have sex and children are the natural result of that. Much as I love Tom or could love any other man we could never have a child by means of that process. And so we’ve got to do what would be the unnatural thing in that case, look outside of our relationship for another way to have kids. It’s perfectly possible, you know, you can do surrogacy or anything like that but those to me seem to me like very deliberate and unnatural ways of having children – to negotiate the biology of creating a child is distinctly distasteful I think. Whereas adopting a child, an existing child who needs a family seems to me the much more natural way to go if the other options aren’t, not so much available, they are available, but aren’t natural to you.

I’ve never heard it put like that but when you say it really really makes sense to me what you are saying.

And I think it’s true for – it can be true for perfectly fertile people, heterosexual people they can chose to deny their ability to procreate which I think then naturally leads them to adoption. It’s true for infertile people or people who really struggle with all sorts of medical technology to have a baby the natural, or at least, biological way. It seems to me the more natural thing to do to adopt. There’s nothing culturally strange about adoption, we’ve been doing it for millennia.

Absolutely but it somehow does, it somehow has taken on some kind of, I don’t know, it seems to be different now.

I think the technology is what makes it different. There are now so many more biological options available to people that it has become the second choice in a way which seems wrong to me.

Is it the technology, I mean I think you are absolutely right, it maybe the technology but isn’t it also something about, and I wonder how this relates to you, about a visceral need to reproduce yourself that sometimes seems to be very emphasized in our society.

I know there’s definitely a cultural trend to reproduce yourself – blood is thicker than water and the first thing people do when a baby is born is say does it look like the mum or the dad, who’s eyes does it have, who’s nose does it have. There’s definitely that but I am not sure that there is a massive cultural imperative to reproduce yourself. I think there is a massive cultural imperative to parent but I am not sure it’s really related to having a baby.
It's related to parenting and I think what emphasizes the point for me is just the incredible amount of acceptance you get when people find out that you are adopted. On the one hand there is the group of people, the reaction of people to the generosity of the act and that's affirming, it's nice to hear because of course I do think the act is generous or unselfish in a way. But I particularly counter the stereotype that gay men are intrinsically selfish. It's nice to undermine those stereotypes in people. But what's been even more remarkable to me is just the incredible embrace of other parents when they discover that you too are going to be a parent. It's remarkable how much you discover about your neighbourhood, who your neighbours are and importantly who their children are when it becomes known that you too are a parent. And, yes, it's pretty obvious to all those people I'm talking about that I am not having biological children because they all know it's going to happen by adoption but that's not what seems to be the attraction to people to create a new relationship. It's the fact that they are parents and we are parents. Parents need to do things for each other for their kids.

So is that what you mean by the cultural pressure to parent?

Yes

Maybe they are equally strong and I'm not seeing the biological thing as much because that's just not a route that's open to me and I'm noticing the parenting thing much more because that's what I am doing. But that's what really seems to me to be the huge cultural imperative out there is people want to parent, or people want other people to parent, not necessarily to breed.

So a bit about building a society if you like rather than, I don't know, is that what you are saying?

Yes I think that's what it is. There's a much more community thing which is something that is quite separate from just the biological aspect of creating more of us.

Sorry I sort of interrupted the narrative drive if you like towards how you got here. You talked about the early days and how you had this concept of how you were going to be a father and that actually you were also going to adopt because lots of people around you, that seemed a good example to go by. Can you go on with that ...?
Absolutely. The complication now arose of course was that certainly 20 years ago the idea of gay men adopting wasn’t a common idea among gay men and certainly when I first came out, in the first few years after coming out, I didn’t know any gay men that had children. So that was complication number one. There wasn’t really a model amongst other people whose sexual orientation was like mine for what I wanted to do. Next problem was that the legal environment 20 years ago was very different. There’s never really been a ban on gay men parenting in most places that I’ve lived. I mean there are places in the world where there is a ban on adopting but the law generally wasn’t supportive. You really had to find the nooks and crannies, the loopholes in order to being to do it.

Sure

Now one of the things that I was doing when I was an adult in South Africa was working on legal changes there, you know, it was the time when the constitution was being negotiated and I was working with a gay group down there and we were doing a lot of work on making sure that one of the bases for non-discrimination written into the constitution was sexual orientation and we did it. South Africa is the only country in the world which has got a constitution which says you cannot discriminate on various bases including sexual orientation. And there were any number of advantages that flow from that but very quickly on people in South Africa realized that one of the advantages would be in issues of family life. There was very little doubt in our minds when we were working this into the constitution that having such a clause would prevent the state from denying us the right to marry. It would prevent the state from arranging pension laws and everything else in ways that worked against us. And there were some of us that realized that it would prevent the state from denying us the right to have families including by adoption. And some of the early issues after 94 in South Africa that came up were exactly that. Interestingly there was a strategic decision taken to drop the marriage issue, although globally that’s become a much more important thing and so it came back in South Africa and very quickly gave people the right to marry there. But very quickly in the early years after 1994 people began to fight immediately for the family rights. And they were successful. I mean there was no way the constitutional court could deny it. I mean all through my life since then that was the time – I had just started studying to be a lawyer and I was working pro-bono when I was studying to be a lawyer and I carried on since then. I’ve been working with gay groups and all of them have focused on a lot of the family stuff which has been very interesting for me both professionally and intellectually but also personally because I could see the development of laws that I knew I was going to rely on and it’s true. That’s exactly what’s happened. I wasn’t involved with UK law at all, the changes

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recently, but the changes to the adoption children act, the 2002 act that were implemented in 2005 were exactly the type of changes that I was working on elsewhere around the world and exactly the type of changes that, not so much allow me to adopt, in the UK in theory I could always adopt, there was never a ban on me doing it but for me to adopt in the context of my relationship, my loving couple with Tom. Later on in the process, but, yeah, much more pertinently the present, that's exactly the context in which I wanted to adopt. And so although it's taken quite a long time for me to get to where I am and given how certain I was that I was going to adopt pretty early on, a lot of that has to do with Tom's reticence to adopt, that delay has allowed me to see the legal environment certainly but also the cultural environment catch up. I mean it's now no longer that odd to see, or certainly think about gay men having children. It's something that you can read about it in normal mainstream papers. It's even something you can read about in the [red tops 39.55] which is a remarkable change from where I was 20 years ago where, although I knew I wasn't alone as a gay man that was pretty obvious to me, I had been in New York city after all, I really did think I was alone in being a gay man and wanting to be a father.

That was quite isolating.

Isolating is the wrong word. I never felt badly about it – isolating has that connotation – I did think I was somewhat unique. And the challenge never worried me, I've never been worried by challenge like that but I certainly saw that it was going to be a challenge. I would have to fight for a space that didn't really exist. And in fact I've never had to because the space formed as I was doing other stuff.

Yeah but you were also saying that in some way you contributed to that space being made albeit in South Africa but that the time came and you were involved in that time, in that shift, in that incredible move towards where we are now.

I do think that's true. I think many of these aspects are inter-related but I think that the growing global acceptance of marriage, particularly marriage is a good example just because everybody is aware of it and you can see the development quite clearly. I think that's highly influenced by the fact that one country after another including south Africa just said “of course they can”. And the same thing has happened in adoption in many fewer countries but still it's happened.

And more gradually.

Yeah, well, I don’t know more gradually. That was the interesting strategic thing in South Africa is they realized that people might be more open to the
idea of gay people protecting their parental rights and in South Africa the first cases, actually it's not unique to South Africa it happened in other places, but the first cases were of lesbians who had children and people realized that society generally would be very [42.03] of allowing lesbians to protect the families they had and it's not a far jump from that to allow them to have families and it's not a far jump from that to allow gay men to have families.

So that's the sort of context, there you were, you were out. You knew you wanted to be a father but it was, you felt pretty unique in that. So how did, you talked about the political, legal context and how that kind of shifted gradually, gradually. Can you talk about your own personal journey to this point if you like?

The starting point and in many this really is the starting point was the fact that I already knew I wanted to be a father and I knew I wanted to adopt. 17 some years ago I met Tom and this was one of the first things he knew about me. I was very upfront as our relationship was developing – I wanted to be a father and I wanted to adopt – and Tom was pretty equally clear that he didn’t know whether he wanted to and even if one day he did want to he didn’t want it then. And that was a position that I was prepared to accept, I mean I was in my early 20s, I was in a career, I wasn’t in a position to be a father myself at that point. And so I accepted it. But as Tom and my relationship developed as it did over the years and deepened and strengthened, it became a real flashpoint because at various points I said, you know, this shouldn’t carry on if you’re never going to want to be a father because I haven’t changed. I want to be a father. And we did fight quite intensely about it at various points. And then, I mean, he has somewhat different memories of this than I do, but I think we sort of made a deal that we would put off the question until I was 35. And we did. I mean I probably mentioned occasionally and briefly but I really left off the serious discussion until I was 35. And on the night of my 35th birthday we had a massive fight about exactly this. But at that point Tom was getting slightly older and his position had mellowed a little and he said that he it was now conceivable to him that he could, that he might want to adopt. He just wasn’t sure if he was ready then. And so we carried on talking about it for about another year and I became very insistent, actually it would be less than a year, I became very insistent that we needed to do something about this, we needed to answer the question because neither of us was getting younger and I wanted to adopt. And he agreed that we could go and see a therapist to work through the issues. We didn’t actually go and see a therapist, we found ourselves a Social Worker very experienced in adoption and I called her up and I explained the situation and said “do you think there is anything you can do for us” and she said “well, yes, come and talk and we’ll spend a couple of sessions and I can sort of lead you through the issues and help you guys figure out what the questions are and maybe we’ll even get some answers”. So Tom and I did that
for about 6 months, not weekly, every couple of weeks really, we went up to see Sue who is very very good. She’s definitely still on our database of contacts we think we might have to use when we have kids. She’s really a post-adoption therapist. And she absolutely did help us articulate what the questions were and what the issues were and what we ought to be thinking about. And after about 6 months she turned round to us and she said “there really isn’t anything more I can do for you. The only thing you can do now is get into the process and see how it goes”. And at that point Tom was willing to do it. And so we started the process, exactly what we knew about which involved calling around the various authorities and went to information evenings. Then found an authority which was willing to work with us and went through the assessment process and everything else. And during that time I think Tom’s desire to be a father absolutely solidified, not only to be a father to be an adoptive father, absolutely solidified. Now the process took us a while. We first approached Camden in spring 2006 and within 6 months we had been initially assessed, trained. Then we put in our formal application. Our assessments, or the process of assessing and getting us approved took 18 months – pretty long. We were approved in April 2008.

Wow, that’s two years ago.

Two years ago yeah. And then we waited for a match for 18 months. And all of that process was incredibly frustrating largely because we didn’t think that we causing any of this. I mean the fact that we were gay didn’t cause a problem in our assessment, there was nothing particularly difficult about our assessment or our application or circumstances or anything like that. We were just facing the incompetence of bureaucracy that a lot of people face in the adoption society. And then suddenly in matching we were, there wasn’t a whole lot to do with us – we had a pretty wide approval and we were looking for a pretty wide range of children and we were approved any child up to the age of 6, boys or girls, one or two siblings which we thought would be pretty wide, we’d be matched in 3 weeks, then we’re done and we weren’t. After 18 months we still weren’t matched. The matching process I think did – it’s not that we saw a lot of explicit homophobia but I think that’s when we really encountered it. There were hints of it along the way and those hints were enough to tell us that what we were encountering was not so much homophobia and not so much outright discrimination but just a sense in family finding social workers that a gay couple wasn’t the ideal. They are always looking for the perfect family for their children and although uniformly every social worker we speak to thought we were wonderful couple, I think when a pile of applications or fliers for m Fs arrived on a social workers desk, your gay male couple was your number 5 or 6 in the pile. And we’ve met a lot of wonderful people in the process in applications 1 through 5 they found a couple. But the interesting thing about that long period is I think it was that
time that really allowed Tom to become absolutely certain that he wanted to
become a father and become quite militant and passionate about it. And also, I
hope he’s expressed this to you, to realize that he was in a different place in his
life. He was now ready to be a father.

It gave him that time to grow into the idea.

I’m not sure it would have been terribly different had our assessment taken
exactly 8 months and for them to say we’d been matched because a lot of the
triggers for a lot of the development are actually what happens, when you see
the profiles of children and you think about this problem or that problem you
develop your ideas and you solidify where you are and that can happen quickly
or slowly but it did happen in that long period of time. I think the long period
time helped.

So are you saying that actually looking back on it it was quite a good thing.

No I wouldn’t say it’s a good thing. It’s been incredibly frustrating and
disappointing all the way along. But it has had effects. I can see those effects.
Were I to do it again I wouldn’t want to repeat that but I can see the advantages
it has had.

Because it’s allowed Tom that space. And maybe both of you.

Both of us, yeah. I confess absolutely that when I came to the idea of adoption
4 years ago I was somewhat naïve about it. It wasn’t so much that I thought
that we’d get a blond, blue-eyed baby. That much I knew. We weren’t, those
children just weren’t in the system – healthy too. But what I didn’t know really
until Sue started talking to us about it was what attachment disorder was and
the real problems were that kids coming out of the care system brought to their
new families. And so that period has given me too a lot of time to read into this
and get a sense of where our children will be coming from and what we need
to do for them. And that’s absolutely been useful.

Can you say more about what you have a sense of needing to do for them/

Well the interesting thing about it given how strongly I felt about parenting that
explained to you was the very quick realization that what you have to do
when you are an adoptive parent is in many ways not to parent instinctively.
And it’s partly a chronological thing. You have to realize that your children
aren’t where they appear to be; age-wise, developmentally – and so in some
ways you can parent instinctively you just have to go back and treat your child
as being at the developmental stage that he or she appears to be at. And that
realization was pretty important. All the way along we didn’t know how old
our children were going to be. 0-6 is quite a wide range. But the one thing we
were certain of was that everything we were learning about children of any age
on that spectrum or older would be useful because if we were learning about
children who were younger than our children eventually turned out to be we
were learning about children that they were probably very developmentally
very similar to. And certainly when we were learning about older children we
were learning about where we were trying to get our children or where we
would be trying to get our children to and how to recognize if they weren’t
getting to where they needed to be. What else did we learn about parenting?
That’s the other thing. You can probably tell that both of us are relatively
accomplished people – we’ve both done well at school and we’ve both done
well in our careers and everything – and I suppose one of the things that you
think about when you are having biological children is that they will be like
you. they too will be clever and accomplished and everything else. For one, a
sort of negative that I know has disappeared in the process to the extent it did
exist to some extent when I started was the sense that my children would be
like me. I now have a very clear sense that my children will not have had the
same background that I have and even if they are innately intelligent their
intelligence won’t immediately come out in ways that the intelligent kids of our
friends. When they are two years old you can see that they are bright. Even if
my kids are innately that bright I won’t be able to see that yet and I have to
draw that out. But two, the chances are that my kids aren’t that bright, aren’t
that talented so what I am really doing is working to bring out the best of them
not so much as how well they reflect me. And there is a bit of a sense of loss in
that but also in having come to that realisation and realising the talent I bring,
all the accomplishments, intelligence is to allow my children to be the best that
they can be. And that’s rather nice. And it is, you know, I’ve sorted stopped
daydreaming about having my kids do all the things that I did in my life and
giving them all of that. It’s more a sense now of wondering what they will like,
and what they will do and what of me they will relate to if anything. I mean I
suppose in some ways you know parents of biological children do hope the
same thing cos kids don’t often turn out like their parents. I think it’s easier to
think that they will be more like you if they are biologically your own.

Well of course then that can set off a whole lot of struggles can’t it? Whereas
actually what you’re saying it seems that you’ve come to turns with that fact
that they aren’t going to reflect you because they are not part of you
biologically and also they’ve come from possibly very different and difficult
backgrounds which may sort of changed the way that they might have been
had they been brought up differently in their own ages. So what you’re saying
is that you a sort of waiting and watching ....

It’s probably waiting and watching but also it’s a real sense of wonder. I mean
chances are I would have this with my own biological children if that’s what I’d
had. It’s you wonder what they’re going to be like and there’s this incredible sense of, you know, real awe and excitement about who they turn out to be but I’m feeling that incredibly explicitly because they are just so different. I mean they won’t look like me. It’s very funny. I don’t actually know that many members of my biological family. A lot of them have died, going back generations, but you look at photographs and I can see aspects of my physical self, we all have sort of similar winks and smiles. And I can see aspects of their personalities that I recognise and I know that’s probably not going to be in my kids so we are really just talking about completely different people and there’s the awe and wonder about what are they going to be. But at the same time I haven’t lost the sense that who they are will very much depend on me and what I do. And they are mouldable to some extent. I can make them the best that they can be by very deliberately giving them the type of parenting they need which is very exciting.

Absolutely.

It’s something that I’m very conscious about. For their lifetimes really I’m going to have to think about my parenting all the time.

And what you’re saying is that none of it can really afford to be instinctive because of the particular set of circumstances in which they have become your children.

That’s right. That’s what makes this parenting journey an intellectually exciting one ...

And emotionally

And emotionally yeah.

Fascinating. God, how thrilling.

Yeah it is, it is thrilling. And that’s what I love about it. It just sort of resonates on so many levels.

Absolutely. So what about the matching process. How are you matched to these children, to these two little boys?

You know about the magazines, Be My Parent and they have websites too. I saw them on the website. They were in the magazine but I saw them on the website first because I used to check it quite regularly ...

For the past 18 months?
Yeah, I mean some people you can read on the boards check everyday. I didn’t check everyday but I knew when new posters were put and I checked that day every time and I did see them the first day they went on. And they tick all the boxes. I mean they were the right age, they were the right number. Tom and I had got to the position where we thought we really would prefer to have two at once rather than one. so they were two of them, they were the right age, their profile didn’t raise anything terribly scary, nothing besides their expected background. And so I called up their social worker and I said this is who we were. And I think we got lucky. When the kids first went into foster care she considered a same sex couple for that and actually wanted to place them in a same sex couple but that couple wasn’t available.....

This was the foster carers?

Yeah the foster carers.

Really.

And so their actual, they’ve only had one set of foster carers, are a male/female couple. But the fact that their social worker and thought so deliberately and conscious about a same sex couple and how that would work for these kids meant that when a same sex couple came across her desk as adoptive parents she gave us a real leap. I think that’s what it was. To be not humble about it our credentials are very good. Our form F is very good. If you give it a proper read we strike you as very good potential parents. And we struck her as very good potential parents. She passed our stuff on to her manager who thought the same thing and so we went to the top of their list. And they said to us, you know, that we were the first couple they were going to come down and visit, we’re considering others, but you’re the first ones we’ll visit. And she came down and she was impressed and she said “I’m coming down next week with my manager” and she came down again and he was impressed and within a couple of days after that they gave us a call and said “We’re going with you exclusively”.

Wow

Just to give you a sense, these boys are the 47th and 48th children we enquired about.

Wow that’s a lot isn’t it?
Yeah exactly. That's really the top end as far as I can tell from reading bulleting boards and speaking anecdotally. Most people don't have to enquire over 40 children before ...

And when you say most people are you taking a sort of generic prospective adoptive parent experience or are you taking....

A generic adoptive parent experience

Not a gay – would that be, of the gay couples that you talked to would that be normal?

Even amongst the gay couples I think that's on the high end. I don't think it's that unusual, certainly I know other gay couples that have had enquired about kids getting up to that sort of figure. But even among them I think we have enquired about more than most.

And have you been interviewed at all?

No, we never got as far as ...

Not even an interview. OK. This was the first interview you had.

Yeah. We'd seen a CPR so by the time the boys came along we knew what we were reading and we know how to analyse them so ...

What's a CPR?

Child Placement Report, form E.

Form E, yeah sorry.

So there wasn't the experience of approaching something blind. We knew exactly what we were looking at when the information came. We knew what it was like, what to read between the lines, what to understand. And so we went in knowing what we were doing. But it is amazing to me that our first shortlisting are for the kids we're going to adopt.

That is really interesting isn't it? So where have you got to now?

Our matching panel was originally scheduled for the 25th of this month. It may still happen then. The problem is that because we lived in the States for so long the placing authority has decided they want FBI checks, the equivalent of CPR. Not something that Camden originally did because we'd lived in England too
long and their policies didn’t require going back that far. So we are making a big argument to Rotherham about why they – sorry, the practical problem is that the FBI takes 13 weeks getting these checks so we are making a big argument about that to Rotherham about why they shouldn’t be requiring them. We don’t have a definitive response one way or another so we may be going to panel at the end of this month, we may have to wait for the FBI checks.

Which is another 3 months.

Well we applied in January so it could actually delay the process by 10 months.

And then is there any prognosis of the date when they’d come?

If we go to panel on the 25th then the current plan is for introductions to start on the 22nd April. That month gap is longer than normal just because of the Easter holidays. Everybody seems to go away, have to work in with the kids school. If we go to panel later than that we might be able to compress the time, people sometimes meet the kids just a few days after that.

Well, how thrilling.

Yes it is.

This could be the month.

Well, next month is the earliest that we’d actually meet the kids.

This could be the month when everything goes through.

Yeah.

How stressful is that?

I’m getting a little stressed by it just because it is very real. I mean all this stuff that I’ve been thinking about over the years is now coming to a head. But at the same time I am incredibly excited. Tom I think you will hear is much more stressed about than I am. I hope he feels some excitement although I think his excitement is more overwhelmed by the stress. whereas in my case the excitement overwhelms the stress.

Right. OK. And how do you picture your life when you’ve got the boys with you? What’s the picture that you have?
It's going to be somewhat contradictory. On the one hand I see it being intensely normal. It's just going to be a family, you know, dad, dad, two kids. On the other hand it's going to be very strange because we're going to be dad and dad and two kids and that's not all that common. We live in Islington, it's not all that strange but it's not all that common either. And I expect our kids will have some problems. They are relatively old for kids coming out of the care system.

How old are they?

4 and 6. their background is not the kind of background you or I want for ourselves. And we have already had some information about the effects that that background has probably had. So we will have to work with that. So the kids will be different in a way and our family will certainly be different. But I'm also looking forward to that actually. Much as I like the idea of the normal family I also really like the idea, cos I've always been slightly different in my life, being a little bit out of the mainstream too. And being distinctive in a way. I mean I know the kids may not enjoy being distinctive quite so much but I rather like the idea of actually being visible on the street in the neighbourhood and the school as the gay family.

And it's funny because when you first started talking you gave me the context of your life you said that one of the things you thought was important to you was the sort of lack of rootedness, that that gave you in a way a sense of freedom and it seems to be that you are sort of echoing that again.

I think that's true. I rather like the idea of that I can be normal but I'm never really going to be normal so I'm creating who I am myself which I rather like. That's also the thing about the parenting of adopted children is you really do consciously have to create it, you've got to think about the relationship that you're building with them and their relationships with everybody else because it's not coming instinctively and naturally.

I think that's terrific. I don't know how long we've been talking for. I'm going to stop this now.

Interview time: 1:09:31

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Appendix I: Example Of Data Analysis

Step 1: Summary

Bernard began by establishing how much he had moved around during his life. He had moved countries several times, eventually ending up in the UK and he sees this as an advantage because it gives him a feeling of rootlessness and being able to flexible enough to his environment so that he can fit in wherever he is. He only introduced the fact that he met his life partner in his early twenties in his opening answer. He then described his childhood as the eldest of three brothers brought up by Jewish parents who were still married. He always had a sense of his family life being quite cold and undemonstrative. One of the advantages of moving around was that when he came out as a gay man, he could do it away from the gaze of his family and this meant that he could establish his gay identity and feel comfortable with it before having to explain anything to his parents. This made it easier when he did come out to them a few years after, when he had moved home again and while he realised they were not totally comfortable with his homosexuality, he felt sufficiently established to be able to challenge them if they made any problems.

He realises now that one of the ways he had prepared them for his sexual orientation was that he already discussed the possibility of him becoming an adoptive parent before he came out. They were accepting of this idea and remembered the conversation they had had about it more recently when his adoption plans began to become concrete. They knew that it was very important for Bernard to be a father and so were relieved that he had worked out a way that could be possible.

He has wanted to be a father for as long as he can remember, with the aim of both nurturing and educating children. He has kept all the books from his childhood and also collected things which he has always planned to show to his children. He was very aware that although he likes children generally, he knew that his desire
was really to be a parent – that other people’s children were not enough. Because his friends were aware of this longing to be a father, they were concerned for him when he came out as a gay man and are now pleased that he has found a solution. He has also known for a long time that he wanted to adopt because he knows other people who have adopted and particularly remembers a childhood friend who came from a family where some of the children were biological and some had been adopted. He sees that the altruism you have to show in adopting a non-biological child as being a positive incentive. He also argues that it is more natural for gay men to adopt because they have to go to such lengths to have a child biologically, i.e.: through surrogacy or through co-parenting arrangements and therefore he considers this to be the unnatural route. He does not think there is a need to reproduce yourself biologically and he is aware of other parents in the neighbourhood welcoming him to the community of parenthood without evaluating him or his partner. So he makes a distinction between parenting and breeding and seems not to have been interested in the biological breeding route.

When he started to be aware of wanting to adopt, he knew there were few precedents of gay men adopting. There were also various legal impediments at the time. He became involved in a gay rights group in South Africa which was looking at how the new constitution could enshrine the rights of all minorities and he believes this contributed to the fact that gays were not only to marry in the new South Africa but also to adopt. He is aware of how far things have come since he first thought about adoption when he felt quite alone. He acknowledges that the length of time it has taken for him to adopt has been beneficial in many ways because it has allowed the law to catch up.

He then described how he had made his plan to adopt clear to his life partner from the outset. His partner was reluctant and it seems as though they both agreed to put the subject on hold until Bernard was 35. On his 35th birthday, they opened the discussion again and this ended in a huge fight. They then decided to seek
counselling so that they could explore his partner's reluctance. She advised them to start the process and to see how they felt about it as they journeyed down the road towards adoption. He attributes much of the delay in his adoption plans to his partner's reluctance but again sees a benefit in this because it gave them both the time to be sure of what they were doing.

It took 6 months for them to be assessed and approved and then they waited for a match. As they had said they would be willing to adopt a broad range of children, they thought this would happen quite quickly but in the end, it took over 18 months for them to be matched. Bernard feels that this was because of an innate homophobia in the social workers who prioritised heterosexual couples over gay ones. Again this delay helped his partner to consolidate his desire to be a parent, although he also admits the wait was very frustrating. It also gave them time to become educated about the sort of children who were available for adoption and what kind of difficulties they might have experienced. This gave them the opportunity to adjust their expectations of their children-to-be and that their main job as adoptive parents would be to enable their children to make the best of themselves. He is aware of being more open to the possibilities of what his children will be rather than having the more prescriptive ideas he had previously. He now thinks it will be very exciting that his children will be so different and that his parenting could make a real difference.

He regularly checked the adoption websites to see what children had become available and on the first day they were posted, he found the descriptions of two little boys who seemed to fit what they were looking for- a sibling pair, the right age range and male. When he contacted their social worker, she revealed that she had always thought a same sex couple might be best for these children. These were the 47th and 48th children they had enquired about and never before had they even been shortlisted. This time they were put at the top of the list of potential parents and were soon told that they were the only couple being considered. He
knows from comparing experiences with others that they have had to make more
enquiries about matching than almost anyone else, including other gay couples.

At the moment, their adoption plans have yet again been delayed because the
boys’ social worker needs to get some extra checks, which Bernard thinks should
not be necessary. So they are waiting to hear when the matching panel will
happen. It will either be in a month or in a couple of months. Bernard described
how stressful a period this is for both him and his partner although he thinks his
stress is outweighed by his excitement whereas for his partner, it is probably the
other way round.

He sees his life with their children as being both very normal and very strange. His
neighbourhood is more liberal than most which will mitigate the strangeness of the
children having two gay fathers. However he also likes the idea of difference
because he identifies it as being a theme which runs through his life.
Step 2: Beginning, Middle and End:

Beginning: growing up, establishing his identity as a gay man and knowing he wanted to be a father.

Bernard began the interview by describing how often he had moved around during his life. He also included in his opening piece that he had met his life partner ‘Tom’ in his early twenties. He explained how he considered that moving around so much had been of benefit to him and dismissed the idea that it had implied upheaval. He repeated the phrase “a good chunk of time” several times to emphasise that changing cultures had been positive for him because he had a sense of himself having many different roots and therefore not clearly identifiable as part of one culture or nationality. “I must say I rather like that about myself. I like the fact that I don’t feel rooted to any particular place or as I like to think I feel comfortable in most places.” (45-47). This feeling of ‘de-rootedness’ was partly because of his many changes of countries but also because growing up at the end of the apartheid regime in South Africa, he, along with many other white people, felt that whatever identity they did have they were “all desperately trying to reject.” He explained that this left him feeling ‘somewhat de-rooted’ and a theme emerges of not being sure where he fits in, which he considers to have been a benefit to him throughout his life. He notices that in England particularly this liberates him from having to “fit onto the class level”.

He is the eldest of three brothers, brought up in South Africa by Jewish parents who are still married to each other after fifty years. He described a happy childhood although he sounded hesitant: “by and large it was a very stable loving house. Unusually, and a lot of people pick up on this, it wasn’t overly demonstratively warm which is counter-stereotype I think. Jewish families are notoriously warm and embracing, filled with the smell of chicken soup. My family wasn’t like that...” (65-67). His use of ‘by and large’ and ‘I think’ suggest that he was not convinced about the atmosphere of his childhood. His parents’ Jewishness was not
straightforward because his mother had come from England and her family were Anglicised Jews: he blames her Englishness for the coldness of the family. His father's family originated from Russia and he describes them speaking Yiddish to each other.

Because of living away from his family, he was able to come to terms with his identity as a gay man before having to explain and negotiate this different identity with his family. He acknowledges this is a difficult process for gay people which happens later than for heterosexual individuals: “it’s learning to live with yourself and it happens several years later than learning who are happens for most of us” (109-110). By the time he told his parents that he was gay several years later, he was comfortable and confidant in his sexual orientation. “I was able to become comfortable with myself as a gay man before I really had to deal with my family. And so by the time I came out to my parents it wasn’t really a case of seeking their approval or sort of trying to work out who I was in relation to them – that I knew and I knew what it was to live as a gay man and all I was really doing was telling them. And when they objected to various aspects I told them off which I don’t think is something that most gay men get to do very easily or get to do at the beginning.” (103-108)

Although he says his parents were not critical of him, there is a note of doubt in the way he expresses this: “well my parents weren’t terribly opposed – that’s the wrong word – they weren’t visibly upset” (126-7). He suggests that it might have been more difficult if he had not already established his gay identity in a supportive environment far away from home and admits that “there were aspects to it that they weren’t comfortable with and I didn’t really have to struggle with that” (129-130). As in his description of his childhood, he seems to emphasise the positive and minimize the negative with qualifying adverbs like ‘terribly’ and ‘visibly’. This greater sense of security made him more able to challenge them when they did try to criticize him about aspects of his sexuality: “by the time I came out to my
parents it wasn’t really a case of seeking their approval or sort of work out who I was in relation to them – that I knew and I knew what it was to live as a gay man and all I was really doing was telling them. And when they objected to various aspects I told them off which I don’t think is something that most gay men get to do very easily or get to do at the beginning.”(114-119). The way Bernard uses and re-uses the word ‘knew’ emphasizes his certainty about his sense of himself. It was around this time that he met his long-term partner, Tom and he reprimanded them when they objected to him being physically affectionate with him. He describes a strong reaction: “I told them to go to hell” (135) and then goes on to qualify what happened: “I made it slightly more articulately and politely than that, they are my parents after all, they accepted it which I think was an enormous advantage for me because I didn’t really have to fight with them about who I was” (137-139).

Before telling his parents he was gay, he had tested their reactions by introducing the possibility that he might adopt one day. They seemed open to this idea and realized later that he was preparing the ground to tell them that he was gay, as he knew he would not be able to have a biological child. His parents have always been supportive of him adopting because they have always known how important it was to him to be a father: “it was a relief in a way to them that although I was gay I had already worked out how I was going to be a father so it wasn’t so much an issue for them about me.” (176-177) He described how this knowledge that he could be a father helped his parents come to terms with his homosexuality: “I think that when they realized that could happen they were, or they became, much more comfortable with my being gay, it became less of an issue for them because that’s what I think they were most worried about. Not so much that they wouldn’t be grandparents, I don’t think they’re terribly worried about that but that I wouldn’t be a father because they knew that that was very important.” (181-186)

For as long as he can remember, he has always had a sense of himself wanting to be a father: “This was one of the longest running desires that I can remember.
There are various things that I have desired all through experiences in my life but I can distinctly remember pretty much as far back as I can remember having desires that one of them was to be a father.” (205-207). He also describes how he knew that he would achieve his fathering ambition through adoption: “by the time I was out, I knew that I was definitely going to adopt cos there wasn’t really any other option” (147-148). He has a clear sense of what appeals to him about becoming a father: “I think there is definitely a nurturing aspect, a desperate wanting to nurture children. There was to a very large degree a sort of educative aspect, I really wanted to show children what I really love about the world” (208-210).

He was aware that although he has always liked children, that he wanted children of his own and that being an uncle or having close connections with other people’s children was not a substitute: “they are not necessarily, definitely not children of other people. I do like children generally and I have taught at various points in my life and I love being an uncle now although a relatively recently one. But none of those were a substitute for having my own children” (233-236). Here he qualifies the adverb from necessarily to definitely making his statement more resolute and convinced.

He was always aware that it would be possible for him to have a child biologically but in his narrative he dismisses this quickly by showing his conviction for his chosen route: “I’ve also known for a very long time that I wanted to adopt.” (249-250). This is partly because he had early experiences of adoption through friends and family. In particular, he had a close friend who was adopted into a family with two children and he was envious of the warmth of his family: “it always struck me that there was an incredible generosity of spirit in that family that not only had they created it by adoption but when they had biological kids and we all knew that that had never really been the plan for them it just happened, they still managed to be equally generous to all of their children” (291-4). From this passage he is clearly drawn to the generosity he identified in this adoptive family. He seems to be
impressed with the unconventional way this family was formed and by the
closeness of all the family members. "That always struck me as incredibly warm,
human, wonderful and something that I knew I wanted." (297-8)

This generosity became something he set out to aspire to: "I think there is a
generosity in sharing your experience of the world with a child and that was
something that I definitely wanted to do but you can make that so much more.
You can really share a life with a child. And of course biological parents do that. I
mean they give life to their children. But adoptive parents I think have in a very
deliberate, conscious way, actually have to share their lives with their children."
(306-311)

He then reviewed his stance on gay men reproducing biologically and put forward
his argument that it is more ‘unnatural’ to achieve it biologically because of the
lengths which have to be gone through i.e.: through surrogacy or co-parenting
arrangements, than to become a father through adoption: "Much as I love Tom or
could love any other man we could never have a child by means of that process.
And so we've got to do what would be the unnatural thing in that case, look
outside of our relationship for another way to have kids. It's perfectly possible, you
know, you can do surrogacy or anything like that but those to me seem to me like
very deliberate and unnatural ways of having children – to negotiate the biology of
creating a child is distinctly distasteful I think. Whereas adopting a child, an existing
child who needs a family seems to me the much more natural way to go if the other
options aren't, not so much available, they are available, but aren’t natural to you.”
(299-306). He considers the focus of most people to be on parenting rather than
biological reproduction: "that's what really seems to me to be the huge cultural
imperative out there is people want to parent, or people want other people to
parent, not necessarily to breed."(355-6)
Middle: the journey to adoption
The middle part of Bernard’s interview focuses on how he has been able to embark on the adoption journey and what factors were necessary for him to be able to achieve what initially had seemed an impossible task. The issues he faced break down into three categories:

1> the legal and social context and how this has changed
When Bernard first started thinking about adoption twenty years ago, adoption by openly gay men seemed non-existent: *“there wasn’t really a model amongst other people whose sexual orientation was like mine for what I wanted to do.”* (414-5).
When he first came out, he knew of no-one who adopted as a gay man or even anyone who wanted to adopt as a gay man: *“I really did think that I was alone in being a gay man and wanting to be a father.”* (413)
Rather than this making him feel isolated, he had a sense of being unique and excited by the prospect of the challenge of achieving what he wanted. Although he had never lived anywhere where gay parenting was actually illegal, he was aware of the lack of precedents in gay adoption and how legally complicated it would be.

*“You really had to find the nooks and crannies, the loopholes in order to be able to do it.”* (374-5) He was also aware that the challenge to adopt would need him to be very determined and he seems from his narrative that he relished this prospect:

*“The challenge never worries me, I’ve never been worries by challenge like that but I certainly saw it was going to be a challenge. I would have to fight for a space that didn’t really exist.”* (473)

He describes how, around this time, he was training to become a lawyer and started to work with gay groups who were lobbying for the new equality legislation in South Africa to prevent discrimination on any grounds, including sexual orientation. He was already aware that this would mean that it would be legal for gay men to have families, whatever way they chose. He realized that this was “very interesting for me both professionally and intellectually but also personally because
He is aware of the benefits of having taken such a long time to fulfill his desire to adopt and takes pride in the part he played in making it more possible for gay men to adopt: “although it’s taken quite a long time for me to get to where I am and given how certain I was that I was going to adopt pretty early on, a lot of that has to do with Tom’s reticence to adopt, that delay has allowed me to see the legal environment certainly but also the cultural environment catch up. I mean it’s now no longer that odd to see, or certainly think about gay men having children”.

2> Negotiating adoption with his life partner

He made it clear to his life partner when they first met that he wanted to adopt: “this was one of the first things he knew about me” but his partner was unsure. Bernard was happy to wait because he was still young and making his career but the subject of adoption kept on returning as an issue within their relationship.

“As Tom and my relationship develop, as it did over the years and deepened and strengthened, it became a real flashpoint because at various points I said, you know, this shouldn’t carry on if you’re never going to want to be a father because I haven’t changed. I want to be a father. And we did fight quite intensely about it at various points.” Bernard’s use of language here suggests that this subject caused difficulties in their relationship because he was clearly do determined and he at various times was aware that the relationship would break up, if his partner did not drop his resistance. There was clearly no room for negotiation.

They agreed to put off any serious consideration of adoption until Bernard was 35. On the day of his 35th birthday, they had a discussion about it which ended in “a massive fight”. It seems as though Bernard almost had a sense of a clock.
ticking and as he reached a landmark birthday, his patience about his partner's reluctance was wearing thin. (This resonates with what I have witnessed happening frequently with a heterosexual couple where one member of the couple, usually the woman, wants to get on with having children and the other is unwilling.) Bernard describes how unmoving he was in his determination to adopt and how it would have to be Tom who changed his position if the relationship was to survive: "I became very insistent that we needed to do something about this, we needed to answer the question because neither of us was getting younger and I wanted to adopt" (523-4).

They decided to try and resolve their different positions by consulting a therapist. After six months of working through the problem, she advised them to start the adoption process "to see how it goes" (538). The process of being assessed and approved and matched with children has taken nearly four years but he thinks this was positive because it gave Tom the time to adapt to the idea of becoming a father. "During that time I think Tom's desire to be a father absolutely solidified, not only to be a father, but to be an adoptive father, absolutely solidified." (542-3). He is convinced it would have happened whatever the length of time but that it helped that Tom had time to adjust and to become passionate about adoption himself, almost as though this time allowed him to catch up with Bernard.

Bernard was also aware that he also had a lot to learn about the realities of adoption and the sort of children who they might adopt: "what I didn’t know really until Sue started talking to us about it was what attachment disorder was and the real problems were that kids coming out of the care system brought to their new families. And so that period has given me too a lot of time to read into this and get a sense of where our children will be coming from and what we need to do for them. And that’s absolutely been useful."(544-550)
Negotiating with the adoption system:

It has taken two years for them to be approved from the time they first approached a local authority and a further 18 months for them to be matched with their prospective children. He attributes this length of time to the slowness of the adoption process rather than any innate homophobia: "that process was incredibly frustrating largely because we didn’t think that we causing any of this. I mean the fact that we were gay didn’t cause a problem in our assessment; there was nothing particularly difficult about our assessment or our application or circumstances or anything like that. We were just facing the incompetence of bureaucracy that a lot of people face in the adoption society." (504-508)

Once they had got through the assessment process, they assumed they would be quickly matched with children who were up for adoption. Like many other prospective adopters in this period, he found the experience "incredibly frustrating and disappointing" (536). (Many prospective adopters find the period post-approval and pre-matching the most difficult because they know there are so many children waiting to be adopted and they cannot understand what the delay is). Bernard described how they had said they were willing to consider a broad range of children and he thought this would increase their chances of being quickly matched. (There is evidence that many gay and lesbian prospective adopters feel the need to include a broad range of children in their criteria – perhaps because they are aware of not being the natural first choice of adoption agencies). "We had a pretty wide approval and we were looking for a pretty wide range of children and we were approved any child up to the age of 6, boys or girls, one or two siblings which we thought would be pretty wide, we’d be matched in 3 weeks, then we’re done and we weren’t. After 18 months we still weren’t matched." (509-512)

He is reluctant to attribute this delay to homophobia although he was aware that it might have been part of the problem: "There were hints of it along the way and those hints were enough to tell us that what we were encountering was not so..."
much homophobia and not so much outright discrimination but just a sense in family finding social workers that a gay couple wasn’t the ideal. They are always looking for the perfect family for their children and although uniformly every social worker we speak to thought we were wonderful couple, I think when a pile of applications or fliers form Fs arrived on a social workers desk, your gay male couple was your number 5 or 6 in the pile.“(514-520) Although he can see the benefits in the that delay because he became more aware of the sorts of children they might adopt and the sorts of problems they might have, he also found it a very difficult period: “It’s been incredibly frustrating and disappointing all the way along. But it has had effects. I can see those effects. Were I to do it again I wouldn’t want to repeat that but I can see the advantages it has had.”(587-9)

Whilst they were waiting to be matched, he regularly checked the adoption websites to see the new children who had become available for adoption. He saw the two boys they have now been matched with the day they were first posted on the website. He speaks of this in terms that it was almost as though it was meant to be – “they were two of them, they were the right age, their profile didn’t raise anything terribly scary, nothing besides their expected background. And so I called up their social worker and I said this is who we were. And I think we got lucky” (701-3). The children’s social worker had always thought a gay couple would suit these children’s needs; she had sought out a gay couple as their foster parents but none had been available. They were put at the top of the list of suitable parents and were soon told that they were the only ones being considered.

Since these were the 47th or 48th children who he had enquired about, it was a relief to be short-listed. They had not even been interviewed previously for any of the children they had expressed an interest in adopting although he believes they inquired about more children than most other couples. Whilst he knows that gay couples always have to make the most enquiries, he thinks that their rate of rejection was particularly high. Even after all this waiting, another delay has now
been imposed because the local authority which has responsibility for the children require Bernard and Tom to go through additional checks because they have lived abroad for so long. This is likely to prolong the process by another three months.

The End: How he understands the role of himself as an adoptive father, looking forward to the future
Bernard realizes that he had a lot to learn about becoming a parent and particularly about becoming an adoptive parent. He describes the various ways in which his assumptions have changed during the period of waiting to be matched: “what you have to do when you are an adoptive parent is in many ways not to parent instinctively. And it’s partly a chronological thing. You have to realize that your children aren’t where they appear to be; age-wise, developmentally – and so in some ways you can parent instinctively you just have to go back and treat your child as being at the developmental stage that he or she appears to be at. And that realization was pretty important” (604-610).

He has also come to realize the differences between being a biological parent and an adoptive parent: “I suppose one of the things that you think about when you are having biological children is that they will be like you. They too will be clever and accomplished and everything else. For one, a sort of negative that I know has disappeared in the process to the extent it did exist to some extent when I started was the sense that my children would be like me. I now have a very clear sense that my children will not have had the same background that I have and even if they are innately intelligent, their intelligence won’t immediately come out in ways that the intelligent kids of our friends” (622-629). (This realization does not always come easily to adoptive parents, particularly if the adoptive child is somehow replacing the birth child that died or never lived.)

He has managed to reposition his idea of what part an adoptive parent plays in their child’s life: “the chances are that my kids aren’t that bright, aren’t that
talented so what I am really doing is working to bring out the best of them not so much as how well they reflect me. And there is a bit of a sense of loss in that but also in having come to that realisation and realising the talent I bring, all the accomplishments, intelligence is to allow my children to be the best that they can be. And that’s rather nice.” (631-636).

Compared to what he thinks biological parents might feel as they prepare to become parents, he is aware that a lack of biological connection changes the expectations he will have as a parent of his children. He is not daunted by the fact that the parenting journey ahead of him has no maps: “there’s this incredible sense of, you know, real awe and excitement about who they turn out to be but I’m feeling that incredibly explicitly because they are just so different. I mean they won’t look like me.” (654-7)

But he also realizes that the part he plays will be crucial: “I haven’t lost the sense that who they are will very much depend on me and what I do. And they are moldable to some extent. I can make them the best that they can be by very deliberately giving them the type of parenting they need which is very exciting.” (602-605)

This waiting period is proving to be quite stressful for Bernard: “I’m getting a little stressed by it just because it is very real. I mean all this stuff that I’ve been thinking about over the years is now coming to a head. But at the same time I am incredibly excited” (809-811). He thinks that, as the adoption becomes more of a reality, he and his partner are having different reactions: “he is much more stressed about than it than I am. I hope he feels some excitement although I think his excitement is more overwhelmed by the stress, whereas in my case the excitement overwhelms the stress” (743-746).

He realizes that the future is going to be full of complexity and contradictions.
"On the one hand I see it being intensely normal. It's just going to be a family, you know, dad, dad, two kids. On the other hand it's going to be very strange because we're going to be dad and dad and two kids and that's not all that common. We live in Islington, it's not all that strange but it's not all that common either. And I expect our kids will have some problems. They are relatively old for kids coming out of the care system" (749-753). The way that his family will be different to others is something he is pleased about: "the kids will be different in a way and our family will certainly be different. But I'm also looking forward to that actually. Much as I like the idea of the normal family I also really like the idea, cos I've always been slightly different in my life, being a little bit out of the mainstream too. And being distinctive in a way. I mean I know the kids may not enjoy being distinctive quite so much but I rather like the idea of actually being visible on the street in the neighbourhood and the school as the gay family." (759-764)

This sense of being different seems to fit in with aspects he has described in the rest of his narrative where he feels he has been able to set his own course and determine his own destiny. He feels that this sense of difference will help him become an adoptive parent who can cater to the particular needs of his adoptive children. "I rather like the idea of that I can be normal but I'm never really going to be normal so I'm creating who I am myself which I rather like. That's also the thing about the parenting of adopted children is you really do consciously have to create it, you've got to think about the relationship that you're building with them and their relationships with everybody else because it's not coming instinctively and naturally."(771-775)
Step 3: Interpretative Analysis:

Bernard’s account seems to be progressive, in that the way he builds his narrative implies that he is always coming close to achieving his aim of adoption. He represents a very clear of ‘knowing’ that he wanted to become a father through adoption from early on in his life and his narrative suggests that partly through his own determination and partly through the way the law and attitudes have changed over the last twenty years that this has gradually become possible. So his narrative gives a feeling of coherence where one thing leads to another in an almost purposeful manner and it suggests that events were supposed to happen in the way they unfolded; there is little doubt that it would turn out the way it has. He makes advantages of experiences which could be construed as negatives: for instance he is pleased that he is not rooted anywhere and has experienced many different cultures. It has given him freedom. When asked whether he felt isolated as a gay man wanting to adopt, he corrects the interviewer by saying he felt unique. He often refers to the challenge and the excitement he felt in tackling this life goal. He minimises the struggles he has faced to adopt – from his partner, society, his family and the adoption agencies, portraying them more as overcomable hurdles rather than anything insuperable. Conviction and determination run through his narrative. He sees other benefits in his life: he is grateful that he was able to explore his sexuality and become comfortable with it before having to tell any of his family. He is proud of the contribution he made to changing the climate around gay marriage and adoption. He even considers the length of time between starting the adoption process and being matched with their children as beneficial because it gave his partner time to adjust to the idea of becoming a parent and he is convinced that his partner is now as committed to their adoption plans as he is. Even though he acknowledges that homophobia may have played a part in how long it took for them to be matched with their children, he underplays this and accentuates the benefits of waiting so long. He has a sense of frustration about the length of time of the adoption process but he turns that into a positive as well.
because he argues that it has allowed them to be absolutely sure of what they were
doing. He has confidence in himself as a prospective adopter: "To be not humble
about it our credentials are very good. Our form F is very good. If you give it a
proper read we strike you as very good potential parents. And we struck her as
very good potential parents. She passed our stuff on to her manager who thought
the same thing and so we went to the top of their list"(653-656). He looks forward
to the day when his wishes will be fulfilled and is confident that he and his partner
will be accepted by other parents and has already had a sense of being welcomed
into the fold of parenthood.

It is important to be aware that this progressive narrative is told in the context of
having been approved as an adoptive parent and now having been matched with
two boys who are likely to become their sons within a couple of months. He can
therefore afford to build this positive narrative with a greater sense of certainty that
his ambitions are about to be fulfilled and that the years of struggle and patience
will have been worthwhile.

This narrative orientation is consistent with the fact that he responded on the first
day I posted my request for participants on the adoption websites and seemed the
most eager of all my participants to take part. It seemed a particularly important
moment for him to express his sense of what had led to him being on the brink of
becoming a father and taking part in the study seemed to enable him to express his
recognition of how he has reached this point in his life.
Step 4: Personal, Interpersonal and Societal levels of analysis:

Personal level:
- The structure of his narrative suggested that he had thought out very clearly what sense he made of his decision to adopt and it was important to relate it back to the early days of forming his identity. He is aware of there being some themes which run throughout his life - of being different but similar, of belonging and not belonging which are represented in his narrative of how he has come to be an adoptive father and so he has a clear sense of his adoption journey being integrated into his identity formation, even though both being gay and adopting marginalise him still further from the dominant discourses around gay relationships and family formations.

Interpersonal level:
- His interview reminded me of the way he had approached the project from the outset; he had contacted me on the first day my post went up on the BAAF website and this suggested a level of commitment to the adoption project and also his need to explain what he was doing and why he was doing it. Even though the interview was deliberately kept very open and I rarely asked questions, he seemed confident that he was delivering what I needed. He emphasised the intellectual experience of adoption and how he has been able to rationalise it to himself and he was reluctant to consider his emotional reactions, even when prompted by me.

Societal level:
- Bernard is aware of the rarity of his position as a gay adopter in a society which only legalised adoption by gay couples seven years ago. He is keen to make a distinction between the urge to parent and the urge to reproduce oneself and considers that the majority of people in society are more drawn
to the former than the latter. He believes that helping society and others is important but that it is not his prime motivation in adoption. He is also aware that he has benefited from the way society's attitudes have changed towards homosexuality generally and gay adoption in particular. His attitude to his own homosexuality has entailed activism and self-defence; this campaigning instinct has continued as he journeyed down the adoption route. He has also developed an interesting distinction between the 'naturalness' of adoption for gay men contrasted with the 'unnaturalness' of biological reproduction for gay men.