THE LEGACY, LEGALITY AND LEGITIMACY OF ADOPTING OUT

Examining the legitimacy of adoption through birth mother experiences.

A thesis submitted for the degree of Doctor of Philosophy of the Australian National University

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DECLARATION OF ORIGINALITY:

I, Anne Webster declare that this thesis is entirely my own original work:

Signature: [Signature] Date: 26th July, 2018

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ABSTRACT

This thesis investigates the disconnect between the lived experience of birth mothers who adopted out their child recently and the views of members of the public with an interest in adoption, including adoptive parents and adult adoptees. I consider the perceptions of adoption in contemporary Australia from a sociological perspective focusing on the influences and circumstances in which a birth mother might choose to adopt out her newborn. Following Misztal’s (2011a) concept of modern vulnerability, I contend that being pregnant and not wishing to parent is a micro-level experience, paralleling a societal disaster such as a tsunami or war. Either event has the potential to render individuals vulnerable as they experience something they cannot change, which has unknown repercussions, while needing to rely on others for survival. My data from focus groups and in-depth interviews with birth mothers was collected between 2012 and 2013, and illustrates the complexity of influences that impact on birth mothers and public perceptions of adoption in line with the vulnerability framework. My thesis demonstrates that while adopting out is legal in every state and territory in Australia, it has a legacy from past coercive practices that negatively influences public perception of its legitimacy today. The problematic history of adoption practice has resulted in an unsuccessful struggle to separate coercion from choice (Higgins, 2010). The predicament of a pregnant woman who does not aspire to parent is primarily a site of vulnerability in which the ability to execute choice is challenged by unpredictability, irreversibility and dependence. Misztal’s framework provides mitigation strategies for the vulnerability experienced by a birth mother who makes the choice to adopt out, and presents a basis on which current policies could be addressed to remedy the legacy of past practices and increase interdependency, reconciliation and hope for birth mothers.
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INTRODUCTION

‘Ad optare’ - ‘to adopt’ in Latin means to:
‘take by choice, choose for oneself, select, choose’ especially a child.
(Online Etymology Dictionary)

IS ADOPTING OUT A LEGITIMATE CHOICE TODAY?

The public profile of adoption has waxed and waned in prominence over the past century. Historically and architecturally, adoption has provided a ‘side door’ rather than a ‘grand entrance’ to family making, though altering the structure of both family and society. Perceived pragmatically as a ready solution for some of life’s most private troubles, it has been a socially and politically sanctioned panacea for the problem of unwanted pregnancies up until the later part of the 20th century (Swain & Howe, 1995). As such, adoption has been a cradle of torment for some and, paradoxically, hope for others. Over the last 40 years, the status and accessibility of adoption in Australia has changed significantly (Cuthbert, Spark, & Murphy, 2010). The contested nature, complex history, and fluctuating prevalence of adoption as a means of forming family provides fertile ground for sociological investigation and yet few sociologists have made adoption the focus of their research (Higgins, 2011). In the 1980s, following years of infertility and prior to giving birth to our own children, my husband and I experienced a personal journey with adoption. However, it was at university during my Social Work studies that the subject triggered my interest again and I began investigating adoption in Australia. Discovering the small number of children now offered for adoption in Australia, I became curious about ‘who adopts out their child and in what circumstances?’.

THE CHANGING LEGITIMACY OF ADOPTION

The number of adoptions in Australia today is a fraction of the numbers in the early 1970s. The registered peak occurred in 1972 with 9,798 adoptions (Australian Institute of Health and Welfare [AIHW], 1998). The most recent data shows just 292 adoptions in 2015, with only 23 babies under the age of one adopted out nationally (where the adoptive parents are unknown and unrelated to the child) (AIHW, 2015a). This reduction in adoption is significant and I believe justifies investigation to understand why adoption as a reproductive option has all but ceased. Australian adoption research has largely focused on historical accounts of the period between the 1950s and 1970s, often referred to as the coercive period of adoption (Kenny, Higgins, Soloff & Sweid, 2012), when single mothers were forced to give up their illegitimate children in what was considered at the time the ‘best interest’ of the child (Castle, 2014; Cuthbert, Spark, & Murphy, 2010; Finley, 2004; Inglis, 1984; Swain & Howe, 1995). These studies are derived predominantly from psychological and welfare oriented research and have
generally depicted adoption as faulty policy that has generated considerable trauma for survivors (Condon, 1986; Fisher, 2003; Higgins, 2020; Inglis, 1984; Kenny et al., 2012; Marshall & McDonald, 2001; McNiece, 2006; Winkler & van Keppel, 1984). It is, therefore, the first aim of this thesis to investigate whether it will be possible in the future to separate adoption from the coercive practices of the past and view it as an individual choice and, potentially, a responsible policy.

More recent research identifies a range of aspects that have contributed to a shift away from adoption, including: delayed parenting resulting in declining fertility rates; effective birth control; legalisation and access to abortion; the emergence of family planning centres (Australian Bureau of Statistics [ABS] as cited in AIHW, 2015a); and the introduction in 1973 of the Supporting Mother’s Benefit (ABS as cited in Kenny et al., 2012) and consequent increased social acceptance of raising children outside registered marriage. These factors have all contributed to the ‘… changing views in Australian society (which) have altered the circumstances in which adoption might be considered appropriate’ (AIHW, 2015a, p. 36). Even so, adoption remains a legal means to manage unwanted pregnancy, and provides a means to create family for others. Nevertheless, the legitimacy of this choice is questioned (Castle, 2014).

Johnson, Dowd and Ridgeway (2006) define legitimacy as a social process whereby a social object – in this case a birth mother who makes the choice to adopt out her child – is analysed implicitly or explicitly as legitimate. The social object is construed as legitimate when consistent with ‘cultural beliefs, norms and values that are presumed to be shared by others…’ (p. 57). The problem has emerged in adoption where there appears to be a ‘disconnect’ between the legality and the legitimacy of choosing to adopt out. In 2001 in Australia, Marshall and McDonald (2001) argued that a woman considering to adopt her baby does so ‘… under strong emotional pressure not to surrender her child … No matter how well considered and responsible may be the decision in terms of her own interests and those of her child, she is likely to find that she must bear, in addition to her inevitable grief and doubts, the burden of gratuitous criticism and lack of understanding’ (p. 74). Castle (2014) concludes, ‘The objective of making a “good” choice—opting for a perceived “better life” for the child—is less likely to be accepted as “good”, given contemporary cultural structures and perceptions that explicate “you don’t have to”. While the consequence of this is untold, it appears the perennial adoption theme of shame may be differently shaped but still present’ (p. 57). Contributing to what I refer to as the stigma of adoption choice is the dominant family ideology defined as a heterosexual couple and their biological children, which tends to pathologise non-genetic forms of family structure such as adoption (Wegar, 2000). Ellison (2003) refers to stigma that
relates to a fear of failing standards of ‘... socially accepted forms of maternity’ (p. 336). International news and documentaries have few stories on adoption and more recently have focused on negative portrayals of adoption, such as corrupt adoption practice or stories of overseas adoption that have included child trafficking and abuse (Fisher, 2003). Positive and negative portrayals of adoption affect its cultural and social perception. Research shows media stigmatises adoption in its portrayals (Fisher, 2003; Stolley & Hall, 1994; Wegar, 1997).

Textbooks have the power to influence impressionable minds and the evidence demonstrates that adoption is five times less represented than abortion in text books, which risks marginalising and delegitimising adoption as an alternative in contraceptive failure (Stolley & Hall, 1994).

My second aim is, therefore, to discover how legislation, economic and social forces enable or constrain a birth mother’s self determination to adopt out, given her dependency on systems and structures to be legitimated. Does she experience stigma or isolation in her decision due to a perceived moral ‘deviation from our notions and practice of motherhood’? (Inglis, 1984, p. viii).

A seismic shift has occurred in the last four decades, where the floating and largely invisible tectonic plates representing the legitimacy and accessibility of adoption and abortion have reversed positions (AIHW, 1998; Castle, 2014; Chan & Sage, 2005; Pratt, Biggs, & Buckmaster, 2005). In the 1960s, society accepted adoption as the most suitable outcome for unplanned pregnancy for ‘unfit mothers’ (Higgins, 2011) and abortion was illegal. In contrast, while abortion is widely accepted as the most common choice to manage unwanted pregnancy today (see Table 1.1), adoption has become ‘illegitimised’ (Marshall & McDonald, 2001). Reproductive choice is cast in the paradigm of an individual right (Smyth, 2002); despite this, it continues to be a highly contentious subject with little neutral territory in which to consider the many vulnerabilities of a pregnant woman who does not wish to parent (Castle, 2014; Swain & Howe, 1995). The debate about reproductive rights has been framed by academics and feminists who influence what constitutes a legitimate choice in the eyes of a pregnant woman, public opinion, legislation and policy (Cornell, 1995; Smyth, 2002).

An outcome of neo-liberal ideology in modern Australia is the organisation of the social milieu where the centrality of individual rights and autonomy may unintentionally facilitate isolation and loss of solidarity for those unable to participate in the market (Misztal, 2011a). While women continue to struggle for equality in the workforce, pregnant working women experience increased economic vulnerability, with risk to income stability and career pathways. Women confronted with an unplanned and/or unwanted pregnancy are also
primarily expected to manage the precariousness of the situation on their own, as Castle (2014) states ‘That one is alone with the consequences of the pregnancy is a defining parameter of the decision’ (p. 56). My third aim is, therefore, to understand how a pregnant woman experiences vulnerability in reproductive decision making, in terms of risk and insecurity, when she does not wish to parent.

My research identifies women whose journey of motherhood differs from the normative decision to parent, and investigates their experience of vulnerability and legitimacy during the pregnancy and after birth and relinquishment. My thesis focuses on investigating the experience of birth mothers who make the choice to adopt out in our contemporary Australian cultural, economic and political climate. My research is based on interviews with birth mothers and focus groups comprised of members of the public with an interest in adoption. My final aim is to consider contemporary acceptance and views on choices other than adoption in unplanned pregnancy, such as abortion or baby safe havens, and whether adoption can be construed as a legitimate reproductive choice.

In summary, in this thesis I investigate potential discrepancies between the subjective evaluations of adoption experience presented by birth mothers who recently adopted out their child, and assessments held by members of the public with an interest in adoption, expressed in focus groups (see Appendix VII). I aim to highlight the multidimensional influences on birth mothers who choose to adopt out their child and the vulnerability experienced as micro, meso and macro social phenomena.

THEORETICAL FRAMEWORK

Finding the most appropriate theoretical framework for this research was a challenge; like trying to view a three-dimensional form in a two-dimensional photograph such as the ‘Magic Eye’ book (N.E. Thing Enterprises, 1993). While there was merit in many possible theories to provide a lens, many did not adequately address the multifaceted and layered complexities of adopting out. I evaluated various analytical instruments and found Barbara Misztal’s work, *The Challenges of Vulnerability; In Search of Strategies for a Less Vulnerable Social Life* (2011), to be the most comprehensive conceptual framework to investigate the experiences of unplanned pregnancy and adoption choice today. I draw on other approaches, such as ethics of care, identity theory, rationalism and commodification, as well as legitimacy theory, intensive motherhood, morality and consumption, biopolitics and stigma, and while each has useful elements in considering the choice to adopt out, my primary theoretical framework is Misztal’s work, as it offers additional well-integrated conceptual and investigative angles.
I consider Misztal’s framework optimal for several reasons. Misztal’s theory is an aggregate theory developed from various sociological approaches (e.g. Turner’s theory of social identity, Beck’s theory of risk society, Foucault’s theory of governmentality, and Arendt’s work on dependency and unpredictability), as well as an analysis of modern society and Bauman’s risk society (Misztal, 2011a). Moreover, it conceptualises vulnerability as an individual experience in the context of community and the welfare state.

Misztal’s work provides a scope to reflect more deeply on the social and economic risks associated with unplanned pregnancy, such as unemployment and poverty, and refers to the effect of vulnerability on an individual as ‘... feelings of insecurity and powerlessness in the face of the loss of a secure place in the system ...’ (p. 10). While various forms of feminism challenge stereotypes of gender and power struggles in the workplace, they do not adequately clarify the precarious state of vulnerability in the form of insecurity experienced by birth mothers who choose to adopt out, which can be found in Misztal’s extensive approach. I have chosen her work as my research framework, because her approach provides explanatory power alongside mitigation.

Misztal (2011a) defines and analyses three forms of vulnerability: dependency, irreversibility and unpredictability, at macro, meso and micro levels, and offers mitigation strategies for each of these forms (see Figure A).

In brief, ‘dependency’ refers to the fact that all humans are dependent to a greater or lesser degree on others for the whole of their lives; this is mitigated by remedial responsibility, which builds trust, social solidarity and security. ‘Irreversibility’ highlights the unchangeableness of the past and Misztal argues that the vulnerability experienced as a past event can be mitigated by forgiveness and reconciliation. Finally, ‘unpredictability’ refers to the fear of the uncontrollable or the ‘...overwhelming feeling of uncertainty...’ (Bauman as cited in Misztal, 2011a, p. 49). The vulnerability experienced due to the unpredictability of the future is amplified in a present difficulty or crisis, when future risks or insecurities are added. Misztal contends that unpredictability is mitigated by promising, which provides hope and empowers individuals to manage traumatic situations by addressing their overwhelming anxiety.
Misztal’s work provides a unique lens to investigate and understand vulnerability and its relevance to modern life, including reproductive choice in the form of adopting out. Her framework acknowledges the fragility of modern life, where an individual’s experience of trauma is both subjective (at the individual level) and objective (embedded in realities such as the socioeconomic system, expectations of autonomy and empowerment, and the risk of isolation). Her framework assists in reflecting on the micro, meso and macro levels of vulnerability. Misztal’s theory also considers the impact of time and space on traumatic events and points to the instability and precariousness of life today and an increased need for trust to build solidarity and security.

Following Misztal’s concept of modern vulnerability, I contend that being pregnant and not wishing to parent is a micro-level experience, paralleling a societal disaster such as a tsunami or war. Each event renders a woman or corresponding community vulnerable as they experience something they cannot change, which has unknown repercussions, while needing to rely on others for survival. Brown’s (2012) approach to vulnerability adds components such as shame and guilt, fear of disconnection and social exclusion, which provides insight into how a woman may experience an unplanned pregnancy or a decision to adopt out. Contextually, a
pregnant woman who does not wish to parent is threatened by disadvantage both socially and economically; she is irrevocably pregnant, her autonomy is imperilled due to her increased dependency on others, and though she is ‘free to choose’ her future, outcomes are unknowable. Importantly, she does not make her choice in a vacuum, but within a cultural milieu in which the acceptance and even preference for adoption has changed over time.

It is my hope this research will add to the current sociological thinking about vulnerability as it relates to reproductive choice making in Australia today and, in particular, the choice to adopt out, and that it will contribute to policy recommendations that address the vulnerability experienced by pregnant women who consider adoption as a choice.

RESEARCH QUESTIONS IN THIS THESIS

Other than the more recent work by Castle (2014), adopting out is rarely considered from the perspective of a biological mother and, in Australia, there is little systematic research into the cultural constraints that mothers experience. In attempting to provide an account of the experience of adopting out in Australia in its full cultural and political context, I have focused on the following research questions, using Misztal’s framework of vulnerability as a guide:

1. Is it possible to build distance between the legacy of past adoptions and the evaluation of choices pregnant women might make to adopt out today?
2. a. How dependent are pregnant women on others to support their decisions to adopt out? How do mothers who adopt out their child, experience legitimacy, through policy, economics, agencies, and community members? Do contemporary birth mothers experience stigma?
   b. Do people whose various experiences of adoption share moral evaluations of adopting out and do they consider it a legitimate choice for a biological mother to make?
3. What social, economic and emotional risks confront a pregnant woman who considers adopting out her baby? How does she manage the unpredictability of her decision?
4. How do Australians from various experiences and views of adoption reconcile their views about adopting out with their beliefs about abortion and baby safe havens as alternate reproductive choices?

RESEARCH SCOPE AND DIRECTIONS AND KEY THEORY

The complex political, cultural and economic contexts in which adoption decisions occur, warrants further exploration in the 21st century. Of particular interest are the private stories of
birth mothers who have adopted out recently, and how they intersect with public discourse at local, state and global levels. Legislation demonstrates that adopting out remains a legitimate choice in unplanned pregnancy, but history evidences a problematic story of vulnerability and powerlessness, class differentiation, cultural clash and stigma, where choice in fact is limited. The legal options available to a woman in unplanned pregnancy include parenting, abortion or adoption. The illegal choices are infanticide and abandonment.

I analyse the predicament of a pregnant woman who does not wish to parent as a site of vulnerability, which involves personal struggles as well as the need to negotiate the expectations and pressures exerted by those intimately connected to her, her community, professionals, the regulatory state and broader cultural universals. I question whether a woman experiences legitimacy to choose in this situation as a means of control to mitigate the vulnerability faced. I consider to what extent the irreversible impact of adopting out disconnects the birth mother from her family, friends and wider social networks culminating in acute social exclusion. The contrast between the narratives presented by birth mothers who have recently adopted out and focus group participants illuminates the disparate beliefs about legitimacy of reproductive choices in Australia today.

Recent Australian research has investigated the experience of birth mothers from the coercive period of adoption from the 1950s through to the 1970s (Castle, 2014; Kenny et al., 2012). I am not addressing coercive adoption nor the experience of intercountry adoptions, adoptees or adoptive families. Neither will I be investigating the choice to terminate. Having said this, I acknowledge the sensitive nature of this research, specifically for those impacted by coercive past adoption practices - not only the birth mothers but also the adoptees and adoptive families who continue to grapple with their journeys. I have limited the scope of this research to birth mothers who declare they have made the choice to adopt out in Australia in recent years. The outline of the thesis will now be reviewed.

**THESIS OUTLINE**

This research reveals the disconnect between the broadly held views of the focus group participants and the lived experience of birth mothers who have made the choice to adopt out in recent years. It situates the research questions within the historical and current contexts and considers how they contribute to the vulnerability experienced by a birth mother.

Chapter 1 investigates adopting out from international and national perspectives, and as a topic of sociological interest. The history of adoption in Australia is reviewed along with the cultural construction of adoption. Past adoption policy and practice have left an irreversible
legacy for birth mothers considering adopting out today, resulting in a particular and precarious vulnerability. This chapter explores the notion of forgiveness, as defined by Misztal, as a means to mitigate the irreversible wrongs of past policy and practices of adoption and as an essential means of empowerment for birth mothers in their individual experiences today.

Chapter 2 situates adopting out in the context of competing theories, such as identity theory, legitimacy, stigma, Intensive Motherhood, biopolitics, eugenics, morality and consumption, rationalism, commodification, and altruism. Shame as an aspect of vulnerability is also considered. The inherent risks confronting a pregnant woman are addressed here also. That is, the social, economic and emotional costs of adopting out. I explain my choice to use Misztal’s vulnerability framework as the primary analytical tool for this research and her template of irreversibility, dependency and unpredictability as key components to review the reproductive choice to adopt out.

Chapter 3 reviews the past 30 years of Australian empirical research on adoption as well as some targeted international research. The review is chronologically constructed to reflect changes in research focus with changing culture and demonstrates how the social, political and cultural context has influenced research interest. The vulnerability framework is used to review the research and consider how it has affected the vulnerability experienced by birth mothers who choose to adopt out.

Chapter 4 reviews the methodology chosen for this research; the two-phase design (birth mother interviews and focus groups); and the methods and procedures for data collection. This chapter compares and contrasts views about adopting out held by members of the public with an interest in adoption and who participated in this research, with the narratives of birth mothers who managed their vulnerability and risk of disconnection with secrecy about their pregnancy and birth. I describe the participants and explain the methods of analysis and the validity of the research.

Chapter 5 considers the birth mother as someone who experiences vulnerability as dependency, and looks at the context of her choice from a micro level where each mother hid her pregnancy, and in some cases her birth and adoption, from those closest to her. At a meso level, I identify her dependency on systems, legislation and agents of the state who act as gatekeepers, as well as her dependence in a macro, that is, global culture directed or framed in ideologies and which determine normative choice. I conclude this chapter developing Misztal’s theme of mitigation for dependency at micro, meso and macro levels with the actions towards interdependency.
Chapter 6 scopes the findings of the research in the light of unpredictability – the outcome of the birth mother’s choice. This chapter identifies the micro level and personal nature of unintended pregnancy decisions, which are made at a moment in time but can have critical outcomes for life, education and career. Though made competently with the knowledge available, there is a significant degree of unknowable outcomes. Unpredictability provokes anxiety and a sense of loss of control, potentially a loss of identity, and a sense of helplessness. This chapter identifies meso level risk-averse legislation in the epilogue to past forced adoption law, and the economic and welfare policies that have resulted. The macro level or global and ideological influences on a birth mother’s adoption choice are defined in biopolitics, intensive motherhood and the growing acceptance of structural versus biological family. The chapter concludes with a reframing of the mitigation of unpredictability, which is promise, as it pertains to the micro, meso and macro levels.

Chapter 7 reviews the findings under the scope of irreversibility – choice over time. It examines the birth mother’s micro journey navigating the physical, psychological and emotional process of adopting out; the experiences of loss and grief and identity or self-perception as a result of her choice. The meso level of institutional risk avoidance is discussed and the law of open adoption constructed to reduce the risk of repetition of past secret and forced adoption outcomes. I identify the treatment mothers experienced in hospitals and community places and the resultant isolation. At a macro level, ideologies that make up the cultural constructions in which birth mothers live their lives are reviewed: neoliberalism, feminism and religion. This chapter concludes with the mitigation of irreversibility, which is forgiveness and reconciliation, and how this may be achieved at all three levels.

CONCLUSION

The thesis concludes by presenting the disconnect that is evident between the lived experience of birth mothers and the opinions of members of the public with an interest in adoption. I outline the implications of the research for policy and I highlight potential future research directions.
1. ADOPTING OUT

1.1 ADOPTING OUT FROM AN INTERNATIONAL PERSPECTIVE

Despite the prevalence of adoption worldwide there is a dearth of sociological research on the subject. Most studies focus on individuals within the disciplines of psychology, psychiatry and social work. Sociological research considers individual experience in the context of society, politics, economics and culture, including the structural form and processes shaping influential ideologies, policy and individual adoption experience. Given the widespread experience of adoption, where 64 per cent of US citizens have some connection with the adoption triad, that is, birth parent, adoptee child, and adoptive parents (Adoption Attitudes Survey 2002, in Fisher, 2003), there is a gap to be filled by sociological research. Fisher (2003) reviewed school textbooks for representations of adoption and concurs with previous research, finding only rare appearances, and even then there are two to one negative descriptions, with no empirical data, where adoption is indexed as a form of ‘risk or hazard’. He found a majority of adoption studies are based in clinical populations, which may account for the pathological representation of adoption. Many studies use volunteers from members of advocacy groups who have negative experiences, strong opinions and advise the abolition of adopting out (Modell as cited in Fisher, 2003).

Fisher argues adoption ought to be studied sociologically for four primary reasons: firstly, sociology is interested in diverse family forms; secondly, families are not just about blood relationships, but are socially constructed, where adoption finds its place; thirdly, adoption raises questions about the shaping of race, ethnicity, social class and gender on the development of family form and function; and finally, adoption directly impacts the lives of many people connected to the adoption triad.

Of particular interest to my study are birth parents, who are the least studied group of the adoption triad (Fisher, 2003). Fisher notes that existing research with this cohort is plagued by limitations and ought to be ‘interpreted with caution’ (p. 340). Small non-representative samples make meaningful statistical analysis difficult to achieve, where studies are based in clinical populations that expound ‘pathological aspects of adoption’ rather than the commonly successful experiences. Fisher argues there has been little comparative work done between outcomes for adoptees who have remained with their biological family, where often abuse and neglect continue to occur (Donnelly & Voydanoff, 1996). There is also no longitudinal data for outcomes for birth mothers who adopt out compared to women who terminate.
Research historically identifies birth mothers who adopt out as white, advantaged, and from intact families who support the placement decision. These mothers have better scholastic performance and aspirations for their future, including tertiary education and a career (Fisher, 2003). However, the vast majority of relinquishment today occurs from the foster care system, where adoptees are older and have experienced abuse and neglect at the hands of their biological parent(s). In spite of the challenges with this type of adoption, data shows the major proportion of placements have positive long-term outcomes (Festinger as cited in Fisher, 2003).

Studies on the views of relinquishing mothers post adoption are conflicting, with some indicating long-term loss experienced over time and others demonstrating birth mothers consider they made the right choice and would make the same choice again. Findings also show open adoption, which allows for ongoing contact for the birth mother and child after adoption, mitigates against the grief that accompanied secret, traditional adoption practices of the past (Fisher, 2003). Studies report birth parents are concerned their child is loved and cared for, and open adoption provides this without compromising any member of the adoption triad (Fisher, 2003).

The prevalence of the reproductive choices of adoption and abortion in Western societies (Australia, England, United States and Canada) are compared in Table 1.1. However true comparison is difficult because data are not kept or published on abortions in Australia (Pratt et al., 2005). The most accurate research was completed by Chan and Sage (2005) based on 2003 data. The data in Table 1.1 shows adoptions of children younger than one year of age to compare with terminations from the same year (where possible). The purpose is to paint a picture of the ratio of reproductive choices made in the same year by pregnant women who did not wish to parent. This table shows that while abortions were between 19.6 per 1,000 women of reproductive age in US (2008), and 19.7 per 1,000 in Australia (2003), adoptions were 0.0036 per 1,000 women in Australia (2010) and 0.0175 per 1,000 women in the United States (2008). Australia adopted out just 17 infants under one year of age in 2010 and 27 infants under 12 months in 2016. Needless to say, finding participants for this research was a challenge! This data shows that the reproductive choice for pregnant women who do not wish to parent is limited and that adoption choice is rarely made today. To seek some understanding of the current state of adoption in Australia, a walk through the history of the institution is necessary.
### Table 1.1 Reproductive Statistical Data 2010

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<tr>
<td><strong>Females (15-44 yrs)</strong></td>
<td></td>
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<tr>
<td>Total Fertility Rate</td>
<td>1.87</td>
<td>2.0^4</td>
<td>2.07^12</td>
<td>1.67^2</td>
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<tr>
<td><strong>Adoptions Domestic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adoption per 1,000 Females</td>
<td>(2010) 0.0036</td>
<td>0.0086</td>
<td>0.0175</td>
<td>*</td>
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<tr>
<td><strong>Adoptions under 1 yr old</strong></td>
<td>(2010) 17 (1%)^4</td>
<td>95 (2%)^7</td>
<td>1,089(0.9%)^11</td>
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** Of these only 45 were ‘local’ adoptions and of these only 17 were under 12 months of age.

Sources:
1. Source: Statistics Canada. Table 106-9034 - Induced Abortions In Hospitals And Clinics, By Age Group And Area Of Residence Of Patient, Canada, Provinces And Territories, Annual, Cansim (Database).
2. Source: Statistics Canada. Table 102-4505 - Crude Birth Rate, Age-Specific And Total Fertility Rates (Live Births), Canada, Provinces And Territories, Annual (Rate), Cansim (Database).
3. Source: Statistics Canada. Table 109-5325 - Estimates of population (2006 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, annual (number), CANSIM (database).
5. Source: Hilborn, R. Adoption News Central in Family Helper online accessed 5/7/12 http://www.familyhelper.net/news/101025stats.html
6. Source: Hilborn, R. All about Domestic Adoption, online accessed 5/7/12 http://www.familyhelper.net/fh/fhdom.html
13. Intercountry Adoption, Bureau of Consular Affairs, US Department of State sourced online 5/7/12 at http://adoption.state.gov/content/pdfs/ly2011_annual_report.pdf
• Adoption rates in Canada were not accessible.
1.2.1 THE HISTORY AND PROBLEM OF THE SINGLE MOTHER

In the late 19th century and early 20th century infanticide and abandonment were perceived as the only possible path for the redemption of single mothers. Many court reports and newspaper articles attest to the normative nature of these practices (Swain & Howe, 1995). During this period politics became involved, ‘... the transformation of the unwanted illegitimate child into a potential future citizen of a white Australia was reflected in government intervention to protect its investment’ (p. 10). Indicators of the government’s investment in future citizens was evidenced in the development of state-based care in 1860, beginning with adoption policy; debates over infant life protection; the establishment of the state-funded Foundling Home toward the end of the 19th century; and the Commonwealth-funded Maternity Allowance for all white mothers, whether married or not, in 1912.

By the 1890s there was a proliferation of refuges for pregnant single women. The purpose of these establishments was to reform young, poor, immoral women through laundry work, which provided income for the refuges to operate - a kind of modern day social enterprise. However, privileged white single pregnant women were treated differently; they were mandatorily concealed, ‘... only the already stigmatised had no reason to be further hidden’ (Swain & Howe, 1995, p. 80). Therefore, women in prison or mental health wards could continue their pregnancies undisturbed (Swain & Howe, 1995). Adoption increased with the introduction of artificial feeding, which became popular by the mid-1920s, as scientifically nursed babies of single mothers could be handed over to ‘worthy’ married couples. This was not just a moral intervention but also an economic decision, reducing long-term welfare costs to the state. While separation of mother and child at birth had previously been a death sentence for the child due to reliance on breast milk, artificial milk transformed birth mothers from 'nurturers into enemies of the newborn child' (Swain & Howe, 1995, p. 113).

British colonisation of Australia framed ‘the child which ought not to have been born’ (Swain & Howe, 1995, p. 3), culturally embedded on the twin foundations of morality and economics. The sanctity of marriage and human life, central to Christian teaching, were publicly challenged by the presence of single mothers. Dating back to the Poor Law in 1601, British single mothers were economically dependent on the mercy and provisions of benefactors. But the Poor Law was updated in 1834 and punished single mothers who carelessly had no benefactor by forcing abandonment of her child to labour in the notorious workhouses. Founded on British law, policy and practice, Australia too had no place for single mothers or their children and
‘depended on their silence’ (Swain & Howe, 1995, p. 5). This continued into the late 1960s through policies of forced adoption and secrecy.

1.2.2 STIGMA OF SINGLE MOTHERS

Historically, unmarried mothers have been stigmatised through legislation, practice and language, which categorised the women (and their children) and perpetuated ‘othering’, a common form of stigmatisation (Swain & Howe, 1995). Categorisations depicting stigma have changed over the last century from the single pregnant woman labelled as a harlot, strumpet or fallen woman who delivered a bastard child to, after the 1920s, unmarried mothers who had illegitimate or ex-nuptial children. Early in Australia’s history, single pregnant white women were punished for their indiscretions by being made to keep their babies, often in foundling homes or in the ‘care’ of ‘baby farmers’. This practice was normative for immoral or poor mothers in England and the US as well as Australia (Berebitsky, 2000; Swain & Howe, 1995). The mother worked to pay the foundling home or baby farmer to care for her child and maintain her child’s board, but reported outcomes for baby and mother were not positive. In the US, this practice saw up to 90 per cent of babies die in these institutions due to lack of care (Berebitsky, 2000). Infanticide was common in a political and social system where unplanned pregnancy cost women dearly, as distinct from the morality of men who ‘... bearing no visible evidence of their indiscretion could make their escape without facing major disapproval’ (Swain & Howe, 1995, p. 56).

Abortion services have long been provided in Australia. In 1910, the Women’s Hospital in New South Wales reported eight pregnancies for each abortion and by 1920 it reported two pregnancies for every one abortion. Post WWII, the abortion rate was much higher among single women with 75–80 per cent of pregnancies ending in abortion. South Australian figures for abortion in 1970 show 85.5 per cent of pregnancies ended in abortion for single women, compared to 5.6 per cent for married women (Swain & Howe, 1995). Adoption legislation passed in 1928 faced little dissent. Security and economy were dominant features of parliamentary debate (Swain & Howe, 1995), with a focus on clarifying issues of inheritance. It was only post WWII that legislation and favour toward adoption rose and single pregnant women were given the opportunity to redeem themselves through adoption as ‘maladjusted women who could be cured’ (Solinger as cited in Wegar, 1997, p. 78).

From 1968, information about the birth mother became less available to adoptive parents as an ‘intrinsic part of consent... (was) suppression of the other’s identity, and the withholding of the new identity of the child from her, [which] was mutually imposed on them both’ (Inglis, 1984, p. 11). The adoption establishment required anonymity and invisibility of the birth
mother. However, in 1973 the Whitlam government introduced legislative change, making single motherhood feasible with the Supporting Mother’s Pension. However, there were limited public funds within the residualist welfare policy and administration, and Australian adoption legislation was tightened up during this period. Adoption became a firmly controlled process, with both parties enduring multiple interviews with social workers (AIHW, 2011), historically the gatekeepers of the adoption process.

In the mid-20th century, stigma for single mothers was only overcome by marrying or adopting out (Swain & Howe, 1995). Single mothers experienced adoption through the 1950s–1970s as a coercive practice driven by professionals in the best interest of the child. The mother was encouraged to forget her child, who would have a better life in their new family, and get on with her life, potentially redeeming herself. During the 1970s, self-help groups became popular, with single mothers seeking to redefine themselves as parents and seek support. While many instigated and lobbied for change, marginalisation and stigmatisation continued toward single mothers. This was evidenced by the inferences to deviance expressed in the policies, practice and language used to define the ‘problem’ of single mothers and their children (Baldwin, 2010; Higgins, 2011; Inglis, 1984; Marshall & McDonald, 2001; Swain & Howe, 1995).

Australian researchers attest adoption continued to be the socially acceptable solution to unwanted pregnancy in the 1960s–1980s (Condon, 1986; Inglis, 1984; Swain, 2011; Winkler & van Keppel, 1984). Young women were sent to regional centres where they would earn their keep, predominantly labouring in laundries, until their child was born. The child was frequently removed without consent and the implicit understanding was that there would be no contact with the mother; this was called a closed adoption\(^1\). Driven by the growing body of psychological evidence called attachment theory, the priority was for the new ‘stable’ parents to attach with the baby as soon as possible. As demonstrated in the Australian report on the Impact of Past Adoption Practices (Higgins, 2010), there continues to be profound grief shared by those who were part of this inhumane system, especially the birth mother, whose child was frequently taken against her will. Despite sincere apologies, unmitigating loss and grief continues for many. The past continues to hover over the present practice of adoption in Australia, but it is not clear how influential it is on current social views.

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\(^1\) This term describes the period of time in the 1950s-1980s where single women had their babies forcibly removed from them for adoption. New birth certificates were given and mothers had no access or knowledge of their children’s whereabouts. Coercion included emotional manipulation, lies and drugs to ensure signatures were provided.
Adoptions in Australia are ordered and facilitated at a state and territory level with varying but not dissimilar protocols and procedures. Adoption is a legal process where the rights of the adopted child become legally as if he or she had been born to the adoptive parents (AIHW, 2011). Over time, language and descriptions of groups in the adoption triad have changed to represent political, social and cultural change. The terms ‘local’, ‘known’ and ‘intercountry’ adoptions only came into use in 1998–99 (Chambers, personal communication, 01/05/2012).

In 2016, 69 intercountry adoptions were finalised. All were from Asia (Taiwan 35%, the Philippines 26%, South Korea 20%, Thailand 14%). Although 74 per cent of these children were under five years of age, the proportion of infants under 12 months had declined to nine per cent – a total of six babies under 12 months old (AIHW, 2017). The average wait time for adoptive parents from application to taking a child home is three years. In Australia today, legislation for Intercountry adoptions is guarded by both national and international law, and delivers standards and safeguards for the process of adoptions between countries. The Hague Convention underpins these controls and protects children in order to reduce the incidence of child trafficking, while the federal government Attorney General’s Department oversees the protocol and procedures in Australia (AIHW, 2011).

‘Known’ adoptions are children who are Australian residents and have a relationship that pre-exists the adoption application, including family members, step-parents or carers. Generally, these children ‘are not able to be adopted by anyone other than the adoptive parents’ though the reasoning for this is not stated (AIHW, 2011). Legislation for ‘known’ child adoptions is also facilitated by the department responsible for adoption in each state and territory. Most ‘known’ adoptions in Australia are by step-parents reforming their families. Step-parent adoption means that children receive the legal status of the new family relationship. Other relative adoptions occur less frequently because forms of care, such as permanent care and guardianship or custody orders, apply. Familial relations are not encouraged to adopt because of the believed confusion that may occur due to biological relationships (AIHW, 2011).

‘Local’ adoptions are defined as children who are adopted to unknown families. This group is the focus of this research and will be elaborated on later; suffice to say these are by far the fewest in number in Australia. The policy for offering a child for adoption is based on a legal framework that may provide safeguards over time, but also affords barriers to enquiry by birth mothers, which will also be identified shortly. Local adoption legislation is managed by state and territory regulations. The guardianship of the child to be adopted resides with the state or
territory department responsible for adoption, or with the principal officer of approved adoption agencies, and the guardianship order remains in place until the adoption process is complete (AIHW, 2011).

Another development, peculiar to Victoria, is ‘permanent care’, which was introduced in response to the growing conviction that biological family is essentially the best option for children, if at all possible. This has effectively reduced the number of adoptions in Victoria since 1992. This anomaly provides an alternative care arrangement for children who are victims of neglect or abuse within their own biological family, or in need of protection for other reasons, offering the opportunity to the family of origin to make the required changes to care for their children at some point. In 2011, there were 189 permanent care orders granted, with a total of 2,874 orders granted by the Department of Human Services since 1992 (AIHW, 2011). This form of guardianship is only worth noting as it is further evidence of the trend away from adoption as a legitimate form of making family, which influences the stigma inflicted on birth mothers. Other terminology used in this thesis to describe adoption includes ‘closed’ and ‘open’ adoption. The history of each will now be described.

1.2.4 HISTORY OF CLOSED AND OPEN ADOPTION

Since the early 1980s, closed adoption has been the focus of enquiry and psychological research. Closed adoption is a practice rarely used today; however, it was common in the 1960s–80s, and it resulted in the legal cessation of the relationship between birth mother and adopted child. All members of the adoption triad were not able to share information or make contact; the birth mother’s name was taken off the birth records and was legally replaced with the new adoptive parent’s name. Closed adoption, established in the 1960s, was prompted by a new international focus on children, arguably influenced by the UN Convention on the Rights of the Child in 1959 (Harrison, 1990), which motivated governments to implement legislative change to reflect the best interest of the child as central to adoption policy and practice. The child, once considered a chattel, along with women, developed rights of their own in this legislation. This, in turn, informed policies to ensure the best interest of the child to provide a stable environment with as little confusion about identity as possible. Adoption, previously managed in small hospitals through private agreements between doctors, nurses, social workers and mothers, was now of interest to state governments and social workers were given more control as state agents to ‘manage’ the adoption process. Secrecy became part of the new system; where historically adoptive parents might have information about the birth mother, she now became anonymous. These laws became a ‘complex set of rights of those assuming parentage through law and (with intent) to extinguish those being relinquished’
There was a fear at the time that birth mothers may intrude on the new family’s life and disrupt their stability. It was in this socio-political and intellectual space that coercion, both direct and indirect, influenced young women to relinquish their babies for adoption. The policy of ‘closed’ adoption, under significant scrutiny more recently, was not identified at all in the 1971–72 AIHW report, perhaps because all adoptions were closed at this time. In 2010–11 however, 84 per cent of birth parents made ‘open’ adoption plans, where contact and information could be shared between the adoptive family and birth parent(s).

To suggest that adoption choice at this time was motivated only by the best interests of children, would be trivialising other factors that impacted young pregnant women to ‘choose’ adoption for their child. Australian culture, politics, economics and morality have shaped adoption practice from pre-WWII, throughout the swinging sixties and the sexual revolution of the seventies. It is generally acknowledged that varying levels of shame and stigma have framed single mothering in Australia over the last 100 years; while the concept of family has been recast, so has the institution of adoption. Isolation has been an inevitable condition for single pregnant women positioning them with little ‘choice’. Until economic reform in the 1970s, when single mother pensions became available, a pregnant young woman could do little but submit to family and social pressure driven by prevailing moral values, and professional expertise of what was in the best interest of her child and herself. From the sixties through to the early eighties this was closed adoption. Secrecy protected both the mother from the stain of promiscuous reputation and her child from the status of illegitimacy (Berebitsky, 2000). Pressure also came from another source, that of the psychological attachment theory promulgated by Bowlby and others, which recommended early attachment to the adoptive parents, preferably from birth, in the best interests of the child, the birth mother and the new parents (Berebitsky, 2000). Closed adoption sometimes occurred without the birth mother seeing or holding her child, as it was believed bonding was enhanced through sight (Swain & Howe, 1995). But psychology has not stood still over the last 40 years, research has shown closed adoption practice, coupled with secrecy and coercion, has been highly damaging to birth mothers in particular, resulting in emotional scarring and often self-destructive behaviours (Condon, 1986; Winkler & van Keppel, 1984). Though taking some years to achieve, by 1994 adoption policy had morphed from predominantly closed adoption to 84 per cent of local adoptions now ‘open’—that is, all parties allow a degree of contact or information exchange between families (AIHW, 2011). While the single mother was stigmatised and isolated, adoption itself was becoming stigmatised.
1.2.5 STIGMA OF ADOPTING OUT

Though evidence shows the vast majority of adoptions are successful, the institution struggles with stigma. In 1998, national surveys in Canada and the US show an 'overwhelming support' for adoption (Fisher, 2003). Canadian researcher Miall (1996) states that 85 per cent of Canadian respondents agreed that 'adoptive and biological parenting are essentially the same'. Large-scale surveys in the US and Canada have highlighted the generally positive views toward adoption, belying its lack of popularity. Decades later, stigma still exists (Fisher, 2003). Fifty years ago, all members of the adoption triad experienced embarrassment and shame (Brown as cited in Fisher, 2003). The birth mother was referred to as 'the unwed mother' the child as 'the bastard child' and the adoptive parents as 'the barren couple' (Brown as cited in Fisher, 2003, p. 351). Link (2001) suggests a more sociological approach relates to understanding concurrent components: ‘... labelling, stereotyping, separation, status loss and discrimination’, which indicates that for stigmatisation to occur, ‘... power must be exercised' (p. 363). This will be discussed in more detail in the theoretical chapter. Fisher (2003) notes stigma reduces in equal measure to the 'consistent and steady streams of favourable reports' of adoption (p. 352).

In Canada, families adopt approximately 2,700 domestic children each year and 2,000 intercountry adoptions. Meanwhile, 66,000 Canadian children are wards of the state, 40 per cent of whom are aboriginal, and displaced as they are shuffled from home to home in the foster care system (Hilborn, 2004). Despite the somewhat low numbers of adoption, one Canadian study assessed community discourse on adoption and found that over 75 per cent of Canadians strongly approve of adoption as a family form. A large-scale survey by Miall and March (2003) found that 33 per cent of Canadians strongly approved of birth mothers making an adoption plan and another 33 per cent somewhat approved. More than 66 per cent of those surveyed considered birth mothers and fathers who adopted out were responsible, caring and unselfish (Miall & March, 2003). And yet, there is a body of research that exposes the underlying stigma of adoption as a means of forming family. Goffman (1963) defines stigma as ‘an attribute that is deeply discrediting’ and 'reduces the individual from a whole and usual person to a tainted, discounted one' (p. 3). Fisher (2003) suggests stigma results in 'disapproval, rejection, exclusion, and discrimination in various areas including employment and housing' (p. 367). Although Fisher argues that under these definitions adoption can scarcely be referred to as stigmatised, some researchers suggest that adding social context redefines a devalued identity. In a US national survey, half the respondents agreed that adoption 'wasn't quite as good as having your own child' (Evan B. Donaldson Institute as cited in Fisher, 2003). Freundlich (1998) reports adopting out is seen as a last alternative to keeping...
your child if unmarried, and in fact single parenting is seen as the better choice. Only one in five teens who adopted out their child felt their peers favoured the idea, according to Daly (1994). Further, the broad message has been that ‘it is “unnatural” for birth mothers to give their children away’ (Freundlich, 1998, p. 32). American teens contemplating decision making in unplanned pregnancy in the study by Daly (1994) evidences the difference between attitude and behaviour. Though perceiving adoption as a good idea for others, when the social proximity scale was introduced, teens indicated they would not likely choose adoption themselves. The status of the adopting mother has metamorphosed from noble and selflessly loving to stigmatised (Creedy, 2001a). Societal attitude to adoption could best be described as conflicted; this is borne out in survey data where social desirability effects may be at work, highlighting the difference between the general and the specific approval of adoption. While generally approving of adoption as a good option, it is seen as ‘best for someone else’, with specific concerns such as potential genetic issues, and the possibility of a birth mother trying to reclaim her child, which in fact rarely occurs (Fisher, 2003).

Media plays a significant role in the stigmatisation of adoption according to several researchers. Media adversely affects public sentiment through negative representations of adoption, with twice as many negative references as positive ones, resulting in increased stigma (Fisher, 2003; Stolley & Hall, 1994; Wegar, 1997). Evidence of the impact of negative media on public perceptions is documented by Wegar (1997), who notes that teens in particular are influenced by popular representations of adoption stigmatisation. Public viewing of unbalanced distortions of adoption in skewed media portrayals results in an inability to situate adoption in a positive way, according to Waggenspack (1998). Fisher (2003) contends that context appears to be missing from media representations of adoption, with the result that adoption remains a stigmatised choice, second best. Freundlich (1998) concludes that if adoption is perceived to be the worst choice in the resolution of unplanned pregnancy, it will continue to diminish as a possibility for birth parents. Fisher (2003) argues sociologists have done little to educate the public regarding adoption, but are positioned to address imagined or real fears through research on the origin and nature of those fears, and therefore raise the relevance of stigma. He challenges sociologists to cease being part of the negative attitude to adoption and provide critical examination of those assumptions, and thorough and unbiased work on what he calls ‘a profoundly important topic’ (Fisher, 2003, p. 357).

Since 2012, there have been some significant socio-political shifts in the realm of adoption in Australia. In 2012, the Senate Inquiry into forced adoptions resulted in Prime Minister Rudd making a formal apology to those impacted by the coercive adoption period where children were taken from single mothers. At this time, the Commonwealth government funded a Logie
award-winning and very popular series called *Love Child*, depicting the forced adoption period in Australia from the perspective of coerced birth mothers. Since 2012, the celebrity attention of Deborah Lee Furness, along with her husband actor Hugh Jackman, has raised the profile of the diminishing numbers of intercountry adoptions, successfully gaining the attention of the then Prime Minister Tony Abbott.

Stigmatisation of adoption opens the possibility of discarding adoption as a viable option in unplanned pregnancy, and risks disempowering those women who would consider this option. Adoption that is stigmatised and embedded in a damaging history reduces its social acceptability and accessibility. Australia risks throwing the baby (adoption) out with the bathwater (previous coercive policy and practice). This research seeks to separate the two components and discover what Australians think of adoption as a reproductive choice today. It is understandable that some might consider adoption an anachronistic institution, given its age and application over thousands of years. Some of its history will now be reviewed.

### 1.2.6 A CULTURAL CONSTRUCTION OF ADOPTION

Adoption is a common social practice that dates back 4000 years, recorded on the world’s oldest relic of civil law, the Hammurabi Stele, from the late 18th century BC (see Figure 1.1).

In Australia, just under 110,000 legal adoptions have taken place since 1968 (AIHW, 2011). In the United States, which has similar ratios of adoptions per capita, 64 per cent of people have personal experience with adoption (Fisher, 2003). Despite substantial evidence that most adoptions provide positive outcomes for all concerned (Vandivere, Malm et al., 2009), there has been a growing loss of legitimacy for adopting out. While intercountry adoption increased in Australia in the first decade of 2000s, representing 56 per cent of all adoptions in 2011, it fell to just 22 per cent of all adoptions in 2017 (AIHW, 2017). In 2008, during the peak time of intercountry adoption, a Senate Standing Committee expert witness asked the question: ‘how can adoption be so good for overseas children and so bad for ours?’ (Senate Standing Committee Inquiry 2008, cited in Cuthbert, Spark, & Murphy, 2010). Indeed, adoption has been on the decline and in 2016 hit the lowest record of all time, with a 60 per cent reduction in completed adoptions over the last 25 years (AIHW, 2017).

The number of children available for local adoption in Australia has declined for several reasons, including effective birth control, increased sex education, greater publically funded support, and changing attitudes toward single parenting (Daly, 1994). There is also legal access...
to abortion, which is seen as a 'more immediate solution to the problem of unplanned pregnancy' (Daly, p. 331). While the exact numbers of people on waiting lists to adopt are unknown, these lists were thought to be up to 10 years long in 1982, at a time when adoption was prevalent (Australian Women’s Weekly, 22 September 1982 as cited in Harper, 1992).

Over the past 100 years, Australian women confronted with an unintended pregnancy who did not wish to parent have had a range of resolutions, some legal and some illegal, including adoption, infanticide, abandonment, baby farming and abortion (Swain & Howe, 1995). The common thread in historical accounts is the complexity of private decision-making in a public domain of pressures expressed in social discourse on several levels, including cultural ‘norms’, institutional settings, community views and intimate relationships. There are multiple sites of social discourse with the potential to influence vulnerable women facing the crisis of unintended pregnancy. These include the regulatory apparatus of the state and the gatekeeping of its agents through policy and practice; and cultural values shaped by emerging ideologies that construct social mores, determining the notion of motherhood and defining the concept of adoption as an ethical issue, despite its legality.

The adoption triad, consisting of the adoptee, adoptive parent and birth parent, has received extraordinarily little sociological attention in Australia. Even in countries where adoption in general is familiar, research on adopting out of newborns has not followed (Edwards as cited in Fisher, 2003). Moreover, existing Australian research on adoption is predominantly situated in psychology and social work. Though reproductive rights are politically framed, which makes this subject sensitive, a thorough investigation is timely when diverse family forms are gaining wider political and social acceptance. Sociology is well placed to comprehensively investigate this subject, including aspects that have until now largely been ignored. My research makes a unique sociological contribution to the subject.

1.2.7 SOCIAL DISCOURSE IN THE MEDIA

Discourse sociologically is defined as ‘... any practice by which individuals imbue reality with meaning...’ (Ruiz Ruiz, 2009, p. 2). Ruiz Ruiz defines three dialogical levels of discourse analysis: textual, contextual and interpretive. Social discourse occurs in many arenas, and while it includes language, it is not limited to this. This research has an interest in the discourse about reproductive choice, abortion and adoption, motherhood identity and foetal personhood in sites such as media and academic textbooks (pp. 2–3). Mass media discourse not only describes but also prescribes normative values and behaviour for individuals or groups in society, including women who are pregnant. Gerbner presents its prominence in society this way: ‘The broad “public-making” significance of mass media is in its ability to create publics,
define issues, provide common terms of reference, and thus to allocate attention and power’ (Gerbner as cited in Waggenspack, 1998, p. 62). ‘What the public knows about the state of affairs on any subject at any given time is largely a product of media gatekeeping’ (p. 62) and, as Shaw and McCombs (as cited in Waggenspack, 1998) suggest, for the purpose of agenda setting or shaping reality. Agenda setting is defined as the ability to reconstruct individual’s thinking, or influence rational change at an individual level and, in so doing, determine the prominence of issues in the public space (Waggenspack, 1998). A plethora of research denies that media reflects society’s ‘key measurable characteristics’ (Croteau & Hoynes as cited in Waggenspack, 1998, p. 62). The use of words such as ‘vulnerable’ in media and by politicians, including as ‘rhetorical idiom’, is a bid to assure citizens of its role to protect those it speaks of. The word ‘vulnerable’ has been used to describe cohorts such as those who live with old age, disability, poverty and teen mothers. And those who are deemed vulnerable are also dependent on those who tell their story, and even whether their story is told at all. As Fisher (2003) illustrates, birth mothers who adopt out are open to scrutiny politically, socially, locally and within their own families. Media has highlighted the vulnerability of these women in the stories told. Research shows negative stigmatising of adoption in media continues to shape community views about this family form (Fisher, 2003; Stolley & Hall, 1994; Wegar, 1997).

Women’s magazines have long disseminated information to women, providing new spheres and ways of considering reproductive choice. As Harper (1992) reveals, women’s magazines identify the change from secrecy about adoption to more open attitudes toward surrogacy in the late last century. Secrecy in adoption practice in the mid-twentieth century was a means to ‘protect’ the birth mother from irreversible damage to her reputation in her unmarried state. Harper’s research illustrates women’s changing attitudes to adoption over time, through readers’ letters and the editors’ responses; however, it needs to be remembered that this is a highly controlled arrangement whereby letters were vetoed and responded to by the editor. It was in the Australian Women’s Weekly in the early 1980s that citizens first discovered that the adoption waiting list was up to 10 years (Harper, 1992). And this was at a time when adoption rates were still quite high, in comparison to now. This research seeks to understand the influence media representations and discourse about adoption have on decision making for women with an unintended pregnancy.

1.2.8 SOCIAL DISCOURSE IN TEXTBOOKS

A second site of discourse is academic textbooks, which have also shown particular trends in prescriptive rhetoric about reproductive choice.
US research shows that family and marriage textbooks tend to cast abortion and adoption in particular lights (Fisher, 2003). Adoption is framed as a micro issue, constructed from personal narratives of adoption, while abortion ‘... is constructed primarily from the macro perspective’ such as law, opinion and public debate (Stolley & Hall, 1994, p. 267). Textbooks are important influencers because students rely on them for information and they have the power to ‘trivialise’ or make a topic ‘invisible’ (p. 273). Research completed by Stolley and Hall in 1994 shows five times as many representations of abortion than adoption in educational texts, with many books having no reference to adoption. In some textbooks, adoption is not presented as a solution to contraceptive failure at all (Fisher, 2003; Stolley & Hall, 1994). The representation of abortion and adoption in family and marriage textbooks arguably legitimates one option and marginalises the other in students’ minds (Stolley & Hall, 1994). Students at secondary and tertiary levels are susceptible to the dominant discourses delivered Australia wide. Normative values are conveyed about subjects such as adoption and abortion driven by undeclared ideologies. No comparative research has been completed to investigate how adoption and abortion discourse is constructed in Australian education.

1.2.9 REPRODUCTIVE CHOICE: POLITICS AND FEMINISM

Reproductive ‘choice’ could be the coup d’état of the feminist movement. Mid 20th century feminists such as Friedan, Firestone, Mitchell and Millet ‘...all share at least one common task: to desanctify the family and demystify motherhood’ (Dietz, 1985, p. 19). These feminists linked motherhood and family life to oppressive capitalism, patriarchal family and the state. Perceived as an ‘anachronistic institution’, motherhood was positioned as resistant to ‘...the possibility of a brighter future of self-actualisation’, as Sinclair (2005) articulates.

‘Brightness’ and ‘talent’, together with expressing individual uniqueness, however, do not sit easily with mothering, and notions such as these have helped to reinforce an idea of mothering as synonymous with ‘the habitual, the ordinary and the mundane’ (Felski as cited in Sinclair, 2005, p. 86).

There is little surprise that the ideal of motherhood should have lost its attraction if this were the experience of most women, and is linked to equality and loss of power. Status-oriented feminists, such as liberal feminists, argued that women could only be equal to men if they could experience equal opportunities in every aspect of life, such as work and consumption. Marxist feminists asserted economic equality is not enough, women must be equal in power and in reproductive power; and for radical feminists only the full control of reproduction would mean equality (Tong & Williams, 2016). In each of these strands of feminism, freedom from unplanned pregnancy was considered a key strategy to empowerment and equality. This strategy has resulted in more complex outcomes than perhaps first imagined and, ironically,
perhaps less choice for some women. Solidarity in the ‘pro-choice’ position has been perceived as an essential tenet of feminist dogma over the last 50 years, where a break in rank has seen some previously bonded in the sisterhood discarded for holding alternate views, as Sherry (2012) articulates. Ironically, this obfuscates the issue of who has a liberty to ‘choose’ and who has not; and who has the right to voice their views or advocate for the socially vulnerable.

More recently, women of colour activists have championed a redefining of reproductive rights rhetoric citing human rights and social justice frameworks to redefine choice. They suggest the term has little meaning for them, because choice implies an empowered status which many do not experience (Price, 2010). This group of US activists lay claim to reproductive injustices perpetrated as eugenics on specific ethnic and socio demographic groups, including where contraceptive devices are linked to ongoing welfare payments (Price, 2010).

Throughout the various waves of feminism, the notion of reproductive choice continues to evolve. As information and medical technology advances and geographical frontiers are abolished through globalisation, ideologies driving the politics of ‘choice’ continue to clash. Diverse views uncomfortably coexist, impacting the private decision making of individual vulnerable women as they engage in public life (Hays, 1996). Just as the formation of family continues to diversify, other reproductive choices, such as adoption, may be considered reasonable in unplanned pregnancy in the future.

Historically, feminists at the turn of the 20th century did not reject the responsibility of motherhood as a biological reality; their demand was not to rid themselves of their children, but rather the right to engage in the public arena of politics and commerce equally with men. Most suffragettes were opposed to abortion, as Mattie Brinkerhoff argued in the feminist newspaper The Revolution in 1869:

> When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society—so when a woman destroys the life of her unborn child, it is evidence that either by education or circumstances she has been greatly wronged....

Over 150 years ago choice was limited for women, with little voice in the social and public context. Almost 100 years on, the revolution advanced through second wave feminism and became biological, a war on gender inequalities erupted in the 1960s on the heels of the Civil Rights movement. Feminists, such as Friedan, Millet, Mitchell and Firestone, sought gender equality which could only appreciably occur if women could legally and safely walk away from pregnancy as men can and do (Dietz, 1985). An essential element was the separation of sex from the female reproductive reality of the womb (Shaw, 2007). Fundamentally this emerged from the liberal drive for autonomy: the right for women to control their own bodies and the foetus as part of her body, not as a separate entity. Biological language became commodified,
as the human foetus became the product of conception; the womb of a woman labelled an incubator ‘not for hire’ if the woman did not choose to rent it out to a foetus. Language was carefully constructed to remove the human other; abortion of an unborn child became a termination of a pregnancy. Women were emancipated to engage in the labour market and compete with men equally, without fear of their employment being terminated due to unplanned pregnancy, empowering women globally. Despite these changes, women experience vulnerability in unplanned pregnancy.

While some feminist voices challenged the state and patriarchal society to separate itself from the realm of private choice making, alternate voices were rising. While rights discourse removed reproductive responsibility from men and society (Petschesky as cited in Smyth, 2002), it paradoxically enabled lobbying for cultural and official recognition of foetal rights (McNeil as cited in Smyth, 2002). ‘...the essential vulnerability or dependency of the foetus must also be emphasized in order to define the claim for superiority of foetal rights over those of women’ (Smyth, 2002, p. 337). This created a conflicting rights discourse. Keane (2009) presents the feminist dilemma in her study on pregnancy loss memorialization, ‘faced with a tension between the need to support women’s reproductive rights and the desire to acknowledge women’s suffering’ (p. 154). She presents Layne’s argument that ‘...feminists need to overcome their fear of foetal personhood in order to create a woman-centred discourse of pregnancy loss, to develop new ways of acknowledging these events and to advocate new forms of medical management’ (p. 154). The polarising position of best interests of child and mother marginalises or reduces the rights of one life. As Smyth (2002) acknowledges, the competing human rights argument cannot be won by feminists as technology advances with lights and cameras exposing life in the womb. Smyth (2002) suggests the only tenable position for ‘true’ feminists is denial of life prior to birth, unless, as Cornell suggests, the pregnant woman herself ‘imagines’ herself to be a mother. How does an ordinary pregnant woman manage the private realm of her choice? On one hand this ‘frees’ a woman to choose, on another potentially isolates her and exacerbates her state of vulnerability.

A more elaborate discourse, the fruit of post structuralism and pluralism evolved into third wave feminism in the latter stages of last century (Tong, 2009). Diverse theoretical backgrounds, including human rights, the ‘ethics of care’ and maternal feminism among others (Tong & Williams, 2016) sought to maintain and embrace the right to diverse choice, with one unshakable precept: that a pregnant woman ought to have the right to choose whether to have her child or not and, in Victoria since 2008, abortion has been available until the time of birth. Interestingly, feminism over the last 100 years has not embraced other reproductive
choices uniformly, such as surrogacy, legal anonymous abandonment (except in France), and specifically adopting out, all of which have the potential to be framed as harm minimisation.

### 1.2.10 HISTORICAL LEGACY OF ADOPTION PRACTICE IN AUSTRALIA

Throughout the last century, the state implemented and regulated the platform for adoption practice. What is known as the adoption ‘triad’ consisting of birth mother or parents, the adopted child and the adoptive parents, could alternatively be seen as an adoption pyramid or, more accurately, a tetrahedron, with the state being the base on which all three sides of the triad come together (see Figure 1.2). Regulation and economic provision by the state create access or barriers to the choice of adopting out. The pinnacle of the pyramid is choice.

![Figure 1.2 Adoption Structures](image)

Adoption has a stained history in Australia, a legacy dominated by negative associations of past coercive institutional practice. Racial, moral and socio-economic factors influenced past policy and resulted in ambivalence toward adoption. Political decisions made in the 1950s in colonised nations such as Canada and Australia, which endorsed the separation of Indigenous children from biological parents, resonate in contemporary attitudes to adoption (Miall & March, 2005). The painful heritage of what is now known as ‘the Stolen Generation’ (Swain & Howe, 1995) continues to ‘haunt the child welfare policy domain generating an entrenched anti-adoption bias and a belief that the best outcomes for children lie in them remaining with their families of origin’ (Cuthbert et al., 2010, p. 433).

In addition, narratives of single mothers who experienced coercive and closed adoption (Ellison, 2003; Higgins, 2010) contribute to the perpetuation of the anti-adoption culture (Senate Standing Committee, 2005). Adoption was designed to solve three problems, according to Higgins (2010), namely ‘illegitimacy, infertility and impoverishment’. The
problematic history of past adoption practice has been affected by an unsuccessful struggle to separate coercion and choice (Higgins, 2010).

The secrecy of past adoption practice was considered in the ‘best interest of the child’; a term used to encapsulate an alternate optimal provision for a socially preferred, morally sanctioned and stable family. Establishment of an adoptee into a new family as early as possible was seen to promote early bonding, crucial for attachment. While intending to promote stability for the child, the policy recommended no contact between birth mother and baby and so, implicitly ‘...the survival of single mothers and their children depended on their silence’ (Swain & Howe, 1995, p. 5). Shame and secrecy were believed to be essential attributes for a successful adoption outcomes. However, through research in the early 1980s, it became apparent that the policy of closed adoption resulted in unending and irreversible torment for many women and their children (Condon, 1986; Winkler & van Keppel, 1984). In response, Victoria introduced an open adoption policy in 1984, with agreed levels of contact and information sharing between the birth mother and the adoptive family. Other states and territories followed and most adoptions today are open. Today, a pregnant woman considering adopting out her child is subject to interviews and cross-examination over a period of time of the perinatal period. She is dependent on social workers and psychologists to support her decision, who are employed to ensure she is ‘voluntarily’ relinquishing, because once achieved it is irreversible. Ongoing regulation occurs in open adoption policy with a potential invasion into her life, creating unpredictability and an anxiety about her future and threatening her autonomy.

Choice is made in the context of social structures (Cuthbert et al., 2010; Mills, 1959) and there is no structure so defined as legislation and bureaucracy. Though current legislation ‘...sends the message that it is “unnatural” for birth mothers to give their children away’ (Freundlich, 1998, p. 32), the legitimacy of this view is never challenged. Adoption in Australia is the subject of an annual government report that describes legislation, provides guidelines to help adoptive parents navigate the process, and contains information available on post adoption support (AIHW, 2011). Notably absent is information about the process of adopting out, which would be of use to biological parents considering adopting out their baby. This gap in information indicates an expectation by government that there is little interest in adopting out by pregnant women who do not wish to parent and a prioritising of other members of the triad.

Adoption is the least favoured option in unplanned pregnancy for those who do not wish to parent (Freundlich, 1998) as evidenced in Table 1.1. Although literature on unplanned pregnancies has largely focused on teenagers (Kallen, Griffore, Popovich, & Powell, 1990), it is
women aged between 24 and 26 years who predominantly make these choices (AIHW, 2010). The 2017 AIHW report shows that the average age of birth mothers is 29 years, the same average age of women who give birth and parent. Only a small number of women who adopted out during the closed adoption period consider they chose voluntarily; some because they wished to complete education or achieve a career, others didn’t feel ready to parent because they were young, still others wanted the best for their baby, and others wanted two parents for their child (Kenny et al., 2012).

In Australia in 2016, just 27 babies under the age of 12 months were adopted out nationally (AIHW, 2017). This is compared to the choice made by approximately 90,000 women to terminate (Chan, Scheil et al., 2011). While access to abortion has been a significant part of feminist agenda from the mid-20th century, surprisingly little advocacy has been made for women to adopt out as an alternate legitimate choice. Though there is strong rhetoric about ‘choice’ in unplanned pregnancy; choice in fact may be limited. This research seeks to discover if there are barriers to adopting out a baby in Australia implemented through policy and practice. This research seeks to understand the impact of the state apparatus and regulatory structures on reproductive decision making and, in particular, if there are barriers that make adopting out an 'unchoice'. Much of the interest in adoption in the past has focused on only two members of the adoptive triad: the child who needs caring parents and adoptive parents in need of a child to complete their family. This research focuses on the pregnant woman who does not wish to parent. The aim is to identify how she perceives choice, and what constraints exist that prescribe normative behaviour when she is irreversibly pregnant.
2. CONTEXT OF CONTEMPORARY ADOPTION PRACTICE

2.1 THIRTY YEARS OF AUSTRALIAN ADOPTION RESEARCH

Australian adoption research has largely occurred in response to the coercive practices of the past, including evaluations of efforts to ameliorate the trauma experienced by all involved. Birth mother research has situated them as victims of state and social power with studies primarily located in psychology and social work. Only two studies have emanated from a sociological discipline and only two recent studies have acknowledged the critical issue of choice. Most research has therefore - possibly unsurprisingly, been framed in individual rather than sociopolitical accounts, even though more recent studies have been funded by government in an effort to address the trauma experienced, with a view to right the political wrongs of the past (Higgins, 2011; Kenny et al., 2012). As a consequence the available research largely portrays adoption as a problem, and the research goals have been designed to measure and identify harm. Existing research positions adoption as multilayered trauma but largely fails to address the samples drawn from the period of forced adoption and the complicit context of coercion experienced (Higgins, 2010). Participants in all but Castle’s (2014) research fall into this category. The methodologies employed in previous research were purposeful, that is, the quantitative studies contribute to an understanding of the broader implications of adoption, and the qualitative studies are individual stories of loss and grief, with a focus on harm experienced. My research addresses the gap in current literature in giving voice to birth mothers who assert they have chosen to adopt out, not as victims, but as self-determined women who have made an autonomous reproductive choice in their own and their child’s best interest. There is little social theory undergirding adoption studies and little resulting from them (Gair, 2008). My research addresses this gap by applying Misztal’s theoretical framework of vulnerability.

I will now review and critique Australian adoption research from the past 30 years, in chronological order, from 1980s through to 2010s. This sequential process assists situating adoption in a changing cultural and political environment and highlights the gap in research regarding theory and notions of choice in unwanted pregnancy. Australian research so far is equally quantitative and qualitative in design and broadly informed by psychological loss and grief. The quantitative research designs have essentially been developed by adoption agencies for evaluative purposes, with other studies by social historians, and by government in response to Senate reviews, which have funded government agency research, such as the Australian Institute of Family Studies (2012).
To determine appropriate literature for review there has been a need to discern between anecdotal, narrative, empirical and even historical analysis. As Higgins, a psychologist, pointed out in 2010: to find relevant literature on adoption is difficult because few authors articulate the contested nature of consent and coercion in choice making. Evolving social attitudes, history, welfare policy and practice, and legislation have all impacted on the ‘choice’ or consent to adopt out or abort. For this reason, the literature review will be chronologically listed to highlight the evolution of research thought.

Historically, adoption legislation enforced complete separation of the birth mother and her child, but in the 1980s the legislative pendulum swung in response to research findings that challenged the assumption of secrecy and best interests of the child (de Vaus, 2004). Winkler and van Keppel (1984), Condon (1986) and Inglis (1984) informed policy by exposing the harm of past practices and effected legislative change toward open adoption. Following the implementation of open adoption policy, which is now favoured as a means of making adoption plans (de Vaus, 2004), there has correspondingly been a decrease in the number of adoptions. Further research challenges the benefits of the reunion experiences of those who had lived through the closed adoption era. Research by Swain (1992), McPhee and Webster (1993), both adopted meta-analysis to review files from the Adoption Information Service. Berryman and Cowell (1998), Goodwach (2001), McNiece (2006) and Gair (2008) also sought to understand reunion experiences between birth parent and adoptee from the 1980s, attention was drawn to the problem of adoption as an institution, without identifying the coercive practices as complicit in cause and effect. In response to the Senate Standing Commission inquiry into adoption in 2005, the Australian Government in 2011 began a review of existing research into adoption practice prior to the 1980s. The findings are published in ‘The Impact of Past Adoption Practices’ (IPAP) (Higgins, 2010). The IPAP review evaluated empirical research in Australia and overseas and the methodologies used, which included telephone interviews, surveys and in-depth interviews and meta-analysis of adoption service users. No focus groups had been employed up until this time. Subsequently, Kenny et al. (2012) used large-scale surveys, focus groups and in-depth interviews to investigate the extent and effects of past adoption practice, thus providing evidence to government for the need for political apologies that were made that year.

Sociology is positioned to engage in the contextual nature of this topic, at the interface of public and private domains. However, there is only one Australian sociological empirical study on adopting out completed in 1984 by Inglis; this study was qualitative and case centric. The qualitative approach is not atypical, as US adoptive research tends to be qualitative in design (Coleman, 2011; Stolley & Hall, 1994). In Australia five qualitative studies have been completed.
within the discipline of psychology, these have been in-depth interviews with birth mothers by Winkler and van Keppel (1984), Condon (1986), McNiece (2006), Farrar (2009) and Castle (2014). Farrar, a relinquishing birth mother herself and also a nurse, completed research from a personal and medical position with birth mothers in 1999. The most recent adoption studies are by Castle (2014) a psychologist, who used semi-structured interviews with birth mothers. She identified the experience of birth mother choice in the context of contemporary Australian society, which fails to endorse that choice. The most recent adoption research was completed by a marketing company, Forward Scout (2015), funded by a pro-adoption advocacy group, with focus groups and an online survey to explore Australian attitudes to adoption.

I chose to review abortion studies also, as an interrelated topic and the only alternative to adopting out if a pregnant woman does not wish to parent. In the US, abortion is more frequently researched in a quantitative paradigm (Coleman, 2011; Stolley & Hall, 1994); two Australian large-scale surveys are reported by Evans and Kelley (2004), and Fleming and Tonti-Filippini (2007). There are also many general surveys conducted that ask abortion questions via the Australian Data Archive (www.ada.edu.au). Having said this, there is one qualitative study presented in a book of narratives by self-selected participants who wrote of their own lived experience of abortion trauma and grief (Tankard Reist, 2000). Her research brings the personal experience of abortion into the public space where sociopolitical forces have tended to predominate, shifting the analysis from the macro to the micro (Stolley & Hall, 1994). Table 2.1 compiles research reviewed.
<table>
<thead>
<tr>
<th>Mixed method</th>
<th>1984</th>
<th>Winkler &amp; van Keppel</th>
<th>Psychology</th>
<th>Adoption</th>
<th>213 survey and additional comments</th>
<th>Pathological clinical sample. Self-selected, retrospective, and inter correlation between predictors: expression of feelings and social support problematised interpretation of survey data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qual</td>
<td>1984</td>
<td>Inglis</td>
<td>Sociology</td>
<td>Adoption</td>
<td>16 In-depth interviews</td>
<td>Self-selected, public ads and members of a support organisations, a pathological bias</td>
</tr>
<tr>
<td>Quant</td>
<td>1986</td>
<td>Condon</td>
<td>Psychology</td>
<td>Adoption</td>
<td>30 questionnaires</td>
<td>Small-scale non representative sample, clinical relinquishing mother’s society: potential bias?</td>
</tr>
<tr>
<td>Quant</td>
<td>1992</td>
<td>Swain P.</td>
<td>Law/Social work</td>
<td>Adoption</td>
<td>172 Meta-analysis of Adoption Information Services (AIS)</td>
<td>Only 3 years of the AIS. Midst of the coercion years...only 10% were birth mothers seeking info.</td>
</tr>
<tr>
<td>Quant</td>
<td>1993</td>
<td>McPhee Webster</td>
<td>Social Work</td>
<td>Adoption</td>
<td>249 Meta data analysis of AIS</td>
<td>Clinical sample of those seeking adoption support</td>
</tr>
<tr>
<td>Quant</td>
<td>1998</td>
<td>Berryman Cowell</td>
<td>Social Work</td>
<td>Adoption</td>
<td>206 Telephone Survey</td>
<td>Self-selected from intermediary services, potential skew</td>
</tr>
<tr>
<td>Qual</td>
<td>1999</td>
<td>Farrar,</td>
<td>Nursing</td>
<td>Adoption</td>
<td>In-depth interviews</td>
<td>Self-selected from ads and public media, retrospective</td>
</tr>
<tr>
<td>Qual</td>
<td>2000</td>
<td>Tankard Reist</td>
<td>Ethics</td>
<td>Abortion</td>
<td>18 case studies written by individuals</td>
<td></td>
</tr>
<tr>
<td>Qual</td>
<td>2001</td>
<td>Goodwach</td>
<td>Psychology</td>
<td>Adoption</td>
<td>8 In-depth interviews</td>
<td>Psychoanalytic, grounded theory, all in the closed adoption period. Retrospective recall, 20-40 years prior</td>
</tr>
<tr>
<td>Quant</td>
<td>2004</td>
<td>Evans &amp; Kelley</td>
<td>Sociology</td>
<td>Abortion</td>
<td>27,000 longitudinal survey from</td>
<td>Does not ask psycho social questions,</td>
</tr>
<tr>
<td>Quant</td>
<td>2006</td>
<td>McNiece</td>
<td>Psychology</td>
<td>Adoption</td>
<td>30 questionnaires</td>
<td>No prior screening for psychiatric health. Retrospective recall for historical events 30 years prior, she deemed a problem for bias</td>
</tr>
<tr>
<td>Quantitative/Qualitative</td>
<td>Year</td>
<td>Author</td>
<td>Discipline</td>
<td>Topic</td>
<td>Methodology</td>
<td>Participant findings</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mixed method</td>
<td>2007</td>
<td>Fleming &amp; Tonti &amp; Filippini</td>
<td>Bioethics</td>
<td>Abortion</td>
<td>1200 surveys, 6 focus groups with an unknown number of participants</td>
<td>Methodologically unclear. No information regarding numbers of participants in the focus groups</td>
</tr>
<tr>
<td>Qual</td>
<td>2008</td>
<td>Gair</td>
<td>Social Work</td>
<td>Adoption</td>
<td>20 In-depth interviews</td>
<td>Purposive sampling, participants were those who already believed there are links to suicidality</td>
</tr>
<tr>
<td>Mixed method</td>
<td>2012</td>
<td>Kenny, Higgins, Soloff, &amp; Soloff &amp; Sweid</td>
<td>Psychology</td>
<td>Adoption</td>
<td>Survey, in-depth interviews, focus groups. 823 adoptees, 505 birth mothers, 94 adoptive parents, 12 fathers and 58 service providers.</td>
<td>Participants were self-selected who had experienced past adoption practices in the closed adoption era, including birth parents, professionals, adoptive parents, adoptees and other family members. The aim was to improve knowledge about the extent and effects of past adoption practice, in order to address needs of those affected.</td>
</tr>
<tr>
<td>Qual</td>
<td>2014</td>
<td>Castle</td>
<td>Psychology</td>
<td>Adoption</td>
<td>Semi-structured interviews with 15 biological mothers. Thematic content analysis.</td>
<td>Castles interviewed biological mothers who relinquished since the Adoption Act 1984 when open adoption was legislated. Castles was investigating the cultural assumptions of choice, which underpins voluntary relinquishment</td>
</tr>
<tr>
<td>Mixed method</td>
<td>2015</td>
<td>Forward Scout Marketing &amp; branding company</td>
<td>Adoption</td>
<td>Focus groups and online survey of 1,014 people</td>
<td>Wanted to find community perception of adoption, how many Australians have had an experience of adoption – family or friendship circle.</td>
<td></td>
</tr>
</tbody>
</table>
Certain data collection methods lend themselves to particular types of research questions. In order to determine ‘community attitudes’, for example, surveys or questionnaires designed for the general population or people with diverse social characteristics and implemented to representative samples of adults are most appropriate. To compile social discourse on a particular topic, focus groups or group interviews can facilitate discussion and interaction and illuminate deeper explanations (Barbour, 2008). To better understand the private context of birth mothers’ experience of adopting-out, in-depth interviews provide a case-centric approach able to identify power issues (Pollack as cited in Barbour, 2008), as several of the following studies show. These have been chosen in psychological or social work traditions more particularly and highlight loss and grief. The first two are from psychology, both addressing birth mother harm.

1980s

Winkler and van Keppel (1984) is often cited when an understanding of the trauma of adopting out is sought. A psychological study, they used a mixed method approach of survey and in-depth interviews. Researchers worked with a voluntary sample of mothers from support groups, or participants who responded from media articles. The survey analysis determined factors that affected the psychological wellbeing of birth mothers, including perceived social support, loss, little opportunity to share their feelings, and other stressful life events. Interviews with participants followed the survey, with the following criteria: all were aged between 15–25 years when they relinquished; all were in a stable de facto or married relationship at the time of the research; the adopted child was first born and was adopted out within three months of birth; and the participants had only relinquished one child. The findings showed long-term negative effects for birth mothers who had adopted out prior to 1983 through the closed adoption period. Winkler and van Keppel concluded closed adoption was detrimental for the mother and argued for the need for counselling pre- and post-adopting out. Winkler and van Keppel (1984) note three sources of sample bias: the sample was self-selected, possibly varying ‘markedly from the relinquishing mothers who (had) not volunteer(ed) to participate’ (p. 69), that is, those who had moved on with their lives; secondly, the inter-correlation between predictors such as ‘expression of feelings’ and ‘social support’ provided serious problems for interpretation; and thirdly, the majority of participants had adopted out their child over ten years previously, so the reliance on memory recall was seen to be an issue of possible perceptual bias. The authors posit birth mothers who have more recently adopted out may not feel the need to talk about their experience because they could be busy with young children. The authors suggest the findings are not generalisable as
the study was ‘retrospective rather than prospective, and cross-sectional rather than longitudinal’ (p. 70). The data on psychological health was compared with another group of single mothers matched demographically. Winkler and van Keppel (1984) note the limitation on their findings for lack of prior existing psychological adjustment issues identified. While this research gave depth of understanding to the experience of the sample set, there was little correlation with social structural context, such as moral values that stigmatised single motherhood, disempowerment of coercive practices, and lack of choice, which is of interest to the current research. However this study was pivotal for political change and was foundational in advocacy for open adoption. No social theory was discussed in this research either to guide or developed as a result. A second psychological study was completed by Condon (1986), a psychiatrist practising in Adelaide. He surveyed 20 self-selected birth mothers who had contacted the relinquishing mother’s society about their experience of adopting out, and about the change in intensity of the effects of the experience over time. The measurement tool was the Middlesex Hospital Questionnaire Scale rating on chronic psychological disability, regarding the circumstances of relinquishment, the emotional responses at the time and then at the time the research was conducted. As Condon states, the results cannot be generalised due to the small-scale, non-representative sample. The findings highlight several factors: the lack of support from family and friends experienced by birth mothers; increased substance use and professional help were both sought; six of 20 women had become pregnant again in 12 months; overprotectiveness of future children; and ongoing difficulty relating to men. None of the birth mothers had remained in a relationship with the birth father. This study, like Winkler and van Keppel’s to which it refers, relies on the articulated experience of the birth mother without reference to the social context or social discourse at the time, and does not touch on issues of coercion or choice.

A rare insight into adoption from a sociological perspective was published by Inglis (1984) in a book of compiled case studies of Australian women who relinquished their babies for adoption prior to the early 1980s. Inglis addresses what she terms the ‘mythology of motherhood’ which birth mothers confront ‘in our culture most women who bear children care for them, which makes a mother who does not as “an anomaly”’ (1984, p. viii). Her book seeks to ‘give voice to the mothers whose experience is at variance with the ideology of motherhood which assumes mothering is the natural outcome of female reproductive power’ (Inglis, 1984, p. x). In contrast to the singular psychological approaches of the previous research, she seeks to discover ‘in a systemic way the personal and social forces which bring about such deviation from our notions and practice of motherhood’ (p. viii). Inglis (1984) unpacks legislation, history and cultural norms, along with practices of managing single motherhood and unwanted babies in Australia.
She chose in-depth interviews with participants gathered using snowball sampling, advertising and newspaper articles where participants self-selected; other women who were members of a support organisation called The Adoption Triangle also opted in. Inglis employed telephone interviews, reported from letters received, and completed in-depth recorded interviews, and through these considered the changing nature of consent in the birth mother’s personal stories and sought their perceptions of consent. Nonetheless, her participants had either relinquished during the forced adoption period or only shortly after, with social change only recently occurring with single mother pensions, greater access to abortion, and open adoption legislation. The idea of consent is contested as adoptions up until her research are positioned in the context of disempowerment of single mothers. Secrecy, stigma, loss and grief are key concepts in Inglis’ study, but there is no social theory as such underpinning or resulting from her research. As Condon (1986) also notes two years later ‘it is extremely difficult to recruit a truly representative sample of relinquishing mothers’ (p. 118).

As the 1980s drew to a close, and research findings were published, an industry response was to open a register for those impacted by the closed adoption period. The following two studies analyse files at the Victorian Adoption Information Service (AIS) to retrospectively assess outcomes of adoption practices. None of these studies consider or develop social theory.

1990s

Moving on from the myths of motherhood Inglis exposed in her sociological research in the early 1980s, two further important studies title their research with the word ‘myth’ as it pertains to adoption. Implicit in the titles is the gap between the real experience of adoption and the myths or discourse surrounding it. Myths such as: few adoptees would wish to meet or know their birth parent or would want to be approached by them; few birth parents would want to know or meet their child; and adoptive parents would not want to acknowledge their children’s adoptive status by providing information on their birth parents. Both welfare studies draw on the AIS data from 1985–88, from the closed adoption period. The first reviewed is by Swain (1992), who produced a statistical analysis of registration files from the Berry Street Child and Family Care service in Melbourne from 1985–1988, the second is by McPhee and Webster (1993). Swain states only 11.8 per cent by birth mothers registered a desire to unite with their lost child. Swain states that birth parents do not ‘forget’ but worry about their adopted child for the rest of their lives, and that contact brings ‘immense relief’ (though he provides no evidence). He argues that a ‘significant number’ (12 per cent) of birth mothers don’t have any more children after relinquishing, as they were ‘... emotionally or psychologically unable to go through the experience of birth again because of the continuing
distress of the loss of their child' (1992, p. 32), but he provides no evidence of this. This is in contrast to Condon’s findings (1986), where many were pregnant within six months of the adoption. There may be other reasons for the birth mothers to have had no other children other than grief, for example, they may have had enough children, or they did not want any children. Swain admits his conclusions draw on reports from other AIS agencies, although these reports are not referenced. It is difficult to imagine how insightful the analysis of files can be, when individual voices are not heard. This study likewise does not consider the cultural and political context or coercive nature of birth mother consent. It also relied on no social theory nor was any developed.

The second analysis of the same source of data, was completed by McPhee (a social worker) and Webster (1993), but from a much larger sample of records from 1930 to 1989. McPhee and Webster describe the myths or assumptions as reasons members of the adoptive triad may not want to register with the AIS. The authors set out to confront each assumption as Swain did, but systematically provide clear definitions and clear percentages. From 1930–1989, though a total of 50,500 non-relative adoptions occurred, of these only 6,543 adopted people had contacted the AIS to register since 1984, representing just 13 per cent. McPhee and Webster also look at the same number of enquiries as Swain from 1985–1988, but this study clarifies the percentages of contact and information shared in greater detail and with visual representation. Their conclusion is based only on the information they analysed rather than reports from other sources, unlike Swain. For McPhee and Webster, all myths were refuted. It begs the question as to why the myths were perpetuated, and what purpose they have served Australia. Perhaps the myths have served as co-conspirators in the era of secrecy essential for past forced adoption policy and outcomes which continued to disempower the birth mother to ensure her silence. While the study addresses beliefs held by all members of the adoption triad, it does not do so in the context to the social issue of adoption, and nor does it shape the research in terms of social theory.

The topic of reunion entered the literature as organisations started to facilitate the process of contact between birth mothers and adopted children. Berryman and Cowell (1998) reviewed reunions of birth mothers and adoptees from the Post-Adoption Resource Centre (PARC) based in Bondi, NSW, which offers specialised post-adoption counselling and support in NSW and the ACT. Support includes help searching for relatives and an intermediary service for people making contact and reuniting with family members. PARC now sits under the Benevolent Society. In fulfilling a funding role, the research sought to monitor the effects of the Adoption Information Act (NSW) through an evaluation of its intermediary service, which fosters reunion experiences. This social work study employed a descriptive analysis based on
telephone survey interviews regarding the reunion experience of ‘searchers’ and ‘found people’ who were users of the service. From these, people self-selected for telephone interviews with open and closed questions. The self-selection process means results can be skewed with those not engaged in services not interviewed, including cohorts who had painful or unpleasant experiences, but also others who may perceive themselves as well adjusted and have moved on with their lives. An ethical concern with this research design is that 13 per cent of the participants the students contacted had not known of their adoption until the phone call (Berryman & Cowell, 1998, p. 4). Berryman disclosed herself as an adoptee with a positive reunion experience. Interestingly, the majority of participants, both the searched and the found, described the reunion experience as 99 per cent positive with no regrets. The reunion provided a ‘sense of relief and peace of mind’ for searching birth parents, and the ‘most difficult aspect of the reunion for birth parents was “reliving the pain” of the past’ (Berryman & Cowell, 1998, p. 5). This study fails to acknowledge the notion of consent and did not develop or present social theory to inform further research.

The following case study by Farrar addresses the subject of coercion in adopting out in an unpublished PhD thesis. Farrar’s personal experience of coerced relinquishment gave impetus to her research. She focused on opposing discourses and her dual ontologies as a mother who lost her child to adoption and as a nurse. She did not choose to give her child up. There were five components of Farrar’s methodology: discourse analysis, semiotic analysis, narrative analysis, collective reminiscing and memory work. Farrar worked with a non-representative sample who self-selected by invitation through a public account of her own story on television and in the media and at an international conference. Twenty-four women responded, a further 18 women who lived in the US, Canada and NZ also responded from a self-help website. Farrar argues she gave these women permission to speak. The self-selection recruitment, in response to her traumatic story, relied on women with a particular account of adopting out, failing to consider the difference in choice and coercion. As a result this research situates adoption as a problem. While she draws from post structuralist theory, she does not develop new theory or conclude her research with it.
In the 2000s, the range of topics and approaches expanded; however, psychological literature with a focus on trauma of birth mothers remained central. Two of these studies will be highlighted here, by Gair and McNiece.

Another psychological empirical study investigating the reunion experience of retrospective relinquishment accounts is reported by Goodwach (2001), who used face-to-face, open-ended interviews with eight birth mothers who were recruited also from the AIS in Victoria, same data used by Swain (1992) and McPhee and Webster (1993). The mothers had experienced closed adoption in an earlier period between 1952–72, in contrast to Swain (1992) or McPhee and Webster (1993). Rather than cause and effect, Goodwach looks for deeper understanding and extrapolation through in-depth interviews. Though primarily a psychoanalytic study, she attempts to connect the lived experience of birth mothers with existing social, religious and cultural structures. The birth mothers had all experienced closed adoption and had been reunited with their adult children within the previous three years of the study. However, the study was retrospective in nature as 20 to 40 years had lapsed since the mothers’ adopting out experience, which raises questions regarding the reliability of retrospective memory recall (Condon, 1986; Winkler & van Keppel, 1984). Goodwach acknowledges her own emotional involvement as she was outraged by the painful stories by these women, ‘they had been punished, silenced and neglected …’ (p. 75). This study provides no insight into choice as all women were coerced. No social theory was utilised nor developed to inform the findings. The next study by Evans and Kelley (2004) researched community attitudes to abortion and foetal personhood, with a broad social and economic longitudinal quantitative study.

The turn of the century brought about sociopolitical change where abortion discourse began to sway politics and society. Research on abortion was largely quantitative in design with large-scale surveys the instrument of choice. One study was qualitative: a compilation of 18 narratives by women who had responded to advertisements in the newspaper and women’s magazines to talk about their experience of abortion. This book reports stories of loss and grief and trauma experienced (Tankard Reist, 2000), paralleling the personal stories of birth mothers loss and grief in Inglis’ (1984) study. At the time of seeking participants, Tankard Reist was a high prolife activist and journalist; she has more recently moved to human rights and feminist activism. Her book provided an opportunity for women with abortion stories to tell them in their own words. There is little account made of the social discourse of reproductive rights, or the political nature of abortion. There is also little consideration of the context that
choice is made by vulnerable pregnant woman without economic and social stability. No social theory emanated from this research.

Evans and Kelley (2004) developed sociological research using surveys with a large representative national sample of more than 27,000 participants. The survey collection began in 1984 and was completed in 2002. Among other topics this research analysed the effect of religious belief, social position and scientific knowledge to determine the moral reasoning behind individual attitudes to abortion and foetal personhood, as well as IVF, stem cell research and gender issues. The authors argued that the combination of original questions, sample size, rigorous measurement and analysis with multivariate methods provided a good understanding of community attitudes. They found that Australians are more supportive of stem cell research to save lives than they are of abortion, which produces the stem cells. Variables that influenced these views included an individual’s religious position; if the participant was a church goer (non-Catholic) they were twice as likely to be against abortion than someone who has a religious belief and three times more so than being Catholic. Other variables included the level of education attained, income, gender and ethnicity. Interestingly, emotive moral reasoning and science have less impact on public opinion in this matter. This research divided abortion-favour questions into three categories: catastrophic, contraceptive, and eugenic. However, the findings did not clarify the most frequent reason for abortion, which is psycho-social (97 per cent) that is, the timing of having a baby, which is the most common reason (Chan & Sage, 2005).

Evans and Kelley (2004) also asked survey questions about community opinions regarding foetal personhood, that is, at what stage of development does a human being become a recognised part of humanity with rights and interests? Thirty-five per cent believe this occurs at conception, 45 per cent at 14 days, 52 per cent at one month, and 67 per cent at 2–3 months or 8–12 weeks, and by birth 99 per cent of survey participants believe the baby is probably or definitely a human. Only 73 per cent of participants ‘definitely believe’ a baby is a member of the human race at birth (p. 171). Given the public outcry in response to bioethicists Guibilini and Minerva’s (2012) peer reviewed article promoting post birth abortion, this is surprising. The outcomes from this study identified variables such as: differences of opinion on the basis of religious belief, including denominational positions and whether the participant is devout or not. Perspectives on science also influenced views of humanness. The researchers conclude that policy on issues reliant on a position of foetal personhood will be politically inscribed rather than ethical. Social theory was not a focus of this research.
Fleming and Tonti-Filippini (2007) investigated Australian public opinion about abortion but from the discipline of philosophy and bio ethics. In 2004 they conducted a quantitative telephone survey with a representative sample of 1,200 participants selected from the White Pages to proportionately represent each state and territory’s population, urban and rural ratio, age and gender of adults over 18 years. The authors identified a gap in previous research in terms of community attitudes toward moral approval as opposed to approval for legal abortion. The questions they posed include ‘... do you think women should have unrestricted access to abortion on demand, no matter what the circumstance?’, with over half strongly or somewhat agreeing. The researchers asked their participants to declare their pro-life or pro-choice position and compared findings to these ethical questions. Though mixed method, this research does not inform how social discourse impacts the participant’s decision making and values system. The political nature of abortion has arguably created a barrier to research and therefore reduces the opportunity to hear individual stories. This research did not rely on social theory to develop its approach, nor did it develop it as a result.

In the mid 2000s, psychological literature continued to focus on the trauma experienced by relinquishing mothers. Two papers were published: by McNiece (2006) and Gair (2008). A psychology graduate, McNiece provided contrasting findings to previous literature on reunion analysis elucidated by Swain, McPhee and Webster, and Goodwach, but which align with findings from the US. She researched relinquishing mothers and theoretical frameworks of associated grief. The birth mothers in her study self-selected, they were either still in touch with an adoption agency in Victoria or who had not changed address for over 20 years and so could be located via the database. The participants completed a questionnaire about their experience and subsequent contact with their child. McNiece used multiple objective psychological measures to identify grief and while she acknowledged the limitations of sample size, potential bias and lack of a control group, the lack of screening for prior psychological difficulties or any previous pregnancy or other birth complications were also not accounted for. McNiece considered co-variates of age, support and choice were associated with psychological adjustment and grief. Post hoc analyses also correlated guilt with adjustment and retrospective recall for events long past, was deemed problematic for bias (Goodwach, 2001; McNiece, 2006; Winkler & van Keppel, 1984). In contrast to previous international research, McNiece reports that the more contact the birth mothers had with the child, the less satisfied they were. Contact was not associated with psychological adjustment and grief as expected, a negative association was found between frequency of contact and satisfaction with contact. She suggests the dissatisfaction with contact for the birth mother may come from the difficult experience of trying to maintain terms of access with the adoptive family and
child. The limitation of this research is the lack of emphasis on the social context and discourse surrounding adoption and the lack of identification of choice. Social theory did not emanate from her deliberations nor her findings. Another study positioning relinquishing mothers in trauma is by Gair (2008).

Gair (2008) completed a social work mental health study, with a purposive sample from the adoptive triad who argue a link exists between suicidality and adoption. Participants were recruited through personal networks, newsletters and snowball sampling. The in-depth interviews and written narratives, defined by a series of questions, provided material from which Gair explicates themes around denial of reality, unacknowledged personal needs, disempowerment, and links to suicidality, ‘drawing on Girard’s concept of sacrificial violence, Butler’s notion of performativity, and Kierkegaard’s notion of pathology of spirit’ (p. 1). Gair acknowledges adoption research has little social theory attached to it. Gair’s study shapes adoption as a social construction to solve the social problem of illegitimacy and notes the contradictions inherent in adoption for the birth mother portrayed as ‘unfit’ (Swain & Howe, 1995), and yet simultaneously, someone who abandoned her child. This conflict complicates loss, which she argues increases over time. Her methodology involved inviting participants who considered there was a link between adoption and suicidality. She acknowledges this is a limitation, resulting in a barrier to finding any possible positive outcome of adoption. Of the 20 interviewed only 10 were birth mothers and there is no indication of the year each mother adopted out – potentially situating each birth mother within the forced adoption period.

Powerlessness, is defined as an emerging theme, which is a defining point of difference to my own research, based on the notion of choice. From this research a large-scale government initiative to uncover the history of forced adoption took place.

2010s

Findings of national research on the service response to past adoption practices, instigated by the Community and Disability Services Ministers’ Conference (CDSMC), was published by the Australian Institute of Family Studies (Kenny et al., 2012). The methodology employed by Kenny and colleagues (2012) was mixed method, with a quantitative survey tool developed for each of the respondent groups: mothers, fathers, persons who were adopted, adoptive parents and wider family members. Psychological wellbeing was assessed with several instruments: the Kessler Psychological Distress Scale (K10) was used to assess the current mental health; the World Health Organization Quality of Life brief instrument (WHOQOL-BREF) was used to evaluate personal quality of life over the previous two weeks. Parents were asked to complete the Impact of Event Scale-Revised (IES-R), a self-report measure that assesses...
subjective distress caused by traumatic events, a tool to measure Post Traumatic Stress Disorder. The main form of data collection was an online survey. The research team acknowledged a limitation as the stories of the self-selected sample were offered in the ‘shadow’ of the concurrent Senate Inquiry by the Community Affairs Reference Committee, and the subsequent media attention, where ‘The publicity surrounding the inquiry may have influenced people’s decision to participate...’ (p. 190). The second part of the research included semi-structured focus groups and in-depth interviews, but due to the high number of responses, the latter were used only for those who requested it. Interestingly, the only references to theory are attachment theory (ironically used for justifying removal of children from birth mothers, as well as the optimal approach for relinquishment counselling), primal wound theory (not accepted as empirically tested in the quoted research); loss and grief as well as trauma theory though not developed in the research. Kenny and colleagues (2012) findings revealed ‘very few birth mothers in the (past adoption practices) study ... felt that the adoption was their choice. The most commonly identified contributing factors...were family pressure and/or lack of family support ... many feeling they were the victims of a systematic approach to recruiting “undeserving mothers” for the service of deserving married couples’ (p. xiii). Higgins (2011) was explicit; choices were limited by ‘coercive social forces’ (p. 60). Once again, the key differentiating factor is the notion of choice. My research seeks to look at an alternate perspective of adopting out through the eyes of birth mothers who have autonomously made the choice to adopt out. Even so, to consider this choice through the eyes of vulnerability theory.

Castle’s (2014) research has the greatest similarity to my study, as she used semi-structured interviews to investigate the experience of choice as it pertains to voluntary relinquishment for biological mothers who adopted out after the Adoption Act 1984. Castle’s respondents all positioned themselves as voluntarily adopting out. Her interviews underwent thematic analysis and her findings concluded that although the participants felt they had autonomously made the decision, it was made in the context of cultural assumptions. Castle identifies implicit and explicit social pressures impacting the pregnant woman, which she internalises to make the choice to relinquish. Castle points out that the contemporary context of liberalism (the closest to a theoretical framework) coupled with contextual constraints cause women to take personal responsibility rather than consider the social and cultural implications of her choice. She also acknowledges stigma still occurs for birth mothers. What society considered a ‘good’ choice in the 1950s to 70s is questioned today: ‘The perennial adoption theme of shame may be differently shaped but still present’ (p. 57). My research adds to Castle’s by working with the lens of vulnerability, but also adding perspectives of non-representative participants in
focus groups who bring their views of a birth mother’s decision to adopt out. Although not from a peer reviewed journal, I have chosen to include a survey from a marketing company for an advocacy group, because so little research has occurred on adoption in Australia, and no large scale surveys.

Celebrity Deborah Lee-Furness began an organisation called Adopt Change in 2014. Its mission statement is: ‘To raise community awareness, encourage ethical reform, and empower all Australians to engage with issues affecting adoption’. Adopt Change identified the gap in existing research and commissioned Forward Scout, a marketing and brand agency to undertake the first research of its kind to assess community attitudes to adoption. The focus of the 2014 research was not birth mothers and relinquishing but rather the broader issues of adoption in comparison with foster care. The branding company ran focus groups and an online survey. Sixty-six per cent of respondents had some connection to adoption, either themselves or a close family member or friend. The findings state: ‘Adoption is viewed in an overwhelmingly positive light. In fact, research has shown that people feel that modern families can be formed in many different ways and adoption could play a bigger part in that’ (Forward Scout, 2015, p. 4). According to the Forward Scout research ‘the practices of the forced adoption era and the Stolen Generation do not affect attitudes to open adoption today … only 15% of the survey respondents either strongly agreed or tended to agree with the statement: ‘Australia's history with forced adoption tells us that adoption in this country should be avoided at all costs’.

The Forward Scout research reports barriers to adopting today: it takes five years on average to adopt a child in Australia, with 17 per cent of respondents to the survey having actively enquired into adoption, 87 per cent of whom did not pursue it, and just two per cent who tried to adopt a child.

While no Australian academic has produced a large-scale community attitudes research on adoption to date, two Canadian studies have considered the social construction of adoption through the eyes of sociology. These studies will now briefly be reviewed because of the already stated similarities between Australia and Canada, politically, culturally and historically.
SURVEYS FURTHER AFIELD

Miall (1996), a Canadian sociologist, used a quantitative research method from a social constructionist theoretical position to investigate community attitudes to adoption in Canada with a large-scale survey tool. Her research challenges prevailing views held primarily by clinicians that adoptive family form is inferior to biological family. Her study is situated in a broader study of reproductive technology, infertility and adoption constructs. Miall used a random sample of Canadian respondents selected from the phone directory of a large city, which was representative when compared to population statistics at the time the study was conducted. The in-depth telephone interviews lasted one to three hours each, with a response rate of 63 per cent. Though this could be perceived to be related to the sensitive subject matter, Miall (1996) suggests it may have to do with the expectation that expertise may have been deemed necessary by participants, especially given the research included the subject of reproductive technology. The findings of this research are interesting in that 85 per cent of males and females believe that adoptive (family functioning) and biological parenting (family formation) are basically the same (p. 312).

Following on from the 1996 study, Miall and March (2005) were interested in categories of open adoption established by Grotevant and McRoy as cited in Fisher, 2003). Using a two-stage research design, Miall and March (2005) developed a qualitative study to discover meanings underlying social constructs of adoption through in-depth interviews and then developed a survey to establish how common these perspectives were. The first phase consisted of interviews with a representative sample. This was followed by a representative sample of respondents using a survey managed with a computer assisted telephone interviewing (CTI). Gender, age, education, income and marital and parental status were all indicated and weightings for uneven population distribution in some regional areas were provided. Miall and March (2005) research acknowledged issues with gender neutrality and therefore separated male from female responses in seeking to understand how the community thought about confidential, mediated and open adoption. They also found that the community does not hold the same value to open adoption as social workers appear to and participants believed that adoptive families and birth parents ought to collaboratively be able to decide what level of openness they want.
LITERATURE SUMMARY

In terms of methodologies, this Australian literature review studied six quantitative research designs and six qualitative studies, and an additional four are mixed method. Six of the studies are from the discipline of psychology, four are from social work, and one is from the field of bioethics, one from ethics, one medical and only two are from sociology. The difficulties associated with the research designs have been identified when surveys attempt to uncover emotional experiences of participants, with the context somewhat obscured by the inability to clarify answers. Quantitative methods that employ questionnaires, semi-structured interviews or telephone interviews, have limited ability to identify meaning in the participant’s experience and studies with small numbers of participants make it difficult to define causal determination, prediction and generalisability (Goodwach, 2001).

CONCLUSION

There is little of Australian sociological research on adoption and less with a focus on birth mother experiences that acknowledge the issue of consent and choice. This chapter has given a chronological overview of the available empirical research, which has been predominantly located in the disciplines of psychology and social work. The earlier studies sought to capture the trauma of the coercive period of adoption in Australia, but with social and cultural change which introduced increased access to abortion, a trickle of research began to understand how abortion changed women’s lives and with it the views of Australians more broadly.

Research in Australia has predominantly focused on the forced adoption period, situating adoption as problematic. The gaps in the research field so far identify little social theory that is either in a deductive sense or in the findings as an inductive outcome of thematic analysis, other than Gair’s (2008). As it was by invitation only, to those who had already linked suicidality and adoption, this is hardly generisable regarding adoption choice more broadly. In addition, the concept of choice and the underpinning of coercion has really only been identified in Kenny and her colleagues work (2012), as well as Castle’s (2014) study, which identifies ‘pressures’ that still exist in the form of social forces (Higgins, 2011) to influence or coerce a mother’s choice and where stigma still occurs.

In conclusion, in acknowledging there is very little Australian sociological research on adoption, and even less on the social context in which a pregnant woman might experience legitimate choice to adopt out, I have chosen the methodological tool of in-depth interviews as an appropriate method to illicit answers to the research questions stated in Chapter 1. In addition, I have chosen to investigate contemporary social discourse on adopting out in
Australia today with focus groups. In incorporating Misztal’s vulnerability framework to guide my findings, I will apply social theory about adoption choice. Only Inglis’ (1984) sociological study speaks to stigma, but no other research study addresses it or the topic of legitimacy, or indeed, the theoretical concept of vulnerability. My research seeks to understand a birth mother’s choice to adopt out today, and the cultural and political context in which she makes that choice. The next chapter considers possible theories to understand this.
3. ADOPTING OUT, SITUATING THEORETICALLY

3.1 THEORIES PERTAINING TO ADOPTING OUT

This chapter articulates theories and approaches that may explain changes in adoption policy and practice over time and how they relate to a birth mother’s choice. I will also consider a new framework for adoption into the future.

After consideration of several theories and theoretical approaches, I believe the current perception of birth mother choice is best investigated within Misztal’s (2011a) framework of vulnerability, which encapsulates both the public and private domains experienced by a pregnant woman who may consider adoption today. Theories and approaches such as Identity theory, Legitimacy, Stigma, Intensive Motherhood, Biopolitics, Morality and Consumption, Rationalism, Commodification, Altruism, and Shame assist in reflecting and explaining adoption and reproductive choice generally. However, they do not adequately acknowledge the individual experience of vulnerability in the context of cultural and political pressures for a birth mother reliant on systems and actors or agents within those systems. Misztal’s theory of vulnerability provides a lens to consider her dependency, the requirement to make a moral decision in an irreversible situation, with unknown outcomes, amassing cumulative insecurity. Her vulnerable self may well be confounded by a system that expects her to act autonomously while stigmatising, constraining and shaping her choice, her identity and sense of legitimacy. I will first explore other theories and approaches, and consider elements that cast light on a birth mother’s position, culminating in Misztal’s theory. First, I present Identity theory, which argues there is a relationship between the internal mechanisms of identity process in the context of circumstances to confirm individual morality through behaviour.

3.1.1 IDENTITY THEORY

According to Identity theory, individuals are self-regulating entities who substantiate their moral identity through behaviour and emotions. Most previous literature on morality has been developed by psychologists and argues individuals are catalysts for their own moral action (Stets & Carter, 2011); however, a sociological approach examines individual moral identity on the moral–immoral continuum in the context of culture. Turner (cited in Stets & Carter, 2011) suggests culture determines 'codes' of behaviour which are perceived as either good or bad, right or wrong, acceptable or unacceptable. Emotions are connected to the process of moral identification, that is, people feel good when their behaviour is aligned to what they perceive as their moral identity, and conversely feel bad when they behave in ways that do not align.
But to what extent is moral identification conditioned by external cultural factors both in the public and private domains? Moral identification does not take place in a void, but in the context of culture that provides rules about socially acceptable and appropriate actions and feelings. Stets and Carter (2011) assert that sociological research provides a richer understanding of individual moral experience, such as the guilt experienced by some and not others in a similar situation, by identifying external structures and constraints. While Weber (Stets & Carter, 2011) considers morality as internal, subjective and motivational, he considers the patterns of individual moral actions undergird broader social structures. For other sociologists, morality is determined through systems, rules and expectations that occur in society, which in turn controls and assimilates individuals (Durkheim; Goffman; Collins as cited in Stets & Carter, 2011).

Unplanned pregnancy as experienced by single women over the last 150 years in Australia provides scope for contemplating both perspectives. Swain and Howe’s (1995) study of unwed mothers over the 19th and 20th centuries shows the shift in morality signalled at an external social level. 'Where in earlier years, abandonment and infanticide were condoned, if not encouraged, this (was a) transformation of the unwanted illegitimate child into a potential future citizen of a white Australia …' (Swain & Howe, 1995, p. 10). Morality is also shaped by economics, exemplified by the provision of welfare for single mothers in 1973. The boundaries of morality change over time, as Swain demonstrates, 'Historians have also focused on the contradictions of a moral code which saw infanticide as a lesser crime than bearing a child out of wedlock…' (Swain & Howe, 1995, p. 93). Infanticide rates only decreased when financial support was provided for single mothers to care for their child. Other political and legislative shifts, such as the development of state-based care in 1860 (the beginning of adoption in Australia), debates over Infant Life Protection, the provision of state-funded Foundling Homes toward the end of the 19th century, and the Commonwealth-funded Maternity Allowance for all white mothers, whether married or not, in 1912, are all indicators of the moral reframing of unintended births to unmarried women. From 1850–1915, the moral identity of single pregnant women entering a refuge establishment epitomised her '… pregnancy ... as a symptom of (her) moral condition' (Swain & Howe, 1995, p. 74).

Prior to the 1970s, a ‘bad’ pregnant single woman could make a ‘good and wise’ moral decision by adopting out her baby to a ‘good’ married couple (Swain & Howe, 1995). Adoption was legislated in 1920 (Swain & Howe, 1995). In 1956 the Royal Women’s Hospital report infers abortion as the higher moral road: 'Society condemns illegitimacy and frowns upon fatherless children; if in inducing an abortion the unmarried woman committed a crime, she
nevertheless took the course which, she thought, would give least offence...’ (Grubner as cited in Swain & Howe, 1995, p.39). Adoption policy originated in the British moral code, but over time was replaced by an American psychological one, which ‘undermined the single mother to make any decisions, for now she was constructed as disturbed rather than simply unwise’ (Swain & Howe, 1995, p. 141). Her moral identity was reformed by adopting out her baby. It was ‘...the only hope of regaining (her) place in society' (Swain & Howe, 1995, p. 141). As Durkheim, Goffman, Collins and Weber (as cited in Stets & Carter, 2011) all suggest, moral action and emotions develop from cultural expectations through interrelationship, but also from an individual’s own internal moral meanings. A more radical view is promulgated by Cornell (1995) who contends that state and socially determined morality is oppressive, and individual decision making should not be interfered with. However, Durkheim (as cited in Stets & Carter, 2011) argues that without social cohesion, self-interest alone will determine behaviour leading to a 'pathological' society, and further, that social solidarity builds a healthy society.

A woman who experiences an unwanted pregnancy today finds herself with a moral dilemma located in a contested political, cultural and social space of values, rights and identity. Identity theory assists in understanding the complex interaction of moral identity, behaviour and cultural and political influence in the experience of a birth mother who may choose to adopt out today. However, it does not adequately grasp the notion of moral actions and their long-term effects. As changes to Australian adoption laws that outlawed the coercive practices of the past attest, it was not known in the 1950s to 1970s that the policy and practice of secrecy and invisibility would result in ongoing torment for many victims (Swain & Howe, 1995).

I have chosen Misztal’s theory as the framework for this research as it gives a richer consideration of the vulnerability experienced by birth mothers and the impact on their moral identity because it is multidimensional and adds the context of time. That is, the irreversibility of past actions is coupled with the anxiety of the future, which influences current decision making, while she is dependent on ‘others’ for her moral support at macro, meso and micro levels. A birth mother who considers the choice to adopt out not only makes an individual choice but she is also legitimated in the context of culturally determined morality. I will now explore legitimacy theory and consider how birth mothers have found themselves invalidated throughout the history of adoption practice in Australia.
3.1.2 LEGITIMACY

Legitimacy addresses social objects and the process by which a social object is analysed implicitly or explicitly as legitimate, unworthy or worthy and how collective forms are legitimised through validation (Johnson et al., 2006). Johnson and colleagues define legitimacy in two ways: social psychological, and organisational. Birth mothers as social objects have experienced a chequered history of social psychological legitimacy through the forced adoption practices of the past, which defined her as an ‘unfit mother’ (Higgins, 2011), with the caveat of being able to redeem herself by adopting out her child in the child’s best interest (Swain & Howe, 1995; Finley, 2004). Illegitimacy undergirded this practice. Swain and Howe’s (1995) notion of single motherhood as a ‘social problem’ is an enduring theme (p. 14).

Although there has never been a legal document giving the right to parent, there has been (and continues to be) an informal sanctioning of those with a right to parent and those who do not. A marriage licence was one such device, which provided approval, ‘...the mother without a marriage certificate and held without a male provider existed in a separate space, the stigma attached to their deviance/defiance used to reinforce morality in the community as a whole’ (Swain & Howe, 1995, p. 1). Without a marriage licence the child of a single mother was labelled illegitimate.

As Inglis (1984) states:

... mothers with unintended pregnancy, challenged those beliefs and customs and found themselves unsupported in their need. In falling pregnant outside marriage they fell outside the only institutional form of support available to legitimise and protect their mothering. They as mothers, were without legitimate status and their children, as illegitimate, were dependent on the slender resources of a woman subjected to moral outrage and social and economic disadvantage. Their motherhood was regarded as a mistake to be hidden and their children were made strangers to be sent off into the world with no means of finding their way back to the source of their existence (p.xi).

During the coercive period in Australian adoptive history birth mothers:

Secretly ... (lived) ... through an alternative experience of the motherhood they were taught to think of as the fulfilment of the essence of womanhood. They lived, and still do, a hidden dimension of our shared social beliefs and history. In their individual stories of becoming and being mothers they show us the way in which a process felt and thought to be natural, the birth of a mother and child, is socially manipulated (Inglis, 1984, p. xi).
Legitimacy 'secures compliance with a social order' (Johnson et al., 2006, p. 55). Zelditch (as cited in Johnson et al., 2006) aligns with Weber, arguing that 'something is legitimate if it is in accord with the norms, values, beliefs, practices, and procedures accepted by a group' (as cited in Johnson et al., 2006, p. 55). Weber's view is that the rules come from a social platform that is broader than any local context, 'the presumption that others accept the broader framework of beliefs, values and norms is key (to legitimacy), not the actor's personal endorsement of these cultural accounts' (Johnson et al., 2006, p. 56). Organisational legitimacy is provided by those in authority including systems and beliefs that implicitly and explicitly endorse a body of knowledge that maintains a group’s morality and rationality. ‘The power of authoritative knowledge is not that it is correct, but that it counts' (Jordan as cited in Ellison, 2003, p. 323). Government legislation, religious institutions, health, welfare and education institutions, as well as the broader community have been and continue to be authoritative figures of organisational legitimacy and moral framing for women facing unintended pregnancy. Adoption, according to Berebitsky (2000), continues to be a site where culture ‘works out its understanding about “family”’ (p. 168), including who should be members and what roles each should play in both the public and private spheres. Scott (as cited in Johnson et al., 2006) says actors such as professionals and formal associations define normative legitimacy and moral standards as opposed to legal requirements through their standards and values. Legitimacy theory has a bearing on a pregnant woman considering adopting out today at an organisational level through policies pertaining to adoption, for example, the inability to begin the adoption process during the pregnancy, coupled with the mandatory 30-day ‘cooling off period’. Misztal’s theory of vulnerability broadens the understanding and application of legitimacy theory. Although Johnson et al. (2006) comment ‘... legitimacy is indicated by actors’ compliance with a social order as either (a) a set of social obligations, or as (b) a desirable model of action’ (p. 55), this does not take into account the powerlessness and dependency birth mothers experience as they journey through the adoption process. As Brown (2006) argues, the fear of being disconnected is motivation to behave according to social expectations or to keep secrets. A pregnant woman’s dependence on others is evidenced when she is influenced to any degree to comply with socially sanctioned decisions regarding her child’s future. The woman facing an unintended pregnancy today is a social object who is legitimated as she conforms to the status quo - the acceptance of widespread consensual schemas/beliefs, which do not necessarily infer optimal practices (Johnson et al., 2006).

As Inglis (1984) notes, adoption laws reflect prevailing beliefs and values of the community at the time. Misztal’s framework highlights and explains the vulnerability experienced by individual birth mothers in the context of her dependence on systems and processes she has
no control over, the impact of changing policies and the risk of future fall out. Not all mothers experience ‘... the ideology of motherhood which assumes mothering is the natural outcome of female reproductive power’ (Inglis, 1984, p. x). Illegitimacy occurs when an individual does not fit social norms and is therefore stigmatised. Stigma will now be more fully considered.

3.1.3 STIGMA

Stigma depends on ‘othering’, on perceived norms, on secrecy, for those discredited and the discreditable (Goffman, 1963). For those who are discredited, the work is in managing information about themselves they do not want others to know. Secrecy is an obligation and obsession. Goffman (1963) defines stigma as ‘an attribute that is deeply discrediting’ and that ‘reduces the individual from a whole and usual person to a tainted, discounted one’ (p. 3). Social information and visibility feed the discreditable person and create the imperative of concealment and non-disclosure. 'Stigma management is an offshoot of something basic in society, the stereotyping or “profiling” of our normative expectations regarding conduct and character...’ (Goffman, 1963, p. 51). Goffman argues the discrediting attribute is a 'relational' issue. For one woman who has the status of being married and economically stable, having a baby is not discrediting, but for another who is young, single and poor it is deeply discrediting. It is not the baby who is discrediting, it is the relational aspects of mother and child to other values and structures. Link and Phelan (2001), as discussed in Chapter 1, address why the predicament of stigma persists in some lives over time. It is due to pervasive stigmatising processes that impact multiple areas of life, including housing, crime, health and life itself. Sociological research on the effect of stigma on the lives of the stigmatised, including on the lives of welfare users, shows the stigma can lead to entrenched welfare dependence (Link & Phelan, 2011). This research also provides a narrative of stigma for step-parents (Coleman et al., as cited in Link & Phelan, 2001) and lesbian mothers (Causey & Duran-Aydiintug as cited in Link & Phelan, 2001). Birth mothers who adopt out experience stigma in terms of labelling, stereotyping, separation, status loss and discrimination and secrecy, by means of normative power exerted by ‘others’ on whom she is dependent, whether state or society or economics.

Stigma for the child of a single mother has historically resulted in severe penalties for mother and child. ‘Historians have ... focused on the contradictions of a moral code which saw infanticide as a lesser crime than bearing a child out of wedlock. ... Australian colonies followed the English pattern, making murder, with the low possibility of being detected, an attractive alternative to bearing a stigma for life ’ (Swain & Howe, 1995, p. 93).

Abandonment of infants was common practice in Australia in the 19th century, and condoned by government and even institutionalised in countries such as France, where it is still legal.
early Australian colonies, there were different class subsets of those who abandoned babies. 'The women charged with abandoning their children were a very different group from those responsible for the corpses littering city streets, older than average and often married with children; ...abandoning a healthy child rather than murdering a newborn or leaving it to die' (Swain & Howe, 1995, p. 116). Such was the acceptance of the stigma of single mothering that in the late 19th century there was no question that single mothers would be wanting to be rid of their burden (Swain & Howe, 1995). This assumption was proven incorrect however when an observer in the 20th century found to her surprise that the mothers showed maternal love to their babies as clearly as did married women (Swain & Howe, 1995).

Post WWII, adoption became practically mandatory and certainly ideal for illegitimate babies, fulfilling a dual role of punishment and disposal (Swain & Howe, 1995). Birth mothers were preserved by speedy separation and their reputation remained intact through adoption, however their mental and emotional exile resulted from the secret they held. 'Her pregnancy hidden, her motherhood unacknowledged and her child never mentioned, she was compelled to collude in her own punishment by maintaining her silence' (Swain & Howe, 1995, p. 11).

Being a parent out of wedlock only stigmatised women. 'Men bearing no visible evidence of their indiscretion could make their escape without facing major disapproval' (Swain & Howe, 1995, p. 56). Confinement and concealment went hand in hand for birth mothers. The location of the hiding place varied according to a family’s willingness to shield their daughter from stigma, but for some the disgrace was too great and they sent their daughters away to mission homes, such as the Melbourne Ladies Benevolent Society established in 1870, where they would cook and clean for board, away from the public eye. Secrecy and silence were the norm until the 1960s, but for some well beyond (Swain & Howe, 1995). The purpose of the hospices was to reform the wayward daughter. Swain and Howe (1995) claim that single mother stigma is inherent in all societies, but particularly patriarchal ones which police single women’s behaviour. The defining of 'the child which ought not to have been born' (p. 3) is a cultural phenomenon. Australian colonies were founded under the prevailing orthodoxy of the Church of England and the British experience of poor relief, with both moral and economic extrapolations. The sanctity of marriage and human life are central to Christianity and were both publicly challenged by single mothers. The Poor Law in 1601 in England had elements of mercy, but the Poor Law introduced in 1834 extended stigma further, so that a single mother without a benefactor was compelled to hand over her child to the workhouse. There was no place for her in respectable society. These practices are evidence that individual moral choice was and continues to be made in the context of cultural scripts, social controls and practices of realignment (Goffman, 1963).
Ellison argues there is a cultural censorship of women who experience unintended pregnancy due to pro-natalist ideology, in contrast to increasingly valued self-determination (Blake; Solinger as cited in Ellison, 2003). Planned pregnancy is about a socially acceptable framework, including timing a pregnancy within acceptable guidelines pertaining to marital status, age, economic security and career goals. Goffman (1963) argues unplanned pregnancy is acceptable in marriage because women can avoid social stigma because of their legal relationship with a man (Ellison, 2003). Kleinman (cited in Ellison, 2003) infers a form of 'structural violence' underlying normative concepts of female sexuality, fertility and the notion of a 'good and worthy woman, mother and wife' (p. 323).

Ellison’s study looks at reproductive decision making for women with unintentional pregnancy and found:

This secrecy isolated women, intensified their trauma, and limited their access to information. Further because of the cultural censorship of stigmatised single pregnancies, the wealth of stories and knowledge of other women, even that of their own mothers or sisters, was often inaccessible. Thus, women’s options and social support were circumscribed. Within these constraints, which were further constricted by the reproductive era of a single woman’s pregnancy women made their childbearing decisions (2003, p. 331).

Ellison claims these women experienced stigma and trauma from ‘... their fear of failing to meet culturally entrenched ideals of female sexual honour and socially accepted forms of maternity’ (Ellison, 2003, p. 336). In Ellison’s study, women who adopted out ‘sequestered out’ for the visible months of their pregnancy to save face and honour. Birth mothers did this to protect themselves, their families and their child from social stigma (Ellison, 2003, p. 337).

Historically, single mothers were considered a ‘problem’, ‘deviant’ and an ‘object’ that had to be endlessly explained (Swain & Howe, 1995). 'This is the story of an earlier time when the survival of single mothers and their children depended on their silence' (p. 5). A single woman was required to make her pregnancy invisible to the moral strictures of a society. And, as Inglis (1984) elucidates, her invisibility, was an ‘intrinsic part of consent ... this suppression of the other’s identity, and the withholding of the new identity of the child from her (the birth mother), was mutually imposed on them both (p. 11). Adoption policies developed and mandated by illegitimacy influenced women’s decision to adopt out. In Ellison’s study, birth mothers ‘were the only group that rated their child’s needs above their own and excluded themselves in the ethics of care that informed their decision ... this reflects the ideology of selfless maternity at the heart of the adoption mandate' (2003, p. 337).
The Identity Switch

As single parenting has become more acceptable, Fisher (2003) argues that the claim for illegitimacy has switched, ‘... it can be argued that relinquishing one’s birth child for adoption has become increasingly stigmatized, (and adopting out) a “devalued identity” for a birth mother, (while) at the same time raising a child born outside of marriage has become far less stigmatized’ (Fisher, 2003, p. 353). The unnaturalness of giving a child away, as suggested by Freundlich (1998), leads to a new kind of stigmatisation for mothers who choose to do so (Daly, 1994). Daly suggests two reasons for the disfavour or loss of legitimacy for adopting out: abortion is much more available and safe, and seen as a 'more immediate solution to the problem of unplanned pregnancy' (p. 331) and, secondly, there is more public assistance and support for single parenting which is less stigmatised. Birth mothers who adopt out today are potentially stigmatised in both forms of Goffman’s discredited and discreditable. They are stigmatised in a different way from single pregnant women situated 50 years ago. While they are visibly pregnant, they can conceal from everyone for a period of time that they are not intending to parent (a discreditable person); but when they do not return home with a baby, those who know them and did not know of their intention, discover a new biography of the discredited person in them not choosing to parent their own child. Goffman (1963) states: 'It can be assumed that the possession of a discreditable secret failing takes on a deeper meaning when the persons to whom the individual has not yet revealed himself are not strangers to him but friends' (p. 65) 'Discovery prejudices not only the current social situation, but established relationships as well; not only the current image others present have of him, but also the one they will have in the future; not only appearances, but also reputation. The stigma and the effort to conceal it or remedy it become “fixed” as part of personal identity' (p. 65).

Sociologically, the central issue concerning these groups is their place in the social structure; the contingencies these persons encounter in face to face interaction is only one part of the problem, and something that cannot itself be fully understood without reference to the history, the political development and the current policies of the group (Goffman, 1963, p. 127).

Misztal’s framework adds depth to these concepts by linking irreversibility as a past fact and dependency on current policy, while also taking account of the risks associated with her choice to adopt out in the context of the dimensions of influence, that is intimate others, society more broadly and ideologies. How a birth mother is influenced by the concept of contemporary motherhood is now deliberated.
3.1.4 INTENSIVE MOTHERHOOD

As illustrated in Chapter 1, adoption was normalised in Australian society as the solution to unwedded motherhood in the 1950s and 1960s and served a dual purpose as sacrifice and punishment. But over the past 50 years, perceptions of motherhood, including single motherhood, have shifted. Hays (1996) describes modern motherhood in terms of ‘intensive motherhood’, drawing on her research and that of researchers over the last 50 years, including Spock, Brazelton and Leach, who were all proponents of intensive child rearing.

In sum, the methods of mothering these authors recommend are extremely intensive, as demonstrated in their attention to every detail and their concern for every consequence. What these methods add up to is child-centered, expert guided, emotionally absorbing, labour intensive, and financially expensive child rearing (Hays, 1996, p. 64).

Hays argues the role of child rearing is promulgated by these respected authors as being the primary responsibility of the individual mother (pp. 68–69), over and above any other roles she may hold in the market or her other worldly accomplishments. 'Constant nurture, if that is what the child needs, is therefore the child’s right - even if it means the mother must temporarily put her own life on hold' (p. 111). Mothers interviewed by Hays refer to the selfishness of youth, which is challenged by having a child. 'In your youth, you are allowed to be selfish. But when you become a mother, you know that the children's needs come first' (p. 112). 'In short, child-centred child rearing means doing what is best for your child rather than what is convenient for you as the parent; it means concentrating on what you can do for them rather than on what they can do for you'. And this, many mothers told her, '... is the way it should be' (p. 115). 'According to the logic of intensive mothering, children and child rearing should be treated as sacred, and both should be protected from the contaminating logic of our rationalised market society' (p. 122). Hays argues '... all mothers ultimately share a recognition of the ideology of intensive mothering. Simultaneously, all mothers in Western society live in a culture where child rearing is generally devalued, and the primary emphasis is placed on profit, efficiency, and “getting ahead”' (p. 131). This is Hays’ major point: there is a contradiction between the cultural expectations of working women where time is money, efficiency is valued and personal gain is the goal, compared to the task of ideal mothering. There is immense pressure to ‘intensively mother’ in a world that values maximum profit, which intensifies the vulnerability experienced by a woman with an unintended pregnancy. Pressure is brought to bear on pregnant women in less than ideal circumstances to choose not to parent because they do not believe they can provide the kind of 'quality parenting' that is expected in their own view or that of society. However, there is inverse pressure brought to bear to parent
and not give your child away, when you don’t have to (Castle, 2014). Evolving feminist views of motherhood and mothering such as Ruddick’s ‘Maternal Thinking’ (1980), challenge the status of maternal power and practice, which she argues is directed by ‘…demands for preservation, growth and acceptability’ (p. 348). Although rarely given credit for her child’s wellbeing and outcomes, she ‘…is held by others to be responsible for the malfunction of the growth process’ (Ruddick, 1980, pp. 348–349). Pressure to mother well, coupled with powerlessness are intimidating factors for women confronted with unintended pregnancy.

Controversially, Rothman (1985) defends the right of a mother to abort her foetus, or adopt out, or arguably make any other decision about reproduction due to the value of motherhood itself. Her argument focuses on the value of motherhood itself, where motherhood is so important it justifies disposing of the baby in the way that marriage is so important one should be free to divorce. However, adoption worries Rothman (1985), ‘Modern adoption practices have long encouraged us to think of babies as commodities: they are, after all, available for purchase’ (p. 188). This is not true in Australia, though arguably there is significant cost involved in the adoption process.

Misztal’s (2011a) vulnerability theory provides useful guidelines to manage the complex issues embedded in adopting out today. In addition to perceptions of motherhood, these complex issues include dependence on knowledge, technology and systems that struggle to manage the moral dilemmas present in reproductive medicine; the irreversible legacy of coercive adoptions, and the unpredictability of moral determinants in a society that has been cut adrift (Bauman, 2001).

### 3.1.5 BIOPOLITICS AND EUGENICS

In 2009, Danish researchers investigated stem cell patenting, curious about how concepts of personhood, morality, commodity and ownership relate to the Western capitalist market (Hoeyer, Nexoe, Hartley, & Kock, 2009). They questioned if the embryo should be considered a person or a commodity, and specifically who should have the right to material derived from embryos. Their investigations resulted in ethical controversies in the debates of embryonic stem-cell research primarily based on ‘the fundamental issue of whom we consider human’ (Chu as cited in Hoeyer et al., 2009, p. 4). They found that stem cell technologies cannot patent embryos or their cell lines because in the ‘western capitalist market, persons defy categorization as commodities’ (p. 4). Tutton (as cited in Hoeyer et al., 2009) states ‘…the attempt to establish a clear difference between person and commodity has become an object of intense debate and ‘boundary work’ (p. 4).
Persons cannot be owned; they are the exchange partners, whereas commodities are the exchange objects. Persons act, commodities are acted on. Trade in persons and their body parts is generally considered an illegitimate form of exchange in the ideal capitalist market, as illustrated by the literature on commodification relating to organ transfer, adoption and prostitution (Ertman & Williams as cited in Hoeyer et al., 2009, p. 6).

Despite this, Hoeyer and colleagues noted that the illegal slave trade continues around the world, abhorred by those who defend human rights and applaud free trade. There is pressure for brokers and ethicists within the genetic market to ensure the unborn embryo and foetus are considered commodities not persons. Durkheim (as cited in Hoeyer et al., 2009), states this ‘might have termed the very glue of the capitalist type of exchange... morality and personhood’ (p. 7). However, not all nations have the same definition of embryo entitlement as Denmark. While pre-marital sex and abortion are controversial subjects in the US, they are not in Denmark (Hoeyer et al., 2009). Biopolitics is important in the subject of unintended pregnancy as it challenges the notion of ethics and reproductive choice broadly and, over time, may intensify the social sanctioning of adopting out as a choice.

**EUGENICS**

Eugenics, that is, methods of improving genetic qualities by selective breeding, has occurred for over a century in Europe, and Denmark is a case in point. In the 1930s, the history of population politics or biopolitics, as Foucault describes it, influenced reproductive rights with emergent entitlements of the female citizen (Hoeyer et al., 2009). Societal control was maintained with eugenics as a common practice, with a strict regulation of abortion and sterilisation of both sexes to manage the politically conceived population ‘problem’. A commission report from the 1930s described a pregnant woman as ‘a protective case for the embryo’ and politicians of the era dismissed any idea of female autonomy with regard to the life she was carrying (Hoeyer et al., 2009, p. 13). Cultural shifts occurred over the succeeding 40 years and Denmark passed legislation in the 1970s allowing abortion on demand. Politicians became focused on ‘socially well-functioning citizens’ rather than a nation of biologically healthy lives. As a consequence, abortion was reframed as a solution rather than a problem (Hoeyer et al., 2009, p. 13). In the 1980s an embryo had no more value than an appendix, and aborted embryos were collected as waste. A woman was no longer seen as a carrier of human life, but rather one who could choose, if she was willing and able to raise a social being (Nexoe as cited in Hoeyer et al., 2009). The reproductive role of women in Denmark emerged from the 1930s as ‘baby incubators’ to a new form of personhood with autonomous choice, which made them central actors in the exchange system of capitalism (Konrad as cited in Hoeyer et al.,...
2009, p. 18). As a result of participating in the market exchange, women began to delay birth (with the help of contraceptives and abortion) and as a result, become dependent on unpredictable reproductive technologies to enable parenting, a familiar story in Australia today. Delaying parenting creates a peculiar vulnerability for women, and reproductive technologies are the pathway to attempt to control that vulnerability and manage the irreversible linear process of time and ageing.

In Denmark, women were gradually considered responsible citizens rather than objects of charity, but the notion of foetal personhood became a confronting complexity in the development of embryonic stem cell research. The politics of life are played out with a new type of pastoral power, ‘who should make these decisions (about who should live) and who should not’ (Rose, 2001, p. 21). The value of life is unpredictable and portrayed in ‘everyday judgements, vocabularies, techniques and actions of all those professionals …’ (Rose, 2001, p. 21). Not only doctors and scientists but also drug companies, make ethics and ethopolitics complex and entangling. There is a tendency for the modern West to consider the quality of life only in terms of biological life. Children born from assisted reproductive technology (ART) are inhibited from being able to express market preferences as they have no power to buy or sell in those markets; and at the time of writing, they are incapable of tracing their genetic history. As is evident in Australia’s recent history exposing the irreversible results of the closed adoption period, this is likely to be challenged in time. The future of ART choice is unpredictable, dependent on political will, moral evaluation and economics and clearly has irreversible outcomes. The politics of reproductive practices includes eugenics, and ought to embrace unplanned pregnancy and adoption choice and indeed the whole notion of rights and bodies, as will now be discussed.

THE POLITICS OF RIGHTS AND BODIES

The reproduction commodification debate has at its heart the notion of the life worthy of living. The perceived difference between who and what aspects of reproduction are worthy of protection, such as the child of adoption, the unborn foetus or embryo, or components of reproduction such as eggs and sperm, is dependent on the contemporary political and social framework, and is culturally and economically justified. Obviously, socially and politically sanctioned positions change over time, placing women in the vulnerable predicament of making responsible reproductive choice while dependent on uncontrollable and changeable social, economic, cultural and political factors and ethical arguments. Sixteenth century science and technology caused Europe to think of its citizens as ‘the population or society’, terms which Foucault (as cited in Hashiloni-Dolev, 2007, p.8) believed implied the necessity for
‘intervention, monitoring, management, surveillance and protection’ or social control. He argued modern governments began to regulate the population via its interest in health and illness, fertility, diet and habitation of its inhabitants. Foucault defined governmental power as ‘biopower’, consisting of two parts: the body and the regulation of the population (Hashiloni-Dolev, 2007). Both refer to ‘life’, implicit in developing citizens who are ‘normal and rational subjects’, separating those who deviate as having medical or mental problems (Hashiloni-Dolev, 2007, p. 8). Biopower is practised today through institutions such as hospitals, prisons and education facilities, and through social agents referred to as biopolitics. Biopolitics is etched in policies and interventions governing citizens, such as power over birth, death and health (Hashiloni-Dolev, 2007, p. 8). Consequently, biotechnologies should be seen as moral technologies and an aspect of the modern moral project, according to Ophir (as cited in Hashiloni-Dolev, 2007). In fact, biopower is more accurately defined as benevolent power, ‘a peculiarly effective and invasive form of social control’ (Hashiloni-Dolev, 2007, p. 8). Biopower technologies recruit not by force but by creating desires, these define ‘good and bad’, ‘right and wrong’, ‘normal and abnormal’.

Ambivalence is created as technological advancement exceeds the ability of society’s ethical centres to make moral judgements about options now possible. Options such as stem cell research, in-vitro fertilisation (IVF) and leftover gametes, and the visibility of life in the womb increasingly pose ethical dilemmas given that life-saving surgery is commonly performed on the foetus in utero. Complexity is exacerbated in the void of ‘widely accepted religious, secular or scientific ethic that can deliver concrete instructions to help us design our future’ (Beck-Gernsheim as cited in Hashiloni-Dolev, 2007, p. 12). The privatisation of the body has resulted in emerging ethical dilemmas in liberal societies such as Australia. Foucault argues the private body is ‘politically inscribed…shaped and marked by histories and practices of control’ (Bordo as cited in Hashiloni-Dolev, 2007, p. 13). The body can be considered a symbol or metaphor of society. It is in this context that,

Wanted and unwanted foetuses for that matter are markers and reproducers of the body politic, just as their mothers, who are the biological “producers” of children and future citizens, are bearers not only of their own offspring, but simultaneously of collectives (Yuval-Davis as cited in Hashiloni-Dolev, 2007, p. 13).

Contemporary biopolitics disputes the value to be accorded to ‘life itself’, the ‘quality of life’, and the ‘right to life’ (Hashiloni-Dolev, 2007, p. 9).

Social scientists focus on culture and society while studying how different communities negotiate the margins of life, define ‘personhood’ and understand how life is formed (Morgan...
Biopolitics also determines who does not have a right to life. Concentration camps and refugee boats are examples of such biopolitical paradigms of the modern state of exception, however, medical technology has also created such a locus. It can be argued the womb has also become one of those paradigms. The comatose patient, the unborn infant is the extreme embodiment of the bare life ‘whose biological life is separated from its bios, or biography’ (Agamben & Wynn as cited in Hashiloni-Dolev, 2007, p. 9). Bios or the sovereign ability to kill is now practised according to Dean (as cited in Hashiloni-Dolev, 2007) ‘in the biomedical domain, by health professionals and administrators, by relatives, carers, prospective parents and mothers, all under the watchful guardianship of institutional ethical committees, legal regulation and therapeutic expertise’ (p. 10). State controls and the continual development of new technology, which outdrives the ability for moral considerations, exposes the unpredictability of ethical and biopolitical constructs on which women with unintended pregnancies are dependent. And economics is a key contributor to these dilemmas. In liberalised Western cultures such as Australia, autonomy and choice are state-endorsed and individuals are given the right to choose; yet biopolitics continues to endorse particular choices over others. As reproductive medical interventions continue to evolve, greater complexities are bound to emerge. The broader aspects of morality and consumption will now be reviewed and how these relate to vulnerability.

3.1.6 MORALITY AND CONSUMPTION AND VULNERABILITY

Reproductive choice, though highly politicised, gives plenty of scope to consider moral decision making, as it affects an individual and the collective. Some feminists see reproduction as a form of giving that is inherently altruistic and should not be commodified; others don’t see them as mutually exclusive. Some view pregnancy and birth as natural and necessary processes that should not involve consumerism in terms of goods and services (Fletcher, 2006), but Storey (as cited in Fletcher, 2006) suggests ‘consumption is the practice of culture’ (p. 37), which allows for fluidity and adaptation. Cultural ideals that inform individuals, such as the acceptable number of offspring, directly affect reproductive consumption in terms of contraceptive and fertility purchases. Though identity is not a subject specified by Fletcher (2006), her description of reproductive consumption as an expression of an individual’s desires and needs can also be construed as an expression and development of identity. Warde (as cited in Fletcher, 2006) considers concurrent values are achieved in consumption, such as exchange value, use value and identity value. This presupposes empowerment, but as the forced adoption period shows, this is not always the experience of pregnant women. Fletcher prefers consumption as opposed to commodification, which places reproduction and the
individuals engaged in it as pawns in the vortex of capitalist enterprise. She argues that commodified reproductive practice maintains women’s identity as oppressed in a patriarchal society. Conversely, it may reveal ‘women’s power and goodness’ (Fletcher, 2006, p. 28), a foundation for altruism. Fletcher notes, however, that consumption is political, as noted by numerous Marxist and feminist writers who link household contribution including reproduction to capitalism. Some literature seeks regulation of reproductive activities while respecting individuals as autonomous consumers who are not blind to social and cultural pressures (Fletcher, 2006). This literature does not acknowledge vulnerability as an active component of the reproductive experience.

A major cultural shift took place in the 1960s with the decoupling of reproduction from sex (Shaw, 2007), which synthesized the integration of nature and reason according to Obrien (as cited in Fletcher, 2006). Fletcher asserts that self-determination as rational control and management of reproduction is normalised in this way. As people added adaptive value to their concerns and demands, there was a natural flow on to the objects of reproductive consumption or choice (Fletcher, 2006). Fletcher (2006) argues that abortion is an opportunity for consumption rather than a site of exploitation. A woman consumes an abortion service and gains control of her reproduction by ‘ending the pregnancy … creating herself … by avoiding becoming a mother’ (p. 42). This logic is intriguingly not carried over to adopting out as a point of control. Fletcher (2006) contends that commodification of reproduction on any level oppresses women to conform to the controls of the capitalist system, providing the regulation of lives, either for purchase or destruction at will, rendering reproduction ‘capable of commercial exploitation’ (p. 42). Despite this, Fletcher (2006) acknowledges the life of the child as a reality in an abortion but in the context of a woman meeting a need, she explains: ‘they do not want the responsibility of a child at that moment in their lives, because a pregnancy threatens already existing relationships, or because they do not want to have this particular child’ (p. 43). Arguably, this rationale can be applied to the choice to adopt out as well. Fletcher describes consumption as a social practice within which reproduction is subject to market powers, but also as a site where people meet their needs and express their creativity. Misztal’s framework adds further depth to these notions by considering the aspect of vulnerability. Fletcher argues that termination empowers a woman to make a choice to not want the responsibility of a child at that moment in her life, but the future is unpredictable and begs the question, does a decision made in a moment, become a regret later? A decision that is irreversible. While Fletcher reasons that termination may be chosen ‘because the pregnancy may threaten existing relationships’, this highlights the vulnerability of the crisis of unintended pregnancy and the aspect of dependency on others as discussed by Misztal.
Fletcher’s position promotes a woman’s self-determination and empowerment, but her argument misses the richness of vulnerability as a reality and a comprehensive framework for thinking about reproductive decision making.

Misztal’s vulnerability theory challenges the notion of control with the fact that much of life is uncontrollable and outcomes unknowable at the time of choice. For example, a child could be born with a life-threatening condition over which parents have no control. This creates a situation of vulnerability with an irreversible reality, unknown future and a dependence on medical knowledge and skill (and family and friends who support them). There is no choice and often the parents would have it no other way. The autonomy suggested by Fletcher (2006) and Cornell (1995) does not realistically answer the complexity of many reproductive choices.

Reproduction is not just about individual moral choice; there are key economic outcomes in Western markets that drive decision making. There are two important results of modern reproductive technologies: interference in what is natural, and a devaluing of reproduction for those who profit. Both, it is argued, damage social relationships or connectedness (Brown, 2006). The first is a conservative position, which supports the status quo and disapproves of change; the second is effectively an anti-commodification position, which asserts that market practices damage human relationships. The economics of reproductive decision making will now be considered.

### 3.1.7 RATIONALISM: THE ECONOMICS OF REPRODUCTIVE CHOICE

A woman’s right to reproductive self-determination is a tenet of modern Western culture. However, a woman exercises reproductive choice to give birth, adopt out a baby, abort a foetus, participate in donor egg services, ART or IVF and surrogacy, all subject to and dependent on various pressures in her private and public worlds. Reproductive choice is not made in an isolated space but in the context of a liberal market system, political ideology and socio cultural moral reasoning. Every pregnant woman is to a greater or lesser degree dependent on financial and legislative systems in choosing what she will do with an unwanted pregnancy with irreversible and unpredictable outcomes. She cannot disconnect from the market economy or welfare state on which she is largely dependent.

The notion that reproductive choice is commodified is not new. Flanagan (2010), reflecting on Bauman’s views, describes the context of commodification and modernity in which reproductive choices are made today:
Rather than securing happiness, freedom and self-emancipation, the traits of modernity, consumption and consumerism have produced cultural mirages that distort realizations of loneliness and hopelessness in a world increasingly denoted as having one human property in short supply: love (p. 93). ... Sociology is now playing in a culture with no inhibitions or boundaries, with a restless, rootless set of individuals intoxicated with their unfixedness and bedazzled by their limitless prospects of escape. The outcomes are bleak (Flanagan, 2010, p. 96).

The picture created here affects all aspects of reproductive decision making regarding bodies, rights, biopolitics, altruism, surrogacy, adoption and abortion, where love could conceivably mean many different things to different people.

Bauman may as well have added ‘unpredictable’. In a world where isolation or disconnection is a result of the consumerism of the modern age, vulnerable pregnant women are inclined to make choices to maintain their emancipation and elusive happiness, groundless and rootless, without family and moral structure to support them with irreversible consequences. Flanagan (2010) offers insight into the complexities of socio cultural moral reasoning today that challenges the difficulties associated with reproductive choice making for individuals. Culture and history play an undeniable part in the framing of reproductive rights agendas and commodification debates.

3.1.8 COMMODIFICATION

Commodification of humans is a subject that would appal most Australians today, and yet slave trading is a contemporary and global issue again, as evidenced by the current government enquiry (Joint Standing Committee Foreign Affairs, Defence and Trade, 2017). Commodification of reproduction has been occurring for some time, assisted by an exchange of terminology to market commodities. The foetus is politically described as a ‘product of conception’, that is, a marketable item, positioning the unborn as property. Others use the word ‘reproduction’ as a commercial term describing the ‘production of a child’ (Ruparelia, 2007, p. 40). The product in this market exchange is free to be sold, in methods such as commercialised surrogacy or genetic engineering or stem cell research, or disposed of through abortion or ‘termination of pregnancy’ – the cessation of a contract with one signatory. The de-humanising of growing humans through use of commercial terminology is normalised in Australia, even raising the issue seems anachronistic. Adoption is currently a realm in which no commercial profit may be made from relinquishing a baby, and surrogacy is banned as a commercial contract in Australia – for now.
Further evidence of commodification is presented by Katz-Rothman (as cited in Hashiloni-Dolev, 2007), who suggests that within the framework of the practice of genetic counselling, mothers of today are expected to see their children as products of conception, which have to be carefully examined before leaving ‘the factory’. The perceived need to control acts as a means to mitigate risk of an unpredictable outcome. The quest for the ‘perfect child’ means that children’s flaws are targets for correction and expert intervention. In that sense, parents, and arguably mothers, who are subject to more pressure, are charged with the responsibility to ‘improve’ their children (Beck-Gernsheim as cited in Hashiloni-Dolev, 2007, p. 8). In some sense, ‘value adding’ to the reproductive order, ‘would you like chips with that?’ (p. 8). IVF has created a $1.7 billion market in the US. The US market is thriving with women selling their eggs from a few thousand dollars to $100,000, with colleges popular sites for advertising the harvesting of eggs and sperm. Higher prices are paid for students with a proven high IQ. ART forms a ‘niche market’ to meet the needs and desires of specific consumers. Consumers include the gay and lesbian community, and women who sell surrogacy services, including made to order embryos (Suter, 2009). While some seek unfettered baby markets, others do not agree and consider that reproductive material should not be for sale. At the time of writing, Australia, Israel, Denmark, France, Spain and the UK all prohibit payment for gamete donors (Carbone & Gottheim as cited in Suter, 2009).

Marx’s doctrine of Commodity Fetishism presupposes people assume social relationships are natural when in fact he argues they are part of the social construction of the capitalist market. The theory relies on a prior philosophical difference between producing goods for private use and producing them for the market. In this way, social relationships become confused with products and their exchange (Abercrombie, Hill, & Turner, 2006). In the burgeoning business of baby making and framed by the right to choose, Marx’s theory survives. For the wealthy, the power to determine who has life and when, and the fact that a life is ‘wanted’ are key issues. However, for the less wealthy and those worried about their position on the market ladder, there are less choices and they are more vulnerable to and dependent on political will, social acceptance and structures that support those choices.

Exploitation of one class of people over another is inevitable, according to Marx, as one can appropriate what the other has produced (Abercrombie et al., 2006). Adoption practices of the mid-20th century would attest to this. Babies were taken from birth mothers (often poor and single) to place in worthy homes (often comparatively wealthier homes with two parents) (Inglis, 1984; Marshall & McDonald, 2001; Swain & Howe, 1995).
For countries that have legalised commercial surrogacy, the right to sell babies or IVF ‘left overs’ presents an opportunity for individuals to enter the market as buyers and sellers. Markets have been developed for the purpose of the production and acquisition of babies, and parts of babies: sperm and eggs, embryos, tissues and organs, stem cells, up to and including babies as full-term living infants. The economic size and consumer composition of the market is driven predominantly by demand, that is, infertility (Hirschman, 1991). ‘Breeder classes’ were expected to emerge to give birth for more affluent classes (Hirschman, 1991). The baby business is not just about power and money however much they drive access and process but challenges the sacred and profane as Titmuss (as cited in Hirschman, 1991) suggests. The market is largely driven by infertility from medical causes that include toxic environmental hazards, sexually transmitted infections, malfunctioning birth control devices, endometriosis and hysterectomies. But cultural and economic factors drive the postponement of childbearing until later in life when fertility declines rapidly. Infertile couples are a ‘large and often emotionally desperate market’ that looks for hopeful ways to control child bearing (Hirschman, 1991). The outcome of postponement of child bearing has ironically resulted in the demand for political engagement to consider the unpredictable and ethical minefield of surrogacy, stem cell research, genetic engineering, ART and IVF to help women manage late infertility.

The conflict is between the sacred and the commercial for Frank (as cited in Hirschman, 1991). He argues the commercialisation of conception and birth is going too far, because in Western culture it crosses the boundary into the ‘sacred’ (p. 375). Hirschman’s review of various studies on baby making in the late 1980s found ‘human life is still considered sacred in our culture (Andrews; Bazell; Belk, Wallendorf & Sherry as cited in Hirschman, 1991) and ‘the creation of human life is considered the most sacred act in which a couple can engage’ (Lacayo; Orth; Rifkin as cited in Hirschman, 1991, p. 380). Whether these views are a current reflection of sex and reproductivity is another matter. IVF is an issue because it is framed in a consumer policy, portrayed as part of a conception factory, where human foetuses are grown in labs, at a cost that favours wealthy people and prohibits the involvement of the poor (Hirschman, 1991). Exponential technological development in reproductive science over the past 30 years has brought irreversible change to the way society more broadly views reproduction and family.

Contemporary Western culture has framed modern perceptions of motherhood and reproduction where ‘time (is) a commodity’ a ‘resource to be sold, allocated and controlled’, necessitating the vocabulary of time ‘spent, invested wisely or poorly, saved or squandered’. And in turn where the activity of mothering is rendered ‘invisible’ by virtue of its lack of contribution to the Gross National Product’ (Waring as cited in Sinclair, 2005, p. 89). In Sinclair’s terms this can reduce motherhood to ‘time wasted’ where ‘pregnancy, birth and
motherhood are viewed as potential brakes on the progress and momentum of the individual’s career ...’ (p. 89) and therefore catalyses the decision not to parent. This has implications for a woman who considers the choice to adopt out today.

MacLachlan and Swale’s (2000) focus is on the child. He argues it is the very nature of a child that should make them not for sale:

One is not and should not be allowed to buy and sell children – not because of how we feel about children but – because of what children are. It is the nature of children not the nature of parents, parental love nor parenthood that renders the sale of babies morally wrong (p. 15).

For some, altruism is more appealing and for the purpose of this research relates to both adoption and surrogacy. My perspective of surrogacy is that it is a form of adoption at an earlier stage of human development. The difference is that surrogacy is a predetermined choice made prior to pregnancy (and birth), where adoption is a choice made in the unexpected event of unplanned pregnancy, potentially positioning the birth mother as a victim. In this sense, making the choice to adopt out situates a mother as more vulnerable than if she had chosen to become a surrogate.

3.1.9 ALTRUISM

Altruism and voluntarism are ideals that have diminished in late 20th century Western society, according to Titmuss (as cited in Raymond, 1990). The prevailing cultural stresses relate to ‘functional determinism, discriminatory power, domination, constraint, compulsion, shame, guilt’ (Raymond, 1990, p. 7). As Harrison (as cited in Raymond, 1990) states:

... we live in a world where many, perhaps most, of the voluntary sacrifices on behalf of human wellbeing are made by women, but the assumption of a special obligation to self-giving or sacrifice ... is male generated ideology (p. 8).

Shaw (2007) however, downplays ‘gift giving’ as an action of influence and power and sees it rather as ‘a symbolic gesture of human solidarity and social connection’ (p. 294). She views altruism or gift giving as a kind of ‘moral cement’ (p. 294). Some researchers suggest however, there is no such thing as a free gift, because there is always obligation and the need for reciprocity (Mauss; Derrida as cited in Shaw, 2007). The only possibility for genuine gift giving in reproduction opportunities, in ART for example, is for the donor and recipient to be anonymous. However, anonymity is problematic for a child who is unable to trace their biological history due to the anonymity of the donor (Suter, 2009), similarly demonstrated in the trauma experienced by children from the forced adoption period. The concept of a gift
that is unrequited, gratuitous and unconditional is found in Christian ideology and circulates not only in consumer culture but also in ART, according to Shaw (2007). Altruism does not remove the possibility of coercion however, albeit subtle (Titmuss as cited in Shaw, 2007). The effects are amplified for those who are vulnerable in their family relationships. There are examples of families where it is viewed as ‘selfish and uncaring and dishonourable for a woman to deprive a relative of eggs or her gestating abilities’ (Raymond, 1990, p. 8). Cultural values are unpredictable and intrinsically changeable, as can be seen in the view of a birth mother who was forced to give up her child for adoption in the 1960s because it would be selfish of her to keep it, where today a birth mother is considered selfish if she adopts out (Castle, 2014). As Marshall and McDonald (2001) state:

Social workers observe that a woman considering adoption in the current climate is under strong emotional pressure not to surrender her child. If she does so, she will need to be very sure of her decision. No matter how well considered and responsible may be a decision taken in (her) own interests and those of her child, she is likely to find that she must bear, in addition to her inevitable grief and doubts, the burden of gratuitous criticism and lack of understanding (p. 74).

Different cultural settings provide reason for increased caution in any assumption about coercion in altruism, as Ruparelia (2007) argues, citing the south Asian market for live organ donation and practices where women are exploited and coerced to donate to family members. A strongly patriarchal society in which marriage is between two families, not two individuals, is ripe for the practice of organ donation as well as surrogacy. The most vulnerable and least favoured women in the family hierarchy may be required to donate. Although 'women may work outside the home, they are still subjected to the pressures of conforming and belonging' (p. 42). '... Even in situations where women are not entirely dependent on their family members for financial or emotional support ... obligations ... from close knit family structure ... make it difficult for a woman to refuse...' (p. 43). Ruparelia (2007) warns that altruistic surrogacy is fraught with unpredictable and exploitative possibilities within families.

Raymond (1990) states: ‘The pervasiveness of women’s personal and social obligation to give, shapes the contexts of reproductive gifts and gift giving. We see this most clearly in the situation of so-called altruistic surrogacy’ (p. 7). While altruism and voluntarism are perceived as moral virtues, there is a danger of exploitation if there is no alert that it may exist, or consideration of the context of culture in which women make decisions about reproduction.

Western society has been fashioned with competing moral, religious and philosophical convictions about sex, family and parenthood (Fox, 2008). Fox asks the question: ‘who is to say that pregnancy and childbearing has constitutive moral values at all?’ (2008, p. 164). The very
act of giving birth is benevolent and an act of sacrifice, according to Fox (p. 164). The ‘gift of life’ implies there is nothing of equal value that is returned to the mother, but the reproductive gift exchange preserves moral goods in a way that the market cannot. It is a level of altruism beyond the act of gift giving, due to its philosophical and continuing meaning. Fox (2008) elaborates:

Virtues like altruism and solidarity do not wither and thrive in random fashion. Rather, they are encouraged or discouraged by prevalent social practices, conditions, and institutions. The cultural influences that govern social relations between generations and among citizens profoundly shape the ways we think about and behave toward members of family and the political community (p. 165).

The prohibition of commercial surrogacy is questioned by Ruparelia (2007), who presents the argument for and against altruistic surrogacy. Baker (as cited in Ruparelia, 2007) argues some women like to be pregnant and feel good about surrogacy as opposed to having to raise another child. In fact, she argues the separation of pregnancy from mothering may be welcomed by many women: it is ‘not necessarily unnatural to not want to raise a child after pregnancy’ (p. 27). Few pregnant women can make this choice today without being maligned as unfit to make such a choice (Freundlich, 1998).

As Shaw (2007) points out:

The final uncoupling of sex from reproduction, and the further development of assisted reproductive technologies since the 1980s, has raised new concerns, as well as revisiting old ones, about the commercialisation and objectification of the human body (p. 294).

This reality provides the backdrop for women who must make decisions about unplanned pregnancy and exposes the vulnerability of their position. This vulnerability will now be considered with Brown and Misztal’s differing perspectives.

3.1.10 BROWN: VULNERABILITY, SHAME AND CONNECTION

Brown (2012) offers an alternate perspective to Misztal on vulnerability, refusing to define it as pathological or a weakness, but rather ‘vulnerability is the core, the centre of meaningful human experiences’ (p. 12). The ability to live wholeheartedly, Brown argues, comes from the willingness to embrace vulnerability. Individuals live in the context of a narcissistic culture, which leads to what she calls the ‘shame based fear of being ordinary’ (p. 22). She contends that the modern West is a scarcity culture, where individuals experience the ‘never enough’ problem (p. 26), ‘... not perfect enough, not skinny enough, not smart enough, not rich enough
...’ (p. 23). Brown makes the observation that ‘worrying about scarcity is our culture’s version of post-traumatic stress’ (p. 27). Her research effectively questions how autonomous and empowered individuals realistically experience vulnerability. Managing unplanned pregnancy is an appropriate site to consider how scarcity culture affects an individual choosing what is best for herself and her child. Scarcity culture specifies the framework in which she weighs up if she would be a good enough mother, have enough income, or enough support, or career options. The cultural expectation that a woman ought to be in control of her reproductivity to ensure she has ‘enough’ to care for a child if she becomes pregnant, positions unplanned pregnancy as a private error. The situation potentially results in her shame, disengagement and isolation, thereby reducing her experience of social solidarity.

While Brown suggests the vulnerability of not being enough is an opportunity for more meaningful relationships to develop, there is little questioning of the structural context that drives the vulnerability experienced by individuals. The illusion of control concerns Brown (2012), who reports that social psychologists who study influence and persuasion have found that people who think they are not vulnerable to deceptive advertising for example, are actually more vulnerable: ‘... far from being an effective shield, the illusion of invulnerability undermines the very response that would have supplied genuine protection’ (Brown, 2012, p. 40). Brown argues that vulnerability is not a choice, ‘... regardless of our willingness to do vulnerability, it does us ... Experiencing vulnerability isn’t a choice - the only choice we have is how we’re going to respond when we are confronted with uncertainty, risk and emotional exposure’ (p. 45) – her definition of vulnerability. This definition aligns with Misztal from the site of unpredictability and dependency, but does not acknowledge irreversibility.

In the case of unwanted pregnancy, choice is made while facing risk and shame. Shame drives an individual into hiding, making interdependency, as defined by Misztal, difficult to achieve. Brown argues that language and story can break its power – but only in relationship. ‘Shame is the fear of disconnection. We are psychologically, emotionally, cognitively, and spiritually hardwired for connection, love and belonging’ (p. 68). Shame is a particularly female role, according to Brown, in terms of who we should be, what we should be, and how we should be. Shame occurs because women particularly are wired to care about connection. The fear of disconnection is the power of shame. Her findings show that ‘... shame is a social concept – it happens between people – it also heals best between people. A social wound needs a social balm, and empathy is that balm’ (p. 75). Brown (2012) identifies ‘mother shame (a)s ubiquitous – it’s a birthright for girls and women’ (p. 87); the expectation of perfection and naturalness: mother, beauty, leader and being a good parent. Fry (as cited in Brown, 2012)
describes the situation in which ‘...options are very limited and all of them expose us to penalty, censure, or deprivation’ (p. 88) with competing and conflicting expectations.

Miller and Stiver (as cited in Brown, 2012), relational/culturists from the Stone Center at Wellesley College, speak about isolation:

... we believe that the most terrifying and destructive feeling that a person can experience is psychological isolation ... (which is) not the same as being alone. It is a feeling that one is locked out of the possibility of human connection and of being powerless to change the situation. In the extreme, psychological isolation can lead to a sense of hopelessness and desperation. People will do almost anything to escape this combination of condemned isolation and powerlessness (p. 140).

Given the need for connection and interdependency to manage vulnerability, Brown’s definition of connection and belonging is useful for this study.

Connection is the energy that is created between two people when they feel seen, heard, and valued; when they can give and receive without judgement. Belonging is the innate human desire to be part of something larger than us. Because this yearning is so primal, we often try to acquire it by fitting in and by seeking approval, which are not only hollow substitutes for belonging, but often barriers to it. Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance (Brown, 2012, pp. 145–146).

Brown (2012) argues that disengagement fuels the loss of connection and belonging that people experience. She also sees it as the primary issue underlying ‘the majority of problems (Brown) sees in families, schools, communities and organisations ...’ (p. 176). Cultures of disengagement and disconnection are not deliberately developed but happen because there is a gap. She says, ‘The gap starts here: we can’t give people what we don’t have. Who we are matters immeasurably more than what we know or who we want to be’ (p. 177). Brown’s mitigation is at an individual level and involves embracing vulnerability as a means of increasing authenticity and depth of relationships, but does not address the structural factors or global influences in an individual’s experience of vulnerability, as Misztal’s framework does.

Misztal asks the broader question: what price are we paying for shutting down and disconnecting as individuals but also as a society? This pertains to a woman facing unplanned and unwanted pregnancy. Societal expectation is that she should self-regulate reproductivity; and failure to do this risks disconnection and disengagement. Shame and the fear of being psychologically isolated and disconnected are powerful forces for her to disengage; but also disempower her. Social expectations about being a good enough mother at a given point in
time merges with Misztal’s concept of Western linear timeline and the vulnerability of an unknown future. Women make the decision about an unplanned pregnancy based largely on timeliness and scarcity. For example, in research completed in 2009, more than half of abortion decisions for unwanted pregnancy are determined on the basis of timing (Rosenthal, Rowe, Mallett, Hardiman & Kirkman, 2009). Abortion itself is a time-pressured decision. Adoption on the other hand is made over time; but to manage that individual choice there may be an increased experience of shame. The scarcity culture Brown describes may contribute to a woman’s sense of unworthiness as a ‘bad mother’ for adopting out – what kind of mother gives her child away? (Freundlich, 1998). Or as Gustafson (as cited in Kawash, 2011) states, ‘... unbecoming a mother—to live apart from biological children—is variously regarded as unnatural, improper, even contemptible’ (p. 983).

I will now explain the comprehensive vulnerability theory compiled by Misztal as well as my reasons for choosing this as the primary tool for researching the subject of birth mother choice.

3.2 FRAMEWORK OF VULNERABILITY, THE THEORETICAL STRUCTURE OF THIS STUDY

Feminist theory has been the cornerstone of discussions about birth and motherhood over the last 100 years. Diverse theories continue to evolve (Tong, 1998) and these provide a backdrop to the current research. However, it is Misztal’s work, *The Challenges of Vulnerability. In Search of Strategies for a Less Vulnerable Life* (2011a) that has provided the framework for the analysis to consider the questions of this research. Misztal addresses the challenges of vulnerability in our modern age, which I argue facilitates an understanding of when and how adopting out has become an illegitimate choice.

Key aspects of Misztal’s vulnerability framework explore relationships between body, self and society, and identify key features of contemporary society. While Misztal’s theory focuses on global and large-scale disasters, such as tsunamis, earthquakes or genocide, it provides an appropriate lens through which to analyse crisis pregnancy. Using links with the feminist theory of the Ethics of Care (previously discussed) among others, Misztal’s approach offers the potential to organise an analysis of the private troubles and public issues of choice in unplanned pregnancy for those who do not wish to parent (Mills, 1959). In particular, it can be used to consider the choice to adopt out in the context of three domains: dependency, the unpredictability of life, and the irreversibility of past actions.
3.2.1 REPRODUCTIVE CHOICE

Reproductive choice is a relatively new term that has been advanced since second wave feminist ideology erupted in the 1970s. Feminist rights discourse merged with economic neoliberal ideology, effectively decoupling sex from reproduction (Shaw, 2007), fragmenting traditional motherhood identity and commodifying the reproductive agenda in Australia in the 1960s and ’70s (Hartouni, 2004; Tong, 2009). Rhetoric shaped the notion of choice in market terms: for a woman to be realistically equal and able to compete with a man in the workplace she ought to be able to choose ‘not to be pregnant’ at any moment in time. Studies about embodiment began to emerge, together with changing reproductive options, such as ART, and a debate identifying both the biological and structural composition of family ensued (Miall, 1996; Tong, 2009). Arguably, the neoliberal language of autonomy and personal rights has also strongly influenced perceived options in unplanned pregnancy. ‘Choice’ has become embedded in the notion of ‘my private property (baby) and my body’ (Woliver as cited in Hartouni, 2004), made more complex by cultural, social, economic and political constraints (Smyth, 2002). Previous work has failed to identify the vulnerability in which an individual woman with an unwanted pregnancy actually makes her ‘choice’ within the constructs of Western society.

The subject of foetal rights has recently carried more political weight and public attention in the US, impacting election outcomes in 2012. However, some feminists, such as Smyth (2002) and Cornell (1995), reject the notion that the foetus or the birth father has any claim to any determination of the pregnant woman’s choice. Others, such as Petschesky (as cited in Smyth, 2002), argue that ‘rights’ discourse lets men and society out of any responsibility for reproduction. Swain and Howe (1995) concur, saying that historically ‘Men (bear) ... no visible evidence of their indiscretion (and can) ... make their escape without facing major disapproval’ (p. 56).

A fresh approach to the subject of unplanned or crisis pregnancy, as it relates to choice, is through Misztal’s lens of the sociology of vulnerability, that is, the concepts of dependency, unpredictability and irreversibility. This research presents the vulnerabilities experienced by a birth mother when she adopts out and illuminates how and on whom she is dependent. All humans are dependent to a greater or lesser degree on others for the whole of their lives; however, in crisis, dependency is exacerbated. The second aspect of vulnerability is
irreversibility, specifically of past trauma – which leaves individuals exposed (Misztal, 2011a) I consider evidence of changing policy and public discourse and the impact on a birth mother’s exposure and sense of legitimacy in choosing to adopt out her child in Australia today. The unpredictability of life is the third aspect of vulnerability presented by Misztal. Unplanned pregnancy is initially a site of uncertainty and anxiety where the outcomes of choices made are largely unpredictable. This research explains how a birth mother making a choice to adopt out is affected by risk, anxiety and unpredictability. I will now take you through these three primary concepts in Misztal’s theory of vulnerability and explain the importance of her framework as my guide in investigating this research topic.

### 3.2.2 DEPENDENCY

According to Misztal (2011a), individualisation and globalisation are features of late modernity. Individualisation is defined by Beck (as cited in Misztal, 2011a) as the way in which ‘the standard biography becomes a chosen biography, a do-it-yourself biography, which expands unconventional personal choices’ (p. 84). People ‘cope alone with conflicts and risks’ (p. 84) and so vulnerability increases.

The modern West is less comfortable with the idea of dependence and the inevitable responsibilities that naturally occur with it (Misztal, 2011a). Further ‘... it is a part of the human condition that our autonomy occurs only after a long period of dependence, and that in many regards, we remain dependent upon others throughout our lives’ (p. 69). In her book, *Living Mistakes*, Inglis (1984) provides context for the current research in her comment: ‘A woman with ... an unplanned pregnancy and no family support is very dependent on community attitudes for survival’ (p. 5). The private world of vulnerability in which unplanned pregnancy exists exemplifies the dependence that all human beings experience on others for most of their lives, sometimes involuntarily (Misztal, 2011a). Misztal proposes that responsibility mitigates the challenges of vulnerability caused by dependency. While for some this is never possible, for most, interdependence means accepting responsibility or ‘remedial responsibility’ for those who are dependent (p. 8).

Misztal (2011a), referring to disability, presents the conflicting nature of private trouble with that of social responsibility, reflected in dependency and physical vulnerability. She argues, ‘a political order that presumes only independence and autonomy as natural in human life overlooks a great deal of human experience’ (p. 68). Sevenhuijsen (as cited in Misztal, 2011a) says ethics of care does not concern itself with rights alone, but also responsibilities, as Kymlicka also found. The ramifications of this are both political and social, for example,
responsibility for global poverty is on every shoulder as each citizen supports institutions that cause and maintain it (Pogge as cited in Misztal, 2011a). As Woliver questions, what kind of moral and political consequences might there be if we situated care for dependent others as the core of our decision making? (Hartouni, 2004). In terms of reproductive choice and, in particular, adopting out, what responsibility do Australia’s institutional, political and social frameworks accept in influencing normative choice in unplanned pregnancy?

The ‘rights’ discourse intended to empower women may, effectively and potentially, alienate those experiencing unplanned pregnancy with an expectation that they make their choice and manage in isolation. Past adoption practices stigmatised and isolated young women from their community and, in turn, from their baby, perpetuating a culture of shame and secrecy. Is it possible that in the future the contemporary normative practice of abortion as pregnancy resolution, which largely isolates women to experience abortion alone and in secrecy, may produce similar socio-historical outcomes? How state and society manage the vulnerability of a pregnant woman who may choose to adopt out her child is evidenced by the discourse, support and provisions available to her or the regulation, barriers and suspicion afforded her, because she is largely dependent on them.

### 3.2.3 Unpredictability

Misztal’s second point of vulnerability is unpredictability, which challenges the notion of empowered individualism, particularly pertinent in crisis pregnancy. How a society and individuals within it manage unpredictability reflects their ability to cope with the challenges of vulnerability. Misztal argues that part of the power of vulnerability comes from humans seeing life in a linear timeline. Unpredictability causes fear and insecurity (Misztal, 2011a) and the inability to predict the future, as Twenge (as cited in Misztal, 2011a) suggests the emergence of ‘the age of anxiety’ where human fragility creates a sense of risk and precariousness, which is largely ‘unavoidable’ (p. 75).

Misztal addresses the consequences of two contemporary Western factors: the insecurity of employment, and modern individualism, which threatens social bonds. The breakdown of social fabric in the decline of family bonds is directly related to individualism and with economic vulnerability is intensified, with the state ‘losing its capacity to protect citizens’, according to Bauman (as cited in Misztal, 2011a, p. 77), making people more fearful. Misztal argues both economic and social structures have created a culture of insecurity. In turn, this has changed the level of vulnerability experienced as a social phenomenon, impacting private lives and perceived choices. Unregulated markets result in people becoming increasingly
dislocated ‘... physically, psychologically and morally, people in order (to) protect themselves against these negative consequences of the market, engage in a struggle over employment security’ (p. 78). A woman with an unplanned pregnancy fears social and economic outcomes as a result of her choice, creating a sense of fragility. The threat of unemployment or losing a career opportunity due to pregnancy creates unequal pressure in the workplace as she effectively competes equally with her male colleagues. This is the crux of the feminist argument. For equality to occur, she ought to be able to choose ‘not to be pregnant’, as a man does. The choice to adopt out has additional complications with many unknowns.

Relevant to crisis pregnancy and the responsibility to make choices, it is ‘commonly observed that at present people are left to cope with risks and vulnerabilities by themselves’ (Misztal, 2011a, p. 83). As discussed earlier, the loss of a moral compass in modern Western culture has resulted in pressure to ‘conform and perform’ without adequate emotional support or clear guidelines (p. 84). As Twenge (as cited in Misztal, 2011a) reports, increasing levels of anxiety and fear in American society today are linked to the reduced levels of ‘social bonds and attachment to other human beings’ (Misztal, 2011a, p. 85).

To mitigate the sense of vulnerability experienced in unpredictability, based on Arendt’s work in the 1950s, Misztal proposes the notion of promise, which can stabilise uncertainty about the future and provide a sense of security and hope. Though Arendt presents reciprocal promises as foundational to equality and a removal of domination, the fact that individuals can give and others take presupposes inequality. The alternative is a 19th century contract, which does not engender trust and relationship, and tends to discourage altruism. Misztal suggests the concept of ‘Promising ... (as) a way of reducing the precariousness of existence ... (as) ... a future oriented commitment ...’ (2011a, p. 8) to reduce anxiety caused by the unpredictability of life. It is possible that women make reproductive choice to try to control what is vulnerability in its essence, the unpredictability of their circumstance, to attempt to mitigate risk. Unexpected events, such as pregnancy, occur after all as part of normal life and sexual activity. Promises based on relationships rather than contracts may mitigate the experience of vulnerability in view of an unknown future in the context of unplanned pregnancy. Open adoption practices today, which promise relationship with birth mother and the child she adopts, may mitigate some anxiety.

The final component of vulnerability is irreversibility; Misztal’s question of how to come to terms with actions that cannot be retrieved or relived.
3.2.4 IRREVERSIBILITY

Misztal’s third focus in her framework of vulnerability is the irreversibility of actions. This obviously relates to the fact of an unintended pregnancy. Though the myth was perpetrated in the 1970s that sex could be divorced from reproduction, the ‘choice’ not to parent is made in a position of being pregnant, a situation that is not reversible and cannot be relived. When a traumatic event occurs, Brison (as cited in Misztal, 2011a) argues there is a sense of lack of control, decreased self-respect, and decline of self-cohesion and fragmentation, which can result in emotional damage. For some women, pregnancy can induce these responses, for others the subsequent choice of abortion and/or adopting out can. But as Misztal argues, when people suffer fragmentation and sense of being out of control, this can impact on society; people can feel ‘interrupted’ (2011a, p. 98).

Misztal argues that memory is an important part of moving forward when confronted by irreversible actions. However, memory on its own can leave those traumatised lost in an unredeemable quagmire or a desire for revenge which ultimately provides no peace. She suggests that forgiveness is the remedy, as wounds from past mistakes will continue to undermine relationships (p. 8). For birth mothers who have experienced past closed and coercive adoption practice, this is pertinent but also true for those who have experienced coercive abortion practice. Research shows the legitimacy of post-traumatic stress disorder in women from both experiences (Winkler & van Keppel, 1984; Coleman, 2011).

Digeser contends forgiveness ‘settles past claims in such a way that the past does not longer legitimately hunt the future’ (as cited in Misztal, p. 104). The difficulty with the concept of forgiveness is that it is traditionally a religious construct, but Griswold (as cited in Misztal, 2011) suggests it can be a secular virtue. It is defined most frequently as:

a willingness to abandon one’s right to resentment, negative judgment, indifferent behaviour toward one who unjustly injured us, while fostering the undeserved qualities of compassion, generosity and even love toward him or her (Enright, Freedman & Rique as cited in Misztal, 2011, p. 106).

This concept might be applied to the intrusion of an unplanned pregnancy for a woman who does not wish to parent. Though the foetus did not willingly intrude on the woman, the woman may feel violated by the presence of the foetus. Forgiveness toward the foetus, the father and herself may engender qualities of generosity and compassion and an ability to face the challenge of the irreversibility and unpredictability she cannot avoid. According to Braithwaite, restorative justice has commonality with forgiveness, engendering a benevolent feeling or attitude towards the offenders as a person (as cited in Misztal, p. 107). ‘The faith in
forgiveness lies in the humanity common to both the offender and the victim, and the capacity of the offender to be better than his/her action’ (Ricoeur as cited in Misztal, 2011a, p. 110). Perhaps, as Misztal argues, forgiveness is a remedy that ‘carves out a space for diversity and therefore also increases the possibility of restoring harmonious relations between previously divided people and communities. Forgiveness ... is not just a response to the temporal structure of action but also an effort at enhancing justice and creating bonds of cooperation’ (p. 114). The range of action must incorporate national entities involved in any coercive practices, including government, with apologies and recompense for past actions in order to truly encompass the scope that this concept engenders.

CONCLUSION

The picture of human reproduction in the early 21st century is grey, not black and white. While some issues, such as surrogacy, are receiving sociological evaluation, old sub-themes such as eugenics (who is worthy of life) continue to play a significant role in who has a right ‘to be’ and who does not; who has a right to choose and who does not; and which choices are appropriate and which are not. Those with the most money, power and influence are more likely to be heard in their wishes regarding reproductive decision making. Inherently, they are less vulnerable. The links between commodification and reproductive choice, politics and power, coupled with the complex notions of altruism warrant further socio cultural moral reasoning by society as a whole, so that reproduction policy is formed holistically as it regards modern day sectors such as surrogacy and ART, but also modern conceptions of the age-old institution of adoption. One thing is clear, pregnant women who do not wish to parent are vulnerable, regardless of wealth and power, and are dependent on the ever-changing and unpredictable nature of political will, social acceptance, cultural context and moral assumptions in their decision making. Their choice, or their lack of choice, is irreversibly defined for their baby and themselves - for life.

As I have outlined, there are many useful theories and studies to provide a guiding light to this politically charged subject. I have chosen Misztal’s framework of vulnerability for its comprehensive approach to analysis of the social conditions in which adopting out could be perceived as a legitimate choice by a pregnant woman who does not wish to parent in contemporary Australia. Most previous research contributes to the knowledge of birth mothers' stories of loss and grief in passed coercive practices as well as their experience of stigma. This research seeks to make a contribution to research by looking at the social discourse impacting women carrying an unintended pregnancy and how this may affect their experience of vulnerability and subsequent choice to resolve their pregnancy. While previous
reproductive choice research is firmly embedded in feminist theory and psychological theory based on individual experience, this research will approach the subject within the framework of social vulnerability: the experienced vulnerability of the individual in the context of her micro relationships, meso supportive or unsupportive legislative environment and macro level of ideologies and global influences.
4. SOCIAL DISCOURSE ON ADOPTION AND BIRTH MOTHERS’ STORIES – STUDY DESIGN

4.1 BIRTH MOTHERS’ STORIES – STUDY DESIGN

A qualitative and case-centric two-phase study design was chosen for this research incorporating both in-depth interviews with birth mothers and focus groups with members of the public with an interest in adoption. As Barbour (2008) argues, these methods are excellent at ‘capturing the multiple voices of different actors engaged in some aspect of social behaviour’ (p. 47). As this research is particularly interested in the social attitudes towards reproductive decision making and its effect on pregnant women who do not wish to parent, and the kind of social context in which adopting out might be considered a legitimate choice, a two-phase qualitative method was considered the most useful methodology to achieve this comparison of the private in the context of the public. Public and private voices have been analysed in parallel (Barbour, 2008), which is a unique approach in Australian research on adoption thus far. The in-depth interviews provided the topics for the focus group questions; responses from the focus groups helped define questions for birth mother in-depth interviews; the interviews provided depth for analysis of the focus group findings (see Figure 4.1). In this way the private informed the public and vice versa.

![Figure 4.1 Public and private voices](image-url)

This approach allowed for data to be elicited to answer the research questions (see below), and discover from birth mothers who recently adopted out how they experienced community
attitudes toward their decision in sites such as school, hospital and in the wider community, and how they experienced the attitudes of significant others. Their responses also informed questions for the focus group participants. From attitudes expressed in the focus groups, further understanding and clarification was sought from birth mothers in order to develop a contextual analysis on the subject of pregnancy resolution made by women who did not wish to parent and the culture in which they made their decision.

Shame, stigma and the history of silence regarding adoption and abortion, coupled with the polemic ‘reproductive rights’ agenda, make adoption and abortion difficult subjects to speak about individually let alone in a group. Neither of these topics is generally discussed in conversation at Australian dinner tables, and to gather groups of people previously unknown to one another to converse on these topics had particular challenges. There were also challenges associated with the groups who had some connection, for example the adult adoptee advocacy group, and there were some members of the adoptive parent group who also knew one another informally. These groups were more inclined to engage in social desirability responses (Barter & Renold, 2000) or responses participants feel are expected of them. However, as Pollack (as cited in Barter & Renold, 2008) suggests, ‘a mixture of focus group discussions and one to one interviews is most appropriate … where issues of power and disclosure are amplified’ (p. 44). The facilitation of the groups was crucial to the successful engagement of participants.

The intention of the first phase of the design using in-depth interviews was to listen to the voices of women who have experienced adopting out in recent years. This also assisted in building a framework for questions for the second phase: focus groups made up of members of the public with an interest in adoption, on the perceptions of reproductive choice pregnant women make when they do not wish to parent. In-depth interviews provided an understanding of the lived experience of birth mothers who have adopted out, and to what extent and in what ways social attitudes impacted them. In addition, how culture, legislation, media, community attitudes, and significant others essentially influenced (or had no bearing on) their decision making and actions relating to unintended pregnancy.

This research is related to grounded theory, in which hypotheses are developed and, as data are collated, theory developed inductively. Grounded theory is a term for analysing in-depth interview data, looking for patterns and meaning, and developing themes that come out of the interview, rather than deciding in advance what those variables would be. It provided a fluid methodology (Curtis, 2011). Many researchers refer to this process of data analysis as
'calculated chaos' (Lofland & Lofland as cited in Liamputtong & Ezzy, 2005, p. 43), due to the constant development of variables.

This research addressed the following questions:

1. How do the negative and positive depictions of adoption and adopting out influence a pregnant woman who does not wish to parent?
   a. What is the predominant media story about adopting out and what influence does this have on the decision-making of pregnant women who do not wish to parent?
   b. What is the prevalence of macro and micro representations of adopting out and abortion in Australian academic journals and textbooks?
   c. Is there an incompatibility between the concept of choice, new motherhood and adopting out a baby?

2. What circumstances are required for a pregnant woman who does not wish to parent to consider adopting out as a legitimate option?
   a. What are the interconnections that shape the cultural construction of adopting out?
   b. Can the issues of past coercive adoption practice be separated from a context in which adopting out may be experienced as a genuine choice?
   c. When does a birth mother who does not wish to parent identify her foetus as a baby, and how this might influence her decision to adopt out?

3. What influence does the state have on the normative choices made regarding adopting out?
   a. Do state apparatus and regulatory structures promote one option over another in decision-making for a pregnant woman who does not wish to parent? How?
   b. Are there legislative, policy or practice barriers that make adopting out an 'unchoice'?
   c. How dependent on state apparatus, community favour and public opinion, and significant others’ support is a pregnant woman who does not wish to parent? How does each influence her resolution?
4.1.1 PHASE ONE: IN-DEPTH INTERVIEWS

The first phase of this research design incorporates in-depth interviews with birth mothers who considered they had adopted out by choice. Methodologically, there are positive benefits of in-depth interviews particularly when linked with focus groups, as discussed (Curtis, 2011). The interviews informed questions for the focus group work by providing a deeper insight and understanding of the subject from those who have lived it. In-depth interviews gave me the opportunity to encourage the participant to reflect on or articulate ideas maybe for the first time or in a new way. However, this is not to say the participants did not come with their own set of beliefs, agenda, understanding and perception of the issues that I then sought to draw out. Arguably, interviews may be more manageable than focus groups, as rapport with one person can be less complex (though not guaranteed), than managing a larger group dynamic. Greater flexibility and flow is possible in interviews with themes introduced as questions, which can be creatively added as the interview progresses. Participant comfort was of paramount concern, and when disclosure occurred, it needed to be sensitively managed (Curtis, 2011). Given the theoretical lens that was used for this research, the vulnerability framework, issues of power imbalance were keenly noted and self-reflexively managed.

While a 'non-directive' method of interviewing in order to minimise bias is admirable (Rogers as cited in Curtis, 2011), contemporary research shows it is futile and, at worse, counterproductive. It is healthier to understand that internal and external differences between interviewer and interviewee are inherent in research, and rather than a neutral observer or prompt, the interviewer is an active participant (Ellis & Bochner, 2000; Liamputtong & Ezzy, 2005; Curtis, 2011). Harrison argues that power imbalance between the researcher and the researched is a reality to be acknowledged, even as women for women. She exposes the myth of ‘detached objectivity’, confronting the notion that even feminist researchers, ‘… (are) trading on our identity – as a woman, a professional’ (Finch as cited in Harrison, 2011, p. 220).

Research relationships are potentially exploitative because of the control a researcher has over the finished product. To pretend anything less in terms of power differential is neither honest nor helpful. Even so, every effort has been made to not misrepresent or disrespect anyone.

4.1.2 DATA COLLECTION OF IN-DEPTH INTERVIEWS

To begin any in-depth interview it is important to put the interviewee at ease. This was achieved through an introduction to the purpose and process of the research explained in information sheets given to all participants (Appendix I) and to assure that there were no correct or incorrect answers (Curtis, 2011) or, as Gabb (2008) advises, that there were no
'accurate or inaccurate' views (p. 57). The information sheet included a description of the audio equipment to be used and the security of the data and where it will be stored. The Consent Form and privacy documents (Appendix II) were read and signed before the interview began. Each interviewee was offered a copy of the transcript of the interview when completed, and asked for any feedback by a certain date. Each interviewee was assured of anonymity and offered a copy of the thesis once completed. The interviewee was informed of her right to withdraw from the process at any time and to withhold her interview if she chose to up until a specified date (see Appendix III).

In-depth interviews have specific challenges and, for this research, the sensitive nature of this topic needed to satisfy ethics requirements. Another challenge was the development of an interview guide consisting of open-ended questions, which evolved and needed to be reined in to stay on topic. As the interviews were unstructured, a general question began the process, such as: 'Would you like to tell your story in your own words before I ask you questions?' This allowed the participant to begin at whatever point and at whatever emotional level she wished to. Further questions invited clarification and elaboration. ‘Who, how, what, when and where’ questions elicited this (see Appendix IV The Birth Mother Protocol for the questions and format).

4.1.3 MANAGING THE DATA

Curtis (2011) suggests the researcher complete the following tasks when interviewing a participant:

1. Make notes including the tone of voice used or body language, and other nonverbal cues.

2. During the transcription ... or as soon as possible following, the researcher is encouraged to attach additional reflections.

3. During and immediately following the interview, the researcher ought to journal. To use it as an intermediate step between data collection and analysis.

Collecting the data from the interviews and the focus groups has been discussed in terms of pragmatics; however, for the most thorough approach, the raw data was reviewed following the recordings, including a review of the body language and non-verbal cues given by participants during the recording. In addition, reflection about the potential causes of these cues, such as values or belief systems held by a cohesive focus group, were considered. I spent
some time reflecting on the interviews immediately following the sessions and wrote notes to consider in the analysis stages.

### 4.2 RESEARCHING SOCIAL DISCOURSE: DESIGN OF FOCUS GROUPS

Focus group research provided a pseudo natural setting for conversation for the purpose of data collection (Curtis, 2011). Some suggest focus groups have the ability to provide insight on the collective view of highly sensitive subjects (Wilkinson as cited in Curtis, 2011). Despite this, it would be simplistic to assume the natural setting cultivated even by a skilled moderator is anything more than an artificial science lab, with many challenges to understand the social world in social research (Curtis, 2011). As a somewhat pragmatic social researcher, I find focus groups sit comfortably within the social realist epistemology, because of the acceptance of limitations to objectivity and the reality of subjectivity and how this impinges on interpretation of data by both participants and researcher. As a social worker, I recognise there is an imbalance of power between the researcher and those researched, and I accept the reality that there are various interpretations of meaning in any data collection. However, within the bounds of cultural relativism, I sought to be diligently reflective (Ginev, 1998; Denzin & Lincoln, 2005; Liamputtong & Ezzy, 2005).

The case-centric and inductive approach provided by in-depth interviews and focus groups, delivered a natural and necessary flexibility in design and an ability to focus on a particular group of participants who gave rich and detailed data on the topic. This was reasoned through questions that defined variables for thematic analyses within the chosen framework of vulnerability.

#### 4.2.1 PHASE TWO: FOCUS GROUPS

Focus groups or ‘in-depth group interviews’, as Gabb (2008) describes, offer a case-centric approach to data collection led by a moderator in a semi-conversational style in a group setting. Used in this research design, it enabled the collection of contextualised data, both individual and 'collectively held beliefs and attitudes' (Curtis, 2011, p. 104). As Finch (1989) suggests, focus groups provide an acceptable means of talking about the private in public. Therefore, it is useful for discussing topics not normally present in day-to-day discourse in an environment focused on a specific topic within a limited time frame, and with members who self-select into the process. Although focus groups are not usually recommended for sensitive subjects, two factors alleviated awkwardness in this study. The use of video vignettes helped participants engage in the topic as one of many observers who watched the excerpts together,
giving and sharing experience as a platform for discussion. Also, the coalition of members within the groups, as affinity groups such as the adoptive parents or the young religious academics or the adult adoptee groups, resulted in a sense of cohesion among those with shared experience. Within this setting, unexpected additional material arose, as individuals in the group reflected and clarified their own views as part of the collective (Curtis, 2011). When the participants were asked questions, they answered independently and anonymously through the selected technical data collection device Zing™, which will be explained shortly.

Curtis (2011) argues focus groups are case-centric because each group is a singular entity with multiple variables and values, identified through conversation between the moderator and the participants. While focus groups could be considered deductive, in the sense the moderator determines the topic and facilitates with a clearly detailed set of questions; in reality there is little room for inductive development due to time limitations (Curtis, 2011).

4.2.2 ETHICAL CONSIDERATIONS

There are significant ethical considerations in researching with focus groups on sensitive subjects when there is any sense of personal threat involved. Each person who participates in the focus group has their own reproductive history or connection to someone close who may have made difficult choices. The subject of pregnancy choice is highly political and some have high emotional investment in it, from a political or ideological perspective or from personal experience. This required sensitive, thoughtful and respectful facilitation by me as the moderator. This role will be addressed shortly.

4.2.3 SOCIAL DESIRABILITY

Clarification and reflection in the context of the collective is a necessary part of managing ‘social desirability responses’. Barter and Renold (2000), who explored the application of vignettes in qualitative research with children and young people, suggest when participants recognise they are ‘on record’ they are more inclined to emit ‘the least common denominator of morality which is the public morality – a common strategy designed to offend the fewest possible people’ (p. 313). This can also be referred to as the public versus private account (Finch, 1989) or the socially acceptable version (Hughes, 1998). To manage the problem of social desirability in this research, anonymity was fostered with the use of Zing™, a computer-based data collection instrument that comprises both software and hardware and permitted participants to answer questions anonymously. This will now be discussed.
4.2.4 ZING™

ZING™ is designed to collect individual ideas simultaneously, and to collate the data and allow analysis for immediate reporting. ZING™ ensures all voices are heard equally, as each person types using a keyboard, producing unidentified words onto a screen. All responses are recorded with no deference for one over another. The ZING™ instrument provided rapidity of data collection, additional to focus group data generation, which is acknowledged for efficiency, with transcripts of the focus group occurring simultaneously in the group session.

One of the hazards of focus groups, ‘group think’, can largely be alleviated with the use of ZING™ as it allows for ‘member checking’, a process that involves the whole group both identifying and agreeing on the main themes that evolved. In this way, both the individual and the collective voice are reported.

Each participant had a computer keyboard linked to a shared screen, where everyone could see all data input instantaneously but in a de-identified form. The larger the group, the less identifiable were the responses because it was harder to link the typing back to a single writer. Computer literacy was not a requirement and confidence was built with practice on the keyboards prior to the focus group beginning. The benefits of ZING™ compared to typical focus group work are that it reduces the possibility of the dominant voice and gives equal access to data driving.

Each group was limited to nine ‘voices’ as there were only nine keyboards available. The ZING™ instrument provided flexibility by allowing collation of data while simultaneously providing another layer of questions in the semi-structured process, giving an opportunity for greater
richness and depth of data. Individuals could answer as many times as they wished. Typing was ceased by the moderator instruction once respondents had almost stopped typing by volition, thus reaching a point of saturation.

4.2.5 VIDEO VIGNETTES

This research used selected scenes from the film Juno (Halfon, Malkovich, Novick, Smith & Reitman, 2007) as vignettes. Juno is a Canadian fictional film about a pregnant teenager who does not wish to parent and her subsequent decision to adopt out her baby. The film is directed by Jason Reitman, and written by Diablo Cody, starring Ellen Page, Michael Cera and Jennifer Garner. This film conveys a culturally alternate inside look at the choice of adopting out. The justification for the use of a Canadian film was made in consideration of similarities between Australian and Canadian cultural history, as a Commonwealth nation with similar cultural democratic values and a traumatic history of past adoption practice and a parallel journey of the stolen generation. Despite these similarities, Canada does not experience negative attitudes to adoption (Miall, 2006) as Australia appears to (Senate Standing Committee on Family and Human Services, Hansard, 2005). Thus, there is a very ‘ordinary life’ sense about the depiction of adopting out as a choice in this film which makes it particularly useful to engage in the research questions.

My hope was to take ordinary Australians, with or without some connection to adoption, to a place where adopting out was not attached to the trauma of our national past, but rather culturally normative. As Juno is not overly ‘Hollywoodised’, I considered it presented as more believable. I could not find another film that steps into the shoes of a birth mother who willingly chooses to adopt out. Selected scenes from Juno were played and paused to allow discussion and the opportunity to express views about this choice.

Each focus group session was structured and began with an overview of the topic and a series of prepared open questions about a favourite movie, which were presented on the shared screen to stimulate discussion. The data collection instrument Zing™ was explained and each participant had an opportunity to practise using their own keyboard. When they had finished writing their thought, they pressed ‘F9’ on their keyboard, and their input was pasted to the shared screen chronologically and anonymously. Once participants felt comfortable with the process, the formal questions began, with brief introductions to selected vignette clips from the film Juno (Halfon et al., 2007). After each excerpt, questions were illuminated on the screen for the group to consider, discuss, and then type their own thoughts and responses.
Following this, I led the group to thematically analyse the common responses. This discussion was then summarised by the technician as agreed ‘themes’.

As each group engaged willingly and sometimes emotionally in the focus group settings, I have concluded the video vignettes successfully engaged the participants in the subject of adopting out in a contemporary setting. Vignettes generally involve the reading of a short story or scenario, or less commonly watching excerpts of videos, and asking participants to answer questions relating to the actors in the story and how they might act if they were in the story. The video vignette provided a standardised 'case' for comparison between focus groups, catalysing a discovery of language, reasoning and beliefs (Wilks, 2004). It was important to hear the voices of members of the community and the language individuals used as they discussed the context in which young women confronted by unintended pregnancy make their decisions today. Vignettes typically offer flexibility and creativity of design, and the ability to depersonalise a subject to allow participants to express individual and group values, beliefs and attitudes on sensitive, even taboo subjects, even beyond their own circumstances (Finch, 1989; Hughes, 1998; Barter & Renold, 2000; Hughes & Huby, 2002; Jenkins, Bloor, Fischer, Berney & Neale, 2010). Vignettes can illicit individual responses where even children and young people are able to give their own 'definitions, perceptions, experiences and evaluations …' of sensitive topics (Barter & Renold, 2000, p. 307). They are considered a less threatening means to discuss difficult subjects, with no self-disclosure necessary (Wilks, 2004). The 'continuous narrative' or developmental form of vignette was used for this research, where the film was paused and participants were invited to comment at various stages of the story (Jenkins et al., 2010).

Video vignettes, while not a traditional vignette, offer rich and stimulating material that provides the opportunity for people to 'grasp the situation and identify themselves' in it (Eskelinen & Caswell, 2006, p. 499) and, therefore, facilitates participants’ engagement in the research process (Barter & Renold, 2000). This was important in the context of this topic, which had the potential to initially generate awkward or conflicting feelings in participants. In this sense the video vignettes freed participants more than traditional written vignettes.

Though few papers have addressed the methodological technique of vignettes in social research (Schoenberg & Ravdal, 2000), the literature available shows the vignette is able to determine ‘… how meanings, beliefs, judgements and actions are situationally positioned’ (Barter & Renold, 2000, p. 308), with a capacity to explore participants’ subjective belief systems through ‘… stories about individuals, situations and structures which can make
reference to important points in the study of perceptions, beliefs and attitudes. The scenarios depicted in the stories can take the form of “moral dilemmas” (Hughes, 1998, p. 381).

Having said this, the use of vignettes was a challenge for analysis as the interpretation of data is reliant on the plausibility and credibility of the hypothetical scenarios. It is broadly agreed that the more a vignette represents real life with believable storylines, the more effective the representation of authentic dilemmas (Eskelinen & Caswell, 2006); however, even less realistic vignettes can elicit important material, according to Wilks (2004). The use of the video selected for this research was critiqued by one group for being a comedy and an inappropriate medium for discussing such a serious issue; raising the question of how responses elicited to the hypothetical situation provided understanding of the complex nature of the particular social phenomena being studied (Jenkins et al., 2010). However, the effectiveness was evident by participants’ abilities to engage with the material and respond. If this occurs (which it did in all groups) there is, according to Eskelinen and Caswell (2006), the possibility of a large volume of reflection and analysis.

The greatest challenge in using vignettes was identifying the missing link between belief or talk and action, as Hughes (1998) states ‘we do not know enough about the relationship between vignette and real life responses to be able to draw any parallels between the two’ (p. 384). If vignettes are designed to replicate real life, they are limited; however, as an interpretation and provision of real life context, they can be useful. Vignettes offer the opportunity for individuals to unpack their perceptions, beliefs and attitudes by drawing out data on the socio-cultural realm they live and relate in (Gabb, 2008). For the groups with a personal connection to adoption as adult adoptees or as adoptive parents, there was no generalisable pattern of responses. Some members of one adult adoptee advocacy group were intensely upset by the comedic nature of the movie, but this also gave them the opportunity to say why they objected to its use, and express their significant grief about adoption more generally. However, adoptees from the other unconnected group were able to consider their own story and reflect on the questions in a non-defensive manner. The adoptive parents were able to discuss the questions raised.

Vignettes as a research instrument are not without criticism, the most common being the lack of interactivity and opinion sharing. This was generally successfully managed however, through the focus group setting and the use of the Zing™ instrument. The anonymity fostered offered freedom for individuals to give opinions without fear of what others may think. While several researchers distance themselves from the view that vignettes can imply real life responses,
because stories lack the context in which people’s real lives are lived (Hughes, 1998; Barter & Renold, 2000), it is generally agreed that vignettes complement other methods such as in-depth interviews (Barter & Renold, 2000). Though vignettes cannot fully represent the complexities in real life, they are not entirely short of reflecting the relevant dilemmas of a subject (Eskelinen & Caswell, 2006). Embedded issues and tensions can be identified and engaged in, especially if the video, as in this instance, is believable and plausible.

4.3 FINDING RESPONDENTS

The first phase of the research incorporated in-depth interviews with participants who were recruited through purposive sampling, looking for ‘information-rich cases’ (Patton as cited in Curtis, 2011, p. 52). The two key criteria for birth mothers to participate was that their adoption process had been recent (since 2009) and they had not felt coerced to relinquish their baby. The reason for this somewhat narrow sample is to try to distinguish between the coercive experience of relinquishment and birth mothers who felt they freely chose to do so. As this was identified by only five per cent of 505 mothers in Kenny and colleagues’ recent research (2012), this proved a challenge. As Australian adoption numbers are small, post adoption support centres were contacted to seek assistance in finding mothers who would fit this criteria. Birth mothers were also recruited using snowball sampling where participants were asked to suggest someone else they knew who might be interested (Curtis, 2011). In each case, a third party gave information to a potential recruit and invited them to participate on my behalf. Ethics prohibits the researcher to make contact until there has been confirmation of the person’s interest, to reduce any coercion or sense of obligation to participate.

The sample for the second phase of the research, the focus groups, was representative (see Appendix VII). There were four groups identified to fit specific criteria: two groups of adult adoptees; a group of academic, religious women under 35 years of age, and a group of adoptive parents. These people provided expertise from different social, religious, gender, socioeconomic, educational and experiential backgrounds. The focus groups were sought from four locations: one group of adult adoptees responded to advertising in the researcher’s local regional community in Victoria; another group of adult adoptees was recruited from an advocacy and support group in a capital city; the educated religious women under the age of 35 years were recruited from a university setting and a Christian lobby group in another capital city; and the group of adoptive parents were recruited from a different capital city where the
researcher has a family contact who is an adoptive parent and who invited parents from their network to participate, though they themselves did not.

Participants were also invited through newspaper articles, radio interviews, group emails, university emails, local clubs and privately by word of mouth. Radio interviews and local television news gave opportunities for non-selective participation. Through these media, the research could be explained and interest gauged among community members. Advertising to recruit participants for the second group of young religious academics was via the intranet system at the Australian National University in Canberra and the Australian Christian Lobby. Only those over the age of 18 years were accepted to participate due to the sensitive nature of the subject matter. Invitations to participate in the research were sent to all interested parties to distribute (see Appendix V).

The focus groups consisted of ‘affinity groups’, or groups with individuals who had similar experience, values, age or gender, in order to maximise the comfort of participants in the group. The researcher melded the groups on the basis of data provided by the participant in answers to questions developed to define particular affinities. Some groups had a greater degree of affinity, which appears to have influenced evidence of social desirability in discussions.

4.4 DATA COLLECTION METHOD

There were five steps to prepare for this research: the preparation of the research topic, attaining ethics approval, recruiting an appropriate sample of participants, gathering data and managing it, and performing an analysis of the data. The vignette focus group sessions began with an introduction and outline of the research, thanking participants for their involvement. The time allocation and format for the two-hour focus group and a description of the data collection tool and process will now be explained. Group members were asked to sign a consent form (see Appendix IIB) and an information and confidentiality agreement (Appendix I). All participants were encouraged to contribute their views and opinions, and were advised that there would be no ‘right’ or ‘wrong’ answers. Withdrawal forms were also offered for participants at the time of the focus groups, should they wish to withdraw from the research within four weeks after the focus group (see Appendix III). All participants were asked to complete a socio-demographic information sheet at the time (see Appendix VI).
4.4.1 THE MODERATOR

The role of moderator is essential to the success of research enquiry with group work. Effectively facilitating focus groups requires respectfulness and open mindedness, leadership skills, observation skills, patience, flexibility and self-confidence (Liamputtong & Ezzy, 2005; Curtis, 2011). The moderator must be aware of group dynamics and potential ‘social desirability’ issues resulting in false consensus, and be able to manage any power imbalance that may arise. The researcher requires skills to explore differences of opinion, to probe deeper and to discern meanings of opinions. The moderator must also be self-reflexive and aware of personal emotion and belief conflicts that may arise.

In one group there was significant undercurrent and overt expression of anger about adoption as a subject, so it was important that I, as moderator, was mindful and self-reflexive in order to manage it. While complete impartiality is highly unlikely (Denzin & Lincoln, 2005), some argue it is also unnecessary, with one stream of feminism calling for an acceptance of the subjective nature and ‘voice’ of the researcher while simultaneously acknowledging the need for transparency (Ellis & Bochner, 2000).

One role of the moderator is to prepare a relaxed environment in order to create as ‘natural’ a setting as possible. The nature of a focus group gives individuals a chance to reflect on sensitive issues that may be of personal benefit, giving an opportunity to consider and speak honestly about the topic and have their opinion validated (Curtis, 2011). The role of the facilitator is largely invisible, allowing for the participants to develop their own point of view in the course of the discussion. The moderator’s role was challenging in managing what was for some participants a difficult, personal and emotional subject. Ground rules were communicated at the outset to ensure all opinions were listened to respectfully while calling for sensitivity, and giving permission to participants to leave the room if needed (Curtis, 2011). Managing group dynamics during the session required insight, good observation of non-verbal cues, commitment to call time out if it became necessary to provide breathing space, and the ability to go on to another question and return later.
4.4.2 DATA STORAGE

The data is stored on the researcher’s own computer, which is password protected. It will be stored for a period of five years post publication, as per responsible practice for research.

4.4.3 METHODS OF ANALYSIS

Both phases of the research methodology used inductive and deductive procedures. The thematic analysis also incorporated an inductive and deductive approach to interpreting the themes, with the tool of vulnerability theory used as a guide. The focus group data were reviewed and checked by the participants for common themes as an inductive process, and then reviewed by me for themes that may have been overlooked. This involved looking for patterns and meaning in the data gathered and themes that came out of the interviews or focus group data, rather than being predetermined by the theory or the literature. This process was in line with the fluid nature of inductive research or what some refer to as the 'calculated chaos' of data analysis (Lofland & Lofland as cited in Liamputtong & Ezzy, 2005, p. 43). Nonetheless, there was a formal system to consolidate the data into themes and then review in the light of Misztal’s theory of vulnerability.

The themes were formalised during the identification and review processes. The audio recordings of the interviews and the notes of specific comments made by the participant were highly beneficial to theme collecting (Curtis, 2011). A standardised coding system was developed by defining and applying core themes in the data, which ensured consistency and rigour in the analysis (Schoenberg & Ravdal, 2000). According to Curtis, there are three possible coding options available to the researcher: open, axial or selective. Open coding was used in this research, where data from the transcriptions and Zing™ reports were collated into key word groups; these groups were then coded into themes. It was at this stage that vulnerability theory guided the interpretation of the data (see Appendix VII).

Making sense of the themes relies on the epistemological and ontological position of the researcher and the hermeneutics applied to the study design and interpretation. Hermeneutics underlines the role of the researcher as a member of an interpretative community (Wadsworth, 1998). Self-reflective interviewing and analysis were essential aspects of clarifying meaning of statements, responses and themes emerging from participants.

Throughout the interviews, there were critical times of self-reflection when I challenged any personal assumptions and consulted with participants for clarification of what they had said. To minimise the interpretive problems for focus groups, the video vignettes were pretested.
with informants from a pilot group for validity and clarity, using the skill of standard probing in order to keep to the topic and context (Schoenberg & Ravdal, 2000).

4.4.4 VALIDITY AND RIGOUR

Validity occurs when the research methodology measures what was intended. Case-centric approaches such as focus groups are problematic in terms of validity (Curtis, 2011, p. 112). The rigour of the research improves its validity. This research relied on both internal and external validity and objectivity, which are criteria for disciplined inquiry. The use of the Zing™ tool contributed to the validity of the focus group data. It allowed voices of the participants to be heard anonymously and freely. The participants therefore spoke for themselves. In the in-depth interviews, the birth mothers were encouraged to tell their story without interruption before any questions were put to them. In this way they were able to also speak for themselves.

Feminist qualitative researchers are generally concerned with the 'voice and the nature of the account' of research (Denzin & Lincoln, 2005, p. 252) and more particularly within the context of authority and power imbalance. Denzin and Lincoln highlight the historical problem of the hierarchical nature of sociological research, and Ribbens and Edwards (as cited in Denzin & Lincoln, 2005) refer to the complications of 'translating private matters from women's lives into the potentially oppressive and distorting frames of social science' (p. 252).

This has been addressed by some feminist researchers by focusing on the use of the singular voice and a relational approach, in order to represent the voices of the least powerful (Ellis & Bochner, 2000). I chose birth mothers to be the focus of this research for this very reason. Even so, there is opportunity to exploit or distort these voices. To ensure this did not happen, I emphasised self-reflexive research practices. Feminist thought not only advocates for a reflexive process, accepting the problematic lack of objectivity present, but gives room to account for a pre-existing political agenda, and values the subjectivity of the person being researched (Liamputtong & Ezzy, 2005). While feminist critics have argued '... that much of social research is androcentric, developed from the perspective of men to serve their political interests' (p. 22), it is naïve to think feminist research has no political agenda and no oppressive tendencies. Power imbalance exists in the very role of the researcher to those researched. In this study these issues were consciously managed. The Zing™ tool allowed individuals to write their own thoughts anonymously, and this process included participant checking by the group to determine the themes present for each question. This improved the quality of the recorded voice immeasurably and improved validity and rigour.
The methodology of this research has been justified to be the most appropriate in order to elicit answers to the research questions. It is appropriate for the purpose of filling a knowledge gap regarding the social context in which a pregnant woman might experience legitimate choice in adopting out and, secondly, to understand the contemporary social discourse on adopting out in Australia today.

4.5 SOCIO DEMOGRAPHIC DATA OF FOCUS GROUP SUMMARY

The following section describes individual and group aspects of the focus groups. Each focus group was made up of individuals who had something in common and were therefore affinity groups. Each group will now be described. For demographic details of each group, see Appendix VII.

4.5.1 ADOPTIVE PARENTS GROUP

I have family members who have adopted children from overseas. I contacted them and asked if they had contact with other families who have adopted children and if they could disseminate the information for the focus group to these people. The participants had to contact me to agree to participate, then my family members facilitated the process of meeting, but did not participate in the focus group. The adoptive parents focus group was based in a capital city and comprised three men and four women aged 40–55 years. None were indigenous, all were Anglo Saxon, Caucasian and middle class. One was from England originally but all are Australian citizens. Six of the seven were married and one was in a de facto relationship. Each was an adoptive parent. The highest level of education achieved was year 11 for two participants, postgraduate degrees for two, Bachelor degrees for two, and a diploma for one participant. The two participants who had Bachelor degrees had attended private schools while the rest had attended public schools. Five of them lived in a metropolitan city, one came from a regional city of up to 100,000, while another came from a city of up to 500,000 people. Five of the parents had two children, one family had three, and another had one child who resided with them. Four claimed some religious affiliation and were regular churchgoers, three claimed no religious affiliation, and two stated they did not believe in God.

4.5.2 YOUNG RELIGIOUS ACADEMIC WOMEN GROUP

I approached the Australian Christian Lobby and asked them to email their constituency. My supervisor also emailed students at the Australian National University who fitted the criteria of being under 35 years of age, female, religious and having completed a Bachelor’s degree and
for some a higher degree. These potential participants were required to approach me if they were interested in participating. I asked the people who contacted me to find others and so, ultimately, eight or nine were expected to attend. However, on the evening, three people advised they couldn’t make it so the group was six in total.

This group was based in a capital city and comprised six women aged 25 to 35 years. Five of the six were Australian citizens and one was from Malaysia. None were indigenous. Two were married, one was in a committed relationship and three were single. One had a cousin who had been adopted, but otherwise none had any personal connection to adoption. Five had bachelor degrees and one had a postgraduate degree. Two had attended private schools and four were educated at public schools. Four came from a city of up to 500,000, one came from a farming community, and the other came from a regional city. The two women who were married had one child and two children respectively. Three of the other women lived with others who were not related. One lived on her own. All considered themselves religious and attended Christian churches weekly. All claimed that they had no doubts about the existence of God. Some of the members were known to one another, however, not everyone was known to each other.

4.5.3 ADULT ADOPTEE ADVOCACY GROUP

Adoption agencies were contacted to ask for any adult adoptees who may be interested in participating in the research. Another advocacy group was suggested and invited. This group provided five women and one man who attended this focus group in a capital city. Five of these were Australian citizens and one declined to state her country of origin. The group ranged from 25 to 60 years of age. Two were single, three were married and one was in a committed relationship. Three had postgraduate degrees, two had certificates or diplomas, and one had a Bachelor degree. All were adopted. Three attended private schools and three public. Four lived in cities with more than 500,000 people while two lived in cities up to 500,000 people. Two members lived alone, and three lived with family members, while one member declined to answer the question. None of the participants were religious now, although three said they attended weekly church as children. Three claimed no belief in a god, while two believed in a higher power, and another has doubts but believed there is a god.

4.5.4 UNCONNECTED ADULT ADOPTEE GROUP

This group was invited to join the research via ABC radio interviews and local newspaper articles. Four women attended this regional focus group, three aged between 40 and 49 and one aged over 65. All were Australian citizens and none were indigenous. Two were in married
relationships and two identified as being in de facto relationships. All were adopted and one had also relinquished a baby. Two had diplomas and two had completed Year 12. Three were educated in public schools and one in a private school. Three live in a regional city of up to 100,000 people while one lives in a regional town of up to 20,000. No religious questions were asked of this group, due to a response from the previous focus group that they found these questions irrelevant.

4.6 CHARACTERISTICS OF BIRTH THE MOTHERS WHO ADOPTED OUT

The birth mothers who were interviewed will now be described. Although only three mothers who fit my criteria of recent birth and considered herself to have willingly relinquished made contact, one of the mothers had adopted out twice within the period I was interested in.

4.6.1 JANE

Jane was invited by her adoption agency to participate in the research. Jane came from a small rural town in Victoria, with a population of just 1,000.

In 2009, at 22 years old, Jane discovered she was seven months pregnant. At the time of interview, in 2013, Jane was 25 years old and her son was four years old. At the time of writing he is now eight years old and Jane is 30.

Jane’s family of origin comprises her mother and father who were both 50 years old at the time of the adoption. She has two brothers who were 21 years and 18 years and a sister who was 13 years at the time of her pregnancy. Both Jane’s parents were working at the time, her father a truck driver and her mother self-employed as a gardener. They separated during Jane’s pregnancy. Jane was working casually and living with her mother and siblings at the time of the adoption.

At the age of 15 years, Jane became an exchange student and moved to America for a year. When she returned she enrolled and moved to a boarding school for the remaining two years of secondary education. At the time of interview, Jane was studying at university. She has since ceased her university studies and completed a Diploma in Early Childhood Development and is working in a childcare centre. She is in a long-term relationship and looking to raise her own family.

Jane had a series of crises during her pregnancy. Her parents separated and have subsequently divorced, her sister had a serious accident, a good friend died in a freak accident, her brother was sent to hospital with suspected appendicitis, and the Kinglake fires on Black Saturday 7
February 2009, which killed 173 people, were just 48 km from her home. Jane’s car was stolen the day after the fires. In addition, Swine flu broke out in the community and Jane and her mother became very unwell; her mother spent two weeks in hospital.

At the time of writing, Jane says ‘Andy (her son) is doing really great’. He and his family were in Europe earlier this year visiting his great grandparents and other extended family. He had his 8th birthday this year and despite having no connection with either of her brothers, she says ‘he has developed a lot of similar behaviours and interests as they had when they were little’.

Jane was very articulate and reflective in her interview.

4.6.2 ROSIE

Rosie's story is complex. At the time of her pregnancy and subsequent adoption, Rosie lived in a large capital city with no family nearby. She had a close friend and neighbour whom she confided in about life. Rosie acknowledged using drugs and described herself as a rebellious teenager. Rosie manages her bipolar mental health condition.

By her early 30s Rosie had been in a relationship with a man who consequently died of an overdose on the day she gave birth to their first son Josh, who was born at 26 weeks' gestation due to Rosie’s ill health. She had a pulmonary embolus and a heart attack consequent to the birth at the age of 32. Rosie was not told of her partner's death until five days after Josh's birth. Josh's medical condition was grave for some time after birth and he remained in hospital in ICU and had many operations on his heart. Joshua is now eight years old.

Two weeks before he was due to be released from hospital to come home, Rosie decided she would party one last time at the local pub. Rosie woke the next day in her house, but had no recollection of how she got there. Rosie focused on caring for her firstborn son when he got home from hospital. He had a nasogastric tube and required constant care. It was several months later that Rosie discovered she was pregnant. She resented her pregnancy and attempted to have a late term abortion but could not get one. Rosie acknowledges she denied her pregnancy until this time, overwhelmed with the complications of her firstborn uppermost in her thoughts and made more complex by the unresolved grief from the sudden death of her partner. His family has nothing to do with Rosie or her son. Josh continues to suffer significant health issues.

Rosie felt unsupported throughout the remainder of her pregnancy but was committed to adopt out her son Riley, though she had to fight to go through with the adoption. She felt coerced by professionals and family to parent him – pressured to attach and spend time with
him, hold him and breastfeed. In her view, legislation that requires a mother to do this is inappropriate and intrusive. She has an open adoption and her son Riley knows he has a brother and they meet regularly.

Rosie’s parents are older European immigrants. Her grandmother, ‘nonna’, the closest member of her family, was a young Polish woman during WWII and her experiences shaped her advice and attitude to Rosie’s decision to adopt out. Rosie’s father was pragmatic and unsupportive. ‘Tough it up and get over it’ is his life motto. This has strongly shaped Rosie’s attitude to life.

4.6.3 ANNA

In 2012, Anna was 18 years old and adopted out the first of two sons. Edward was born on 28 May 2012 and Simon was born on 9 July 2013. Anna had been in a six and half year relationship from the age of 12, but it ended in a restraining order against her abusive partner during the time of the first pregnancy. She is unsure of the paternity of the second child.

Anna lives in a small regional town with a population of 1,000. It is 58 km from a larger city and 186 km from a capital city. Her last year of schooling was Year 11, she then worked on a casual basis at a fast food chain throughout pregnancy, and returned immediately after birth. Anna told none of her friends or work colleagues of her pregnancies or subsequent adoptions. Anna has an older brother Shane who was her birth support for her second baby and who was supportive of her decision to adopt out as he didn’t think Anna could look after a baby. He continues to support her and reads the reports of the children’s progress with Anna. Anna’s father passed away just before her firstborn’s birth, she lived with her mother and step dad until they moved to the other side of Australia, before her second birth. Anna did not acknowledge her pregnancies until the births. Anna has since had another baby girl on 5 May 2015 and adopted her to the same family as her sons. Anna found some questions difficult to answer and sought clarification several times.

CONCLUSION

In general, the focus groups produced not dissimilar views of adoption although they came from different perspectives. These will now be briefly summarised to lead into the finding’s chapters.

The adoptive parent group found the social proximity questions difficult to answer. As adoptive parents, they thought it was bizarre they would be asked about a hypothetical situation where they might be faced with an unintended pregnancy. They could not put
themselves in the position of someone who might consider adopting out a child. I found that interesting because they had adopted children from birth mothers who have placed their children for adoption. The general perspectives of this group’s answers pointed to parenting as the best option, followed by abortion and then adoption. A woman who was pregnant who did not wish to parent really should only consider adoption if she was too late for a termination. So there seemed to be a general trend that people favoured termination over adoption. Adoption should be seen as the last resort. Given they have all adopted children, that was an interesting perspective.

The young religious academic group wrote a large amount of material into Zing. There was a diverse approach and many different views expressed. The approval of adoption as an ideal was generally positively felt, but when the social distance questions were asked there was no support for adopting out. In 100 per cent of the cases they believed that their family would say ‘we will raise the baby or you should be raising the baby’. Regarding abortion, they knew that a woman did not have to ask the partner, the father of the baby, to abort, they could do that without his permission. One person responded with ‘where are the men in all this?’ And another: ‘how do you know that there are going to be parents to adopt if you want to adopt out?’ Neither supply nor demand for adopted babies was well understood. The concept of open adoption was also not understood.

The group of adult adoptees from a support and advocacy group held strong anti-adoption views and expressed the highest degree of emotion of all the focus groups. Consequently, there were questions I declined to ask because of the evident level of distress at any portrayal of adoption that was anything but negative. This group found it difficult to consider the perspective of a birth mother and consistently redirected answers back to the perspective of the child. Under no circumstances could they approve of adoption as an option in unintended pregnancy.

The adult adoptee group who were not formally connected to one another provided a contrast to the adult adoptee advocacy group, in that their responses were not defensive, they could consider a birth mother’s perspective, they were not offended by any of the questions and were quite able to consider adoption in other than a negative light. This group was of particular interest as one of the adoptees had also adopted out.

This chapter has explained the methodology I chose to elicit data from focus groups to give understanding of the social context in which a birth mother might make her decision to adopt out. I have also explained why the use of video vignettes was chosen to stimulate responses, with the hope to separate the trauma of Australia’s history of forced adoption practice, by
viewing a non-coercive context of adoption in a modern Canadian setting through a commercial film *Juno*. I have explained my choice of in-depth interviews with birth mothers to produce rich data to consider the choice she made and the context in which she made it. The data are now considered in the framework of Misztal’s vulnerability theory. The next three chapters will review the findings in terms of the vulnerability of dependency (Chapter 5), the vulnerability of unpredictability (Chapter 6) and the vulnerability of irreversibility (Chapter 7).
5. THE VULNERABILITY OF DEPENDENCY - THE CONTEXT OF CHOICE

The findings of this research demonstrate that the predicament a woman may experience with an unintended pregnancy, regardless of her choice, is a site of vulnerability. The next three chapters present the findings from in-depth interviews and focus groups viewed through the lens of Misztal’s vulnerability theory. Each of the three chapters will focus on one aspect of the theory: this chapter demonstrates a birth mother’s experience of vulnerability in her state of dependency; Chapter 6 presents findings situated under the notion of unpredictability; and Chapter 7 demonstrates findings locating themes in the concept of irreversibility. I have categorised the findings into themes and grouped these into three spheres of influence: micro – individual; meso – institutional; and macro – ideological (see Figure 5.1). The themes have been organised into vulnerability classifications to examine new ways of approaching adopting out as a reproductive choice today. These new approaches to adopting out as a choice in unintended pregnancy will be discussed in the final chapter.

This chapter focuses on aspects of dependency at a micro individual level, in themes such as denial, secrecy and stigma, isolation, exclusion and disconnection. It considers the ‘others’ on whom the birth mother may be dependent, that is, the biological father, family and or friends. This chapter also identifies dependency at a meso – institutional level and the influences on the birth mother through the impact of professionals, policy and practice and those who are agents of legislation and information, as well as the perceived gatekeepers of legitimacy, the dependency of the child and issues of attachment. Finally, this chapter will consider dependency at a macro – ideological level through influences and concepts of autonomy and normative choice.

Chapter 6 identifies the impacts of a birth mother’s choice located in unpredictability and is identified in the following themes: choice over time: past, present and future (see Figure 6.1). Micro – individual aspects of unpredictability are considered, such as anxiety, loss of control, the unknown, helplessness, supports, and the impact of adopting out on the mother’s education and career opportunities. The experience of unpredictability at a meso – institutional sphere is discussed in terms of the mother’s economic situation, welfare and employment policies, risk avoidant legislation, and information sharing. The chapter concludes with a focus on the macro – ideological influences, such as biopolitics, media and attitudes to other options, such as surrogacy and legal abandonment.

Chapter 7 reviews the findings of this research as it pertains to Misztal’s vulnerability framework, focusing on irreversibility (see Figure 7.1). It demonstrates the state of pregnancy experienced as an irreversible event by birth mothers, posing risk of physical, psychological
and emotional harm, the resultant loss and grief experienced due to attachment and how this is managed by the birth mothers interviewed. The chapter reviews the irreversibility of unintended pregnancy as an undesirable state at a micro – individual level. The irreversibility of the birth mother position is discussed in terms of the meso – institutional aspects of disempowerment, risk avoidant policy, law, health and welfare practice and choice. Finally, the birth mothers’ experience of irreversibility is discussed in light of the macro – ideologies, such as neoliberalism, feminism, and religion as global influencers.

**Figure 5.1: Dependency Framework**

5.1 **MICRO - INDIVIDUAL SITE OF DEPENDENCY**

This chapter will show that when a pregnant woman is not prepared to parent, she is dependent on ‘others’. These ‘others’ will be grouped as shown in Figure 5.1, and will include dependency from individual, institutional and ideological aspects.

The pregnant woman who is not prepared to parent experiences vulnerability in dependency on significant others. At the individual (micro) level this is expressed in denial and secrecy and
experienced as isolation, exclusion or disconnection, stigma, and her sense of the dependence of the foetus on her. At an institutional (meso) level, the pregnant woman is dependent on legislation and state agents for service and support. The agents are also gatekeepers of information, where she is open to exploitation and her choices illegitimated. At the global (macro) level, a pregnant woman with an unintended pregnancy is prey to influences and ideological forces that permeate society. These include but are not limited to neoliberalism with its incumbent individuation and autonomy, feminism with its ambition for empowerment and equality, and religion with its moral higher ground. These global influences define the context in which she is rendered dependent on social approval and support.

While adoption is considered positive for others but not for oneself and, in fact, ‘second best’ (Creedy, 2001a), stigma exists for this choice. According to Daly (1994), it is rarely talked about or understood in terms of policy and processes. As discussed in Chapter 2, Link and Phelan (2001) look at the concurrent nature of stigma with several elements: labelling, stereotyping, separation, status loss and discrimination through the exercise of power. In the forced adoption period, discussed in chapters 1 and 2, labelling occurred when young women were caught in the predicament of being pregnant out of wedlock. Marshall and MacDonald’s (2001) research suggests culture has changed and along with it society’s expectations of women with unintended pregnancy. They found that adoption was no longer considered a reasonable option. My research aligns with their findings.

Focus group participants in my research struggled to understand why a woman would want to adopt out today. Only the most disastrous circumstances would make adopting out acceptable; the inference being that a mother who would do so would be considered, potentially labelled and stereotyped, as a ‘bad mother, a heartless mother, or a damaged mother’. Undergirding this thinking is the belief that biological family connection and motherhood is in the best interest of the child. Birth mothers in this research who adopted out were aware of the risk of being misunderstood or disapproved of, ‘what kind of mother gives away her child?’ The birth mothers in this research isolated themselves from others as they struggled with their own denial and the collaborative silence of others around them (Zerubavel, 2006). Isolation was a socially endorsed element of the stigma experienced. When Rosie communicated that she wished to adopt out she was exiled to a mothers and babies home for women suffering depression. It was assumed she was depressed, when in fact she was suffering grief from the death of her partner and the intensive health issues of her elder son, and she had decided to adopt out her newborn. When I spoke to her 18 months later, Rosie was adamant she had made the right decision.
Birth mothers in this research experienced a loss of status, as they highlighted the denial of their pregnancy and their desire to be hidden from their immediate community, including their families. For each of the mothers, the news of their child’s birth and adoption remains largely hidden. It was as though they each understand the loss of status in choosing to adopt out their child, and not parent themselves. Some described how others would see them as selfish. While hiddenness was a means of control and exertion of power in the 20th century for deviant or defiant mothers (Swain & Howe, 1995), mothers in this research described it as their choice. The state of being hidden was necessary to maintain their status as an independent woman, as opposed to being known as a birth mother who chose to give up her child, which would threaten their status. Unable to hide, Rosie found she was discriminated against when she was coerced to parent though she did not want to attach to her newborn at all. Her son was brought to her for access during a six-month period including the cooling off period and left in her care, despite her protestations.

Link and Phelan’s (2001) final point about concurrent aspects of stigma is that power must be exercised. In this sense, the power of the state through adoption policies and practices, and personified by agents of the state, are key to the stigmatisation of those who choose to adopt out. Power over birth mothers is exerted in the use of time frames, cooling off periods, access to potential new parents, even the open adoption policy, which are arguably all required to protect the status of biological parenting. Choice in fact is limited by state controls that exemplify that adoption is ‘second best’ (Creedy, 2001a). This research highlights a broader social distrust of adoption, linked primarily to concern about the long-term wellbeing of the child. The findings of the two adult adoptee focus groups varied significantly in their perspectives of expected adoption outcomes. This thesis does not intend to engage in analysis of why this may be so, other than to acknowledge it to be so.

Mothers in this research were dependent on services and personnel – the gatekeepers to adoption – as a means of managing unintended pregnancy, but the mothers were aware of walking a narrow path, traversed by few. Denial and secrecy provided some element of protection for them and as a means to reduce dependency on others such as intimate supports. Daly suggests two reasons for the loss of legitimacy for adopting out: abortion is more readily available and seen as a ‘more immediate solution to the problem of unplanned pregnancy’ and there is more public assistance and support for single parenting and it is less stigmatised.

In the United States, journalist Paula Span, in The Washington Post, wrote: ‘Once described as an unmarried mother’s most selfless, loving act, it has acquired a stigma of its own among
young women—if they consider it at all’ (Creedy, 2001a, p. 97). Both for persons considering becoming adoptive parents, and for persons considering relinquishing children for adoption, then, ‘... shame and secrecy are not gone by virtue of the fact that society still sees it as second best’ (Creedy, 2001a, p. 96). While a birth mother may understand that the decision about her pregnancy outcome is hers alone, there is significant pressure on her to make ‘a more immediate solution to the problem of unplanned pregnancy’ (Daly, 1994 p. 331) with the increased accessibility of abortion and the barriers to adoption.

A pregnant woman who does not wish to parent makes a choice in the context of dependence on others: the current partner, parents and friends were influential on the birth mothers interviewed. Sharing the information of their pregnancy and pending adoption was rare; only one of the birth mothers told one friend (who lived in a distant city) she was pregnant and intended adopting out. Neither of the other two mothers shared the information about their three pregnancies. One mother still had not told her friends of her two adoptions at the time of interviewing. Choice was made in the context of complexities such as current work and education commitments, psychological wellbeing, social reasons such as having no relationship with the father or even knowing his identity, and in one case the existence of a very sick, premature sibling under 12 months old.

The discrepancy between the views and lived experience of birth mothers and the views of members of the public regarding her dependence will now be explicated.

5.1.1 DENIAL

Denial is most often defined in individualist and psychological terms, but according to sociologist Zerubavel (2006), a sociological perspective is one where ‘co-denial’ occurs as a social phenomenon, where a ‘conspiracy of silence’ operates with a ‘non-producer of the information’ and the ‘inattention on the part of its non-consumers’ (p. 47).

... Denial stems from our need to avoid pain. When awareness of something particularly distressful threatens our psychological well-being, we often activate inner floodgates that block the disturbing information from entering our consciousness (p. 5).

Zerubavel (2006) argues that collectively silence is a tool to cover fear and embarrassment.

Like silence, denial involves active avoidance. Rather than simply failing to notice something, it entails a deliberate effort to refrain from noticing it ... it usually involves refusing to acknowledge the presence of things that actually beg for attention, thereby reminding us that conspiracies of silence revolve not around those largely
unnoticeable matters we simply overlook but, on the contrary, around those highly conspicuous matters we deliberately try to avoid (p. 9).

The code of denial and silence is a socially constructed one, where ‘conspiracies of silence may also trigger feelings of loneliness. The discrepancy between what one actually notices and what others around one acknowledge noticing undermines the quest for intersubjectivity, the very essence of sociality, and often generates deep isolation’ (Zerubavel, 2006, p. 82). As Thomas Mann (as cited in Zerubavel, 2006) notes, ‘The word, even the most contradictious word ... preserves contact - it is silence which isolates ...’ (as cited in Zerubavel, 2006, p. 83). ‘...conspiracies of silence create problems not only for individuals. Indeed, many of those problems are unmistakably social’ (Zerubavel, 2006, p. 83).

The birth mothers interviewed were aware of their self-imposed isolation and denial. It was a means to manage the increased dependency they experienced in their pregnant and new parent state. Interestingly, only one participant from the religious, academic young women’s group raised the issue of denial ‘... if you don’t see it as a child to begin with then (it’s) easier to prevent there being one ...’. All other participants referred to empowered or conscious choice.

When focus groups were shown a short excerpt of the movie Juno, when the protagonist first discovers she is pregnant, they were asked ‘What does being pregnant mean to Juno?’ All groups acknowledged Juno was initially in shock, with three of the four groups expressing the view that she was in denial. Others thought she appeared worried, anxious, in crisis and panicked. Three of the four groups also thought she saw the pregnancy as a problem, with two considering it a solvable problem. Individual responses included, ‘... it was a disaster ... thinks it’s the end ... confusion ...’, while a small number thought her attitude was a little ‘blasé ... nonchalant ...’ and that she appeared merely ‘... inconvenienced’.

In short, denial is a survival mechanism employed when trauma or reality is experienced as psychologically and emotionally overwhelming. The birth mothers interviewed all denied their pregnancy for an extended period of the pregnancy, two of them until birth. Interestingly, two of the three birth mothers interviewed had previously experienced a pregnancy and birth, and for one mother it was her second adoption within 13 months. The birth mothers expressed fear and anxiety at the suspicion of being pregnant and largely denied their pregnancy until very late; too late for an abortion. As Jane reflectively articulates:

I ... just ignored everything ... I didn’t say anything ... (I was) too scared. (I) didn’t want to acknowledge it for a long time, till I was about 7 months ... (it was) blatantly obvious to everybody else except for me .... I could see and I could feel but just ignored
everything ... it literally was denial without a doubt. I just refused to believe I was pregnant and so I didn't, until it just was impossible to deny it anymore because it's there in front of you (Jane).

Jane wanted to keep her secret from others. Fragile relationships and multiple crises catalysed greater denial.

My dad didn't know I was pregnant. He didn't see me, he didn't know until after Andy (her son) went for adoption. He didn't know anything because at that point in time I wasn't seeing much of him ... He and my mum were going through a separation ...

There was a lot of negative stuff (italics mine) happening inside my family and I just didn't know how he was going to react, and if he reacted badly I didn't want to have to deal with that. So I didn't tell him, but apparently he found out anyway from some guy at the pub... he wasn't in a good place himself, and then we sort of really didn't do anything about it and when I told him and he sort of 'well I already knew'. And he still feels, I think he was quite hurt by that, which I understand, but at the same time I was scared about what was going to happen and I didn't want to have to deal with that ... I couldn't be bothered going through all that crap that I knew was going to happen, when I didn't need to. I could just kinda do what I was doing right now and deal with it later (Jane).

Jane was confronted by the unpredictability of her father’s potential response, which was compounded by her dependency on him as her father. She was not prepared to take on the possible breakdown of her relationship by telling him of her pregnancy. In this sense Jane’s denial was a means to protect her relationship, rather than intended to destroy it through disclosure.

Rosie experienced significant additional trauma as her partner had died during her pregnancy, while her first-born premature son was in the intensive care neonatal unit. The compounding trauma intensified her denial as a mechanism to manage her complexity and vulnerability.

I was … in denial … It was pretty stressful with Josh (an older sick sibling) coming home ...

I kept on trying to ignore the kicks in my tummy. I was ... I didn’t want him; I didn't want him in there ... (Rosie).

Rosie told no one of the pregnancy until 22 weeks, and that person was a trusted confidante. She did not tell her parents of the pregnancy until her son was born. Rosie worried her parents would be unsupportive of her pregnancy and was disinclined to add the complexity of potential conflict to her already difficult situation.

Although focus groups generally asserted a pregnant woman with an unwanted pregnancy would consciously make a choice that would cause the least disruption, in fact each of the
interviewed birth mothers experienced a state of being overwhelmed with anxiety and were largely disconnected from relationships. Brown, in her book *Daring Greatly* (2012), suggests shame may be a basis for denial. ‘Shame is the fear of disconnection. We are psychologically, emotionally, cognitively, and spiritually hardwired for connection, love and belonging’ (p. 68).

The fear of disconnection, she argues, is the power of shame, and it is a peculiarly female role, in terms of who a woman should be, what she should be and how she should be. Unintended pregnancy provides rich soil for shame. In contemporary Australian culture, autonomy and self-determination are expected, and it is perhaps this expectation that gives rise to denial as a defence against the fear of disconnection. Miller and Stiver (as cited in Brown, 2012) are relational/culturists with a focus on isolation, and they argue:

... that the most terrifying and destructive feeling that a person can experience is psychological isolation ... not the same as being alone. It is a feeling that one is locked out of the possibility of human connection and of being powerless to change the situation. In the extreme, psychological isolation can lead to a sense of hopelessness and desperation. People will do almost anything to escape this combination of condemned isolation and powerlessness (as cited in Brown, p. 140).

Denial meant birth mothers could disconnect from the pregnancy and the birth process; but there was a cost, as Zerubavel (2006) articulates: 'Inherently delusional, denial inevitably distorts one's sense of reality, a problem further exacerbated when others collude in it through their silence' (p. 79).

The three birth mothers described the surreal experience of becoming a mother and the relationship to their dependent child and others, as follows:

I'm in hospital walking around with a brand-new baby and it was real bizarre because I know that he was mine but ... but it was like I was looking after someone else's kid, because I'd done babysitting and working with kids before, and so it was like he was somebody else's right from the beginning. Like, originally when he first came out, like 'where the hell did you come from?' The labour and everything was like 'what?' Because there's this person here, where did you come from?' ... 'because I'd gone in with this whole mind set of he's not mine, he basically ... I was a surrogate - that was where I was at ... the feelings are different, it wasn't as though I didn't have any feelings for him, I did very much, ... but I knew that he wasn't mine, he was somebody else's, ... didn't know who yet (Jane).

Rosie describes a similar disconnection with her son:

I didn't go and see him straight away ... while I was in hospital and it wasn't until the second day after Riley was born that I went down to see him. But he wasn't mine. He was a baby, he was perfectly in good health and I rang my caseworker from the Adoption agency and I wanted to adopt.
Anna spoke about her complete denial of her pregnancy and the birth of her son:

I was at work that night, and I just finished work and I got all these bad pains and you know ... I was just driving around with my friends and then yeah and I got really worse and I went into hospital on the way home. Thought I would just stop in and get it checked and see what is going on and yeah they took a urine test and then and like 20 minutes later he was here ... I don’t know ... like it was scary ... I had no idea what to do, so they took him and put him in I don’t know what it’s called ... they said that you’ve got to think about options of what you’re going to do with the baby. You can’t just leave it at the hospital.

In each case, the pre-birth denial of the pregnancy impacted each mother’s relationship with their child, but also relationships with their family, friends and staff, increasing their dependency as a multifactorial state of their vulnerability. Very closely linked to denial is secrecy, which is linked to stigma and leads to isolation and related to illegitimacy.

5.1.2 SECRECY/STIGMA/ISOLATION/LEGITIMACY

Though denial and secrecy seem similar, if not intertwined, there is a significant point of difference. Denial occurs as a psychological defence mechanism to avoid reality; once the reality is acknowledged, secrecy is the choice made to hide the truth and withhold knowledge.

A pattern emerged in the telling of the birth mother stories which could be paralleled with past coercive practices: secrecy was a fundamental element of withholding motherhood status from birth mothers, while the powerful gave that status to others deemed more deserving. Secrecy in past adoption practice was empowered through the shame of unfit motherhood (Higgins, 2011); self-imposed secrecy and shame appeared to be the motivation for these mothers too. Each birth mother in this study denied the existence of their pregnancy until they were confronted either by someone else or by the birth itself in one case. For those who acknowledged their pregnancy, albeit late into the pregnancy, they kept their secret hidden from almost all of their family and peers, up to and including the birth. Their secret remains intact for most of their significant others, who are unaware of any pregnancy, birth or adoption plan. Secrecy provided an element of protection from the perceived need to explain or justify their actions, or feel the sting of judgment. It also helped manage shame and allowed the birth mother to assert some control over her situation. Secrecy in this sense was an attempt to manage the irreversible events of the past and the unpredictable risk of losing relationships, though dependent on them. Each mother sought to avoid stigma and labelling or the risk of losing their status or sense of legitimacy through the exercise of self-empowered secrecy and avoidance (Link & Phelan, 2001).
All definitions of legitimacy must have a social object (in this instance, a birth mother) that is construed as consistent or inconsistent with 'cultural beliefs, norms and values that are presumed to be shared by others in the local situation and perhaps more broadly by actors in a broader community ... (which is) ... a collective process' (Johnson et al., 2006, p. 57). The collective process is dependent on the implied presence of a social audience that encompasses those beliefs, norms and values and, therefore, determines whether an object (birth mother who adopts out) is legitimate or not. Legitimacy does not have to be actual consensus but rather apparent consensus in any local situation by most people. To avoid the risk of being perceived as illegitimate, secrecy was guarded.

But there is another view that addresses shame and relates to dependency. Brown (2012) asserts ‘Shame derives its power from being unspeakable’ (p. 58). Shame reflects the need for connection and the threat to belonging. Rosie understood that the reason for her secrecy was shame.

I didn't tell Auntie Nonna until I was 22 weeks because I was ashamed to tell her. I didn't tell mum and dad until he was born because of the shame.

For Rosie, denial and secrecy were an attempt to control the uncontrollable. Her experience embodies the vulnerability of an irreversible past in becoming pregnant, worry about an unknown future with the existing responsibility and dependency of a premature and sick baby, and little reliance on other relationships. In addition, her dependence on systems and processes that blocked her stated wishes to adopt out provided further stress. Rosie remained committed to maintaining her secret.

Anna had not told any of her friends of her pregnancies, nor that she had adopted out two children in the previous 13 months. The night of her first labour she was driving around town with her friends and was dropped off at the hospital with stomach pains, but none of her friends knew anything more. When asked why she had not told them, she answered:

Oh well you know what people are like, putting it on Facebook and that sort of thing ... they’d be shocked I guess ... people are so judgmental ...

Vulnerability is increased in the world of social media and managing secrets and stigma is increasingly difficult, and increases the isolation Anna experienced.

Jane reflected on the event where she shifted from denial to secrecy with an extraordinary moment of ‘becoming pregnant’ in the application of an external test. There was an element of ‘not being pregnant’ before the test, and then ‘being pregnant’ after, when denial was no longer possible.
(mum) ... got a friend to buy a pregnancy test ‘cause in a small country town, everyone knows everything, so she went and got a friend to buy a pregnancy test to give to her to give to me and then I took it and then I was pregnant (p. 2).

Jane moved to a city rather than face the disapproval she anticipated in a small rural town. In a city she had anonymity, which meant public spaces such as large shopping malls where she and her growing belly could avoid judgment because ‘no one knew what she was doing …’, that she was adopting out her baby. As Goffman (1963) suggests in discussing stigma, Jane, like the other mothers interviewed, guarded the information about her intention to adopt out as a means of controlling her social identity. As Goffman (1963) states,

... a discrepancy may exist between an individual’s virtual and actual identity. This discrepancy, when known about or apparent, spoils his social identity; it has the effect of cutting him off from society and from himself so that he stands as a discredited person facing an unaccepting world (p. 19).

For Jane, her discredited status was not only being pregnant as a single young woman, but also as a birth mother adopting out. Jane was very aware of the stigma she faced:

Because I didn't want to be one of those young mums that everyone looks down on and because she's trying to keep the baby and I didn't want to be the mum at Centrelink with the screaming kids and not being able to afford nappies or school shoes and whatever it is as well. And I wanted to do it with somebody. I didn't want to do it by myself (Jane).

Jane managed the tension of social situations by choosing ‘to display or not display; to tell or not to tell; to let on or not let on; to lie or not to lie; and in each case, to whom, how, when and where’ (Goffman, 1963, p. 42). She managed this in the city away from her peers and local community. She began attending a weekly water aerobics class with her friend in a suburb in the city, where she was unknown.

... basically a class full of grandmas and they were super excited ... because I was pregnant and I didn't ever tell them that I was going to give the baby up for adoption because I knew that would be too much for these ladies to handle. Um ... and I kind of, they would say things like 'you have to bring the baby back' you have to because I told them I was having a boy and they were like 'Oh you have to bring him back when ... and show us', as grandmas do ... it was really hard to sort of give a non-committal answer. But after I left, they would ask my friend about me. How am I doing? How's the baby ... and she would just kind of say 'Yep, mum and baby doing really well' (Jane).

Even in a loosely formed community setting, Jane avoided stigma and shame by managing her motherhood identity and the secrecy of her adoption plans. She believed her choice to adopt out her child was unlikely to meet with approval by the older ladies. The secret remained
intact even after Jane and her baby had gone. Since adopting out her child, Jane has had another boyfriend who did not respond well to the news she had completed the adoption process, and it has left her worrying ‘... about how other people react ... there is that kind of concern about well, will they think I’m a terrible person for giving up a child?’.

Jane reflected on the inequality of social support for termination compared to adoption in Australia:

... you can go and get pregnant and have an abortion and no one knows about it, but if you choose to adopt everyone knows about it because you’re pregnant and then you don’t have a baby at the end of it. And so ... I think there’s probably still some of that shame around it as well. Um ... because you can have an abortion and nobody needs to know about it whereas you can’t adopt a child out without people knowing because you’re pregnant.

Brown (2012) argues that the fear of disconnection can drive secrecy: ‘... every choice has consequences or leads to someone being disappointed’ (p. 88). The birth mothers found themselves in a double bind, which Fry (as cited in Brown, 2012) describes as ‘a situation in which options are very limited and all of them expose us to penalty, censure, or deprivation’ (p. 88), resulting in competing and conflicting expectations.

Stigma was considered a factor in a birth mother not choosing to adopt out today, for the unconnected adult adoptee group. As the group discussed, ‘why would you not keep the baby with all the help nowadays?’; but they acknowledged ‘... people would be asking questions and there is “nowhere to hide”’. The young academic religious group also considered the issue of ‘embodiment’ - the visible evidence of the pregnancy and how social attitudes are judgmental: ‘what sort of mother gives up her child voluntarily?’ They also considered society is very negative about adoption at the moment, (the government) ‘recently apologised to mothers who were forced to adopt out’. This group felt these reasons would influence a birth mother’s decision.

Focus groups generally thought birth mothers would make a decision to have an abortion rather than face the shame of a pregnancy and then adopt out. When I put a scenario to the young academic religious respondents of themselves being pregnant and making a decision to adopt out, they said their families would not approve, stating they ‘... may even go to court to keep the child’, and another ‘... they might cut off my inheritance ... disown me and seek the baby instead’. As one said ‘if I decided to adopt outside the family, (it would be a) perceived rejection of the family’. In contrast, the adoptive parents’ focus group mentioned the word ‘shame’ once throughout the entire session in a general sense but never used the word...
‘secrecy’. The word ‘stigma’, a synonym for shame, was raised many times by the unconnected adult adoptee group, with one respondent stating there is stigma to adopt out today: ‘... why would you carry a baby and not keep (it) with all the help today?’ The adoptive parent group also spoke about the difficulty of explaining ‘being pregnant and then not coming home with a baby’. Another said ‘society doesn’t support the idea’, and ‘she could feel judged as giving away “her” baby’. ‘Adoption as an option is so poorly communicated that it is unlikely to be considered by anyone...’ , and ‘It’s hard to find information about adopting out’.

In terms of adopting out, the unconnected adult adoptees group saw the choice as carrying the ‘stigma of being pregnant’, risk of ‘people asking questions’, and the risk of ‘embarrassment of having a baby and having remarks made at her’.

The adoptive parents’ focus group exemplified this view. They considered abortion requires the ‘least discussion’, and the woman ‘may not want people to know she is pregnant’. Whereas they stated ‘adoption is seen as the hard, negative road to take ... adoption is not perceived a valid option ... choice may be financially based’. This group identified the maternal age may alter her decision making, suggesting the career of a mature mother would be paramount to her and the ‘potential loss of job’ would be a consideration, and abortion would mean less ‘interruption of (her) life’. The young religious academic group discussed the impact on those around her if she chose to adopt out: ‘the shame of being different – deviant, aberrant, to be pregnant and known and to adopt out ... people would see what is happening and ask questions and probably wouldn’t understand’. Adopting out was also considered a hard choice because of the ‘time and physical body invested in this baby’. Shame was a key theme of the focus group assessments more broadly.

Another theme running through focus group responses, and closely linked to secrecy, was disconnection or isolation. It appeared in two aspects: intentional and responsive. Birth mothers indicated a self-imposed isolation from those they normally connected to for the time of the pregnancy and adoption, ironically increasing their state of vulnerability - the antipathy of interdependency. Each mother interviewed found it difficult to express why this was so. In contrast, focus groups widely assumed birth mothers would be connected and find support from significant others and agencies.

For Jane, adopting out meant greater connection with her son and his new family, which surprised her:

I’ve got a whole extra family type thing going on like um ... yeah definitely better because there is another person in the world so Andy is there ... he’s connected with me and my family ... but he’s also connected with his family, so that’s kind of brought
This section has addressed complex facets of dependency, such as secrecy and isolation, and has identified how birth mothers are affected by stigma, which is evidenced by their lack of legitimacy. The following section moves on to discuss how and who influences a birth mother’s choice.

5.1.3 SIGNIFICANT OTHERS

‘Significant others’ are people whose relationship with an individual, the birth mother in this instance, is thought to be or actually is, influential at an intimate level. It infers a closeness in relationship and is often but not always linked to blood relationships or intimate relationships such as partners. It can also mean a friend or a neighbour who has the power to influence an individual. The power in the relationship does not have to be equal or unequal for the title to apply. In this research significant others were deemed family, partner or friend relationships. Focus groups were asked ‘Who do you think influences a young woman’s choice the most, to either adopt out, abort or parent? Her parents, father of the child, friends or others? Why do you think this?’ The groups were broadly split in their views that friends or parents are the most influential. Neither of the adult adoptee groups considered the father of the child would be influential, which aligned with the views expressed by the birth mothers. The influence of the father in each of the birth mother’s cases was limited. In two of the four scenarios, the father was unknown. Jane described her partner’s actions as significant but not influential. They had discussed and agreed on her suggestion to adopt out,

... he was there for the labour, ... and ... he held on to him a lot and I don’t know if that was 'cause he wanted to or it was his way trying to protect me so I wouldn’t get attached because he was terrified I was going to change my mind ... and he couldn’t handle it (Jane).

In the first of Anna’s two adoptions, the biological father was known, but violent. She believed her life and the life of her child were in danger, and consequently did not tell him. As she describes, ‘... I had a restraining order against him. Cause he was like abusive when we broke up ...’, at the end of a six-year relationship which began when she was 12 years old. With her second adopted child, Anna stated she did not know who the father was, and when asked if she had wanted to find out, she stated, ‘No. It is all too hard. By the time you do all the tests ... (and there’s only two options it could be) but, yeah, no...’. Rosie had no memory of the sexual encounter following a night on the town and therefore no knowledge of the father. The lack of requirement to engage the biological father is somewhat normative as a form of biological
essentialism, which assumes the responsibility and choice to the mother to involve or not involve the father, because the foetus develops within her body.

Focus groups generally considered parents and friends to have the greatest influence on a birth mothers’ decision making. The young, academic religious women thought the woman’s parents would have the greatest influence on her decision making, as they had instilled her values and beliefs. They also thought the father of the child might be influential but to a lesser degree, followed by her friends. Not all groups thought this. The adoptive parents thought friends would be more influential than parents in her decision making, but then asserted both social and media influences would play a role. This group was the only one to address broader societal issues. Conversely, the advocacy group of adult adoptees believed media would be the strongest influence on a birth mother, followed by her parents, friends, religion and government. This group also identified the empowered autonomy of a pregnant woman to make her own choices. Some participants in this group expressed the view that a birth mother should never have the option to choose to adopt out. The unconnected group of adult adoptees thought that while friends would be most influential, the mother’s parents, depending on their level of support and/or dysfunction, would likewise be influential in her decision making. This group thought media would also be influential. Only one group voiced an opinion that there appears a lack of social support for adoption.

Interestingly, the birth mothers interviewed by and large aligned with the adult adoptee advocacy group and believed they made their decision autonomously. The apparent autonomy they assumed was complex as it was facilitated by the denial of their pregnancies and the silence of their births. The mothers most often kept the news of their pregnancy and birth a secret from family and friends, some of whom still did not know they had been pregnant and had placed their child(ren) at the time of interviewing. Anna did not let her mother know she was pregnant with her first child until after the birth. She has also not told any of her friends about the births or adoptions of both her children. When asked about the possibility of telling her friends about her adoptions some time in the future, Anna wasn’t sure she would ever tell them, ‘I wouldn’t really know what to say’. I asked her, ‘do you think it would be different if you had say four friends and three of them decided to adopt out as well, do you think you would communicate then?’ She replied that she would.

Jane reflected on whether family might be influential for a birth mother in considering adoption choice. Interestingly, her father had no influence on her decision, and her mother had wanted her to keep her son or offered to raise him herself. Yet Jane, when considering who might influence other mothers decision making, had different views:
I think it depends a lot on the family, who you live with, come from, are part of... yeah it depends a lot on the family. Um... some people are funny about adoption in that they're happy for it to happen to somebody else, but they're not prepared to give their child up, or their grandson or whatever. So, I think a lot of it has to do with parents as well. Um... because usually it's the young women who get pregnant and are still living at home or have lot to do with their family. ... My mum didn't want me to give Andy up for adoption, she made that quite clear. But at the same time I knew that that's what I wanted to do, so, I wouldn't let myself be swayed (Jane).

Despite having thought family influential, Jane did not give in to her mother as a key person of influence in her life at that time:

... It was interesting because my mum didn't want me to give Andy up but she supported me in doing it which was really difficult for her. ... I did sometimes feel like she was kind of undermining me a little bit like the day that we were leaving the hospital... she said to me, she's like, 'I have the money in my wallet right now to go and buy a car seat and we can take him home'. And I just said like 'No, don't do that to me. It's not happening but just No'. ... I don't think it was her intention to undermine me it just was her letting me know that this is an option that you can do (Jane).

Another significant other in Jane’s life at that time was her ex-partner (thought to be the father of the child), who was adamant that he wanted her to go through with the adoption. Jane was therefore conflicted between two opposing views and had to make her own decision.

Rosie’s family were not unfamiliar with adoption. She has two aunts who were forced to adopt out. And her nanna who spent time in a German concentration camp in the Ukraine told her many stories of the rapes and the forced removal of the women’s children, including her nanna. Rosie reflected on how her nanna was unhappy with her decision to adopt out Riley.

... she wasn’t happy with me at all. She would say borja borja Rosie. What do this? What do this? It’s not right. Hitler did this it’s not work what you do. You know better Rosie. You know better than this! (Rosie)

When asked how this impacted her, Rosie replied:

It hurt me because it was my nonna (and my nonna was my best friend) ... and I said 'I'm doing the right thing nonna. He's going to a better place nonna. I can't look after... I couldn’t look after both boys with Joshua being so sick. And I don’t ... I haven’t got it in me. Do you know how to explain that ... it would be some mums could have 2, 3, 10 kids and they’ve got the knack for it and some mums out there haven't got the knack (Rosie).

Rosie’s mother was her only other support to adopt out, although she did not find out about the baby until the birth.
My mum, my mum knows me and she knows that I get very tired. ... um I’ve got bipolar and am on anti-depressants and some days I’m really good, other days I’m very low and ... flat. But she knows that I can’t ... she knows I can’t look after ... she knew that I can’t look after another child, and she said the best thing to do is to adopt, but my mum had no influence (Rosie).

Open adoption plans were made for all the children adopted in this research.

5.1.4 Foetus/Child Dependence

The final part of this section on micro level dependence is concerned with that of the foetus/child on the mother’s decision making. The focus groups were asked to consider the implications of maternal responsibility to the unborn child which might be experienced prior to birth, and at what point during or after the pregnancy and birth a birth mother might be influenced by the child. In this research, the birth mothers who acknowledged their pregnancy prior to birth were actively making plans in the interest of their child to adopt him or her out.

One scene from the video vignette shown to focus groups depicts the protagonist Juno visiting an abortion clinic. One of Juno’s acquaintances is waiting out the front of the clinic with a pro-life placard and tells Juno that her baby has fingernails. Juno ignores her and enters the rundown-looking clinic, where she is spoken to by a gum-chewing, unprofessional receptionist who offers her flavoured condoms. Juno sits down in the full waiting room and, with the help of the film director, notices everyone’s fingernails: whether they were tapping or picking at them or rapping on a file or filing them. She hurriedly leaves the clinic and runs home. Focus group participants were asked ‘Why did Juno run away?’ Three of the four focus groups noted the fingernails showing ‘the reality of the pregnancy being a baby’; ‘... that she started to think of her baby as a real person rather than an inconvenience’; ‘... now a baby ... it’s real’. None in the adoptive parent group connected the fingernail story to her running away nor mentioned the word ‘baby’. The themes raised by the adoptive parent group included that Juno was ‘anxious ... overwhelmed ... lack of support ... not ready to make the decision’.

Focus groups were then shown the scene of Juno making the decision to adopt out her baby. Focus groups were asked to consider their thoughts on Juno’s decision. Responses varied. The adult adoptee support group stated that the film was ‘trivialising the seriousness of adoption’ as an issue, and that Juno’s decision was ‘uninformed’. Members of this group used strong language to reflect on how devastating the decision to adopt out is. In contrast, the unconnected adult adoptee group considered Juno’s choice as ‘positive ... responsible ... thinking of the baby ...’ giving herself the opportunity to ‘have a life ... win win’. These notions
of thinking of the baby and meeting her own need to ‘have a life’ were also expressed by the young religious academic group, which stated ‘she has a choice now ... valuing the baby’s life ... to give the child (up) ... (it’s a) good deed ... brave ... courageous’. Interestingly, the adoptive parent group thought Juno deciding to adopt out was ‘altruistic’, and was a form of ‘delayed decision making’... that Juno should have ‘support about the options’, and that she ‘hasn’t had a chance to think it through’, also that her response was a ‘kneejerk’ reaction. Groups that mentioned ‘the baby’ as well as Juno were more inclined to approve of her decision to adopt out.

The focus groups had mixed responses to the question, ‘Would a decision to carry the child to term and adopt out be a difficult one and why?’ Concerns included the risk for the birth mother that the child might ‘come back to haunt her ... or want a relationship later in life’; the anxiety of ‘knowing someone else is raising your child’; and ‘worry about future rejection by the child’. However, there were also positives, for example, ‘... that she has given the child an opportunity to live ... the child has a chance at life’, she may be able to ‘stay in contact with the child long term ...’. The adoptive parent group talked about the difficulty of the decision to adopt out due to the attachment of the child growing in the womb; it’s ‘... not a simple decision to carry a life for nine months and then give it away’.

Although Jane had only allowed herself to think of herself as pregnant for two months prior to her son’s birth, she was determined to adopt him out. When it came time to leave the hospital, her focus was a commitment to his wellbeing. As she describes,

I was in the maternity ward and they took us around to the kids’ ward and then Andy was going to be left in the room until they turned up to take him away. We got to the room like I’m not leaving him here by himself. It was at the end of a hallway there was ... like in a room by himself, and I was like ... this is a 4-day old baby, there was no way in hell I'm leaving him here by himself. I thought he was going to be like at the nurse’s station with the nurses and people to be there all the time. Not in this room, there's no way I’m leaving him, I'm waiting until they come. Which is not the way you’re meant to do things but ... (it’s) just not happening ... he’s not staying here by himself. I won't do that. So they walked in the room and they were a lovely couple (Jane).

Despite her wish not to be pregnant and certainly not to parent her second son, Rosie who states she is not religious at all, believes her adopted son:

Riley, was a gift from God. He was a miracle boy and he has given a family ... a child that they could never have (Rosie).

For Rosie, her son’s wellbeing was dependent on his adoptive family, and her own wellbeing dependent on his. Rosie’s experience of agency actions threatened her sense of wellbeing and
increased her dependency while reducing her own autonomy. Each mother was dependent on
and challenged by legislative policy and the agents who facilitated it.

The next section of this chapter looks at the institutional (meso) aspects of dependency, such
as legislation, gatekeepers and agents of legislation and policy, information sharing,
exploitation and legitimacy, as experienced by birth mothers and perceived by focus groups.

5.2 MESO SITES OF DEPENDENCY

As Misztal points out, all humans are dependent on others for most of their lives. Some of the
‘others’ on whom birth mothers are dependent are defined in meso institutional sites. Birth
mothers are dependent on systems that arrange adoption, such as medical and welfare
institutions, which are legislated and enacted by representatives or agents of the state. Power
is a key component of relationships and these agents have significant power over the patient,
and birth mothers are reliant and dependent on them. Each mother spoke of waiting times of
up to two years to complete the adoption process and of having no choice, with matters being
taken out of their hands. Although the birth mother was able to choose her child’s new
parents, this was controlled and limited by protocols and agents of the adoption system.

5.2.1 LEGISLATION, ILLEGITIMACY AND EXPLOITATION

Only one participant in all the focus groups thought that ‘government’ was influential in the
decision making of a birth mother and that influence was not specifically defined in terms of
legislation or agency. In stark contrast, each birth mother felt restrained by government in
terms of legislated waiting periods, restricted information, and policy designed to support
parenting as the preferred option.

None of the birth mothers interviewed acknowledged any coercion to adopt out; however
they spoke of legislative processes creating barriers to their choice. The autonomy of the birth
mother was undermined as she was dependent on state policies and processes that impinged
on her freedom to choose when and how she could adopt out her child. This occurred through
the mechanism of time and control. This included enforced waiting periods before discussion
with an adoption agency could take place (after the birth); no preparatory discussion; the
process to ensure the birth mother has a sound mind meant for one mother in South Australia
being sent to a postnatal hospice to ensure she was mentally capable of deciding to adopt out,
and in the lengthy process to encourage her to bond with the child she had already
determined to adopt out; the delayed processes for each mother in being able to review and
choose her child’s new parents; the cooling off period; and the mandatory open adoption
agreement. Current legislative processes are designed to mitigate the risk of repeating past coercive adoptive processes, which were often rushed and externally controlled. Today time is used to slow, delay, postpone; where the state continues to control and illegitimate a birth mother who wishes to adopt out.

Rosie could not have any discussion about adopting out until after her child was born. Once she found out she was pregnant, she wanted no part of parenting her second baby, as her first born had recently been released from months in hospital and still had high needs, including nasogastric feeding.

It was too late for an abortion or a termination so I decided to carry Riley and I contacted the Australian Adoption agency and started to find out about adoption. But I couldn’t go through the adoption agency yet because they had to wait for the child to be born (Rosie).

She was told to ring the agency again once the baby was born if she still felt strongly about adopting out.

… it wasn’t until the second day after Riley was born that I went down to see him. But he wasn’t mine. He was a baby; he was perfectly in good health and I rang my caseworker from the adoption agency and I wanted to adopt. I didn’t want to bring him back to my son Joshua’s house, back to mine and my son Joshua’s house. I wanted him to go. But with the government rules they have to try the mum with the newborn baby … (Rosie)

Rosie’s desire to adopt out, though clear in her own mind, continued to be questioned, with a multi-layered process involving several steps designed to provide time for her to reconsider her options. Rosie did not wish to reconsider, but was obliged by legislation and policy imposed on her to keep her child. She was isolated in her wishes. Politically and socially Rosie embodies the deviant mother. Government policy does not perceive adopting out as normative but rather aberrant behaviour. Focus group findings repeatedly voiced the same thought: pregnant women should either abort or parent. Adopting out should be the last resort. Rosie describes the process for her:

(The staff) … could not help at the time because there was a process you had to go through. And that process was mother and babies home … for people that have postnatal depression and the nurses help try, the nurses help with you trying to bond with the child. Um … then there’s another step that you have to go through it is called Families SA and they sit down and talk to you and try and help you with getting somebody to come and help look after the child, if you still want the child at your home, or going through to temporary foster care. Um … or if it is long term they need to find a family that will take the child for a long time. And you also have visits with the child to try and make … basically the best way to sum it up is they force the child on
you. Because they really want the child to be with its parents, ... need(s) to be with its mum. It wasn’t a nice process. It was very in your face and pushy. And they didn’t listen to what I wanted (Rosie) (italics mine)

Rosie reflected on the impact of adoption legislation changes over time:

It’s not how it was back in 1950s and later in life where you didn’t have the choice. If you’re pregnant the child was taken away from you, and you would never see that child again. It didn’t matter if you wanted to keep the child or not, they would just take it away. The child was born; you would have that bond of ... you know, you would meet your child and then it was taken away from you. It was wrapped up and it was taken away (Rosie).

Although Rosie requested to adopt out her son prior to birth, it took 18 months to go through the legislated process in South Australia and finalise the paperwork, most of which time the baby spent with foster carers.

When asked if she was aware of any pressure to make any other decision, to parent for example, Anna, in Tasmania, described the hospital nursing staff pressuring her to take her second baby home and look after him, which ‘... made me confused. I didn’t know what to do’. The staff had remembered her adopting out the previous year and from her perspective applied more pressure on her to parent, even though she had already made the decision to adopt out. Anna says she was asked several times, ‘are you really sure?’ Having said this, Anna thought her social worker, though shocked, was supportive along with the foster carers. The sense of legitimacy of her choice was dependent on those she was working with.

Jane, in Melbourne, had a different experience. She spoke of the support provided by her social worker and the nurses, who were all aware of her desire to adopt out. She felt respected in her wish to not have her child in her room with her.

So anyway, I organised ... because I met with my worker and social worker at the hospital and some of (the) different nursing - maternal health nurses and stuff like that and people who knew what was going on ... um ... and I said that I probably didn't want to have the baby in the room with me because I didn’t know if I could handle that, and so she organised (for him) to go into the special care unit. Like the baby special care ... so there’s Andy, a massive healthy baby nothing wrong with him with all these tiny babies in humidicribs ... with all these tubes and stuff. It was like ’my god’ ... it was ridiculous, ‘he doesn't need to be in there, he can come to my room that’s fine’. I don't want to have to like keep going to this stupid room all the time to see him. So, like ‘he can come out, come and stay in my room that’s not a problem for me’. So, he came out and one of the mums came out and congratulated me on getting him out of special care. It was like ' eh ... thanks' (Jane).
Legislation is positioned institutionally, creating unavoidable dependency for birth mothers, and therefore assigning legitimacy or illegitimacy to her choice. Although each birth mother interviewed was from a different Australian state, they were dependent on similar state-based legislation that took away their sense of control and agency. Anna said she did not feel she had the control she wanted in choosing the parents of her boys. A 30-day cooling off period was imposed on her, where she was required to sign the adoption papers first, and then after one month she could preview parents from five preselected couples. She found this ‘a bit silly’, as she felt she should have been able to look at as many profiles as she wanted, and earlier.

While she could determine specific criteria for the profiles, such as she did not want her son’s would-be parents to be religious; she wanted them to already have another child for a sibling; and they needed to be financially stable, still she did not experience a sense of control and confidence in the process. She was dependent on a system that determined timelines and created further anxiety and unpredictable outcomes for her babies.

Sometimes rules could be bent, but not broken, as Jane describes her first meeting with the foster parents who first took care of her son while the adoption process took place:

... they were amazing people and they decided straight up that they were happy for me to go to their house to see Andy which is so against the rules ... but they just decided there and then, ‘you can come and see him anytime you want’ is what they said. I just kind of took that for granted like I didn’t even think about it at the time ... And so yeah, it was a bit strange. But I mean it was fine, ok. I'd see them every week (Jane).

The adoption process for Jane and her son took two years, even though she knew she wanted to adopt out throughout her pregnancy.

... for a long time this all probably took the best part of two years. From when he was born to when it finally, when everything was all legally signed ...

Jane talks about the experience of the agency and the adoption process and the time it took to sort through the adoption due to complications with DNA and the biological father becoming involved. The length of time the adoption process took meant being constrained by the agency and protocols for two years of her life and her baby’s life.

... Centacare was a big brother, just kept on watching over us and wouldn’t let us go and play by ourselves.

Legislation is informed by policies and maintained and enforced by agents of the state, who provide or withhold information, determine the processes, and open or close opportunities for the birth mothers and their children. Some of these roles and agents will now be discussed.
5.2.2 INFORMATION GATEKEEPERS AND ILLEGITMACY

As discussed, each mother was unable to progress her plan to adopt out or discuss the process prior to birth. Legislation prohibited any knowledge of potential adoptive parents and any discussion about this was stymied until after the birth.

Each mother told similar stories of hospital staff and adoption agency staff who played a significant role as agents of legislation and policy, and on whom she was dependent, impacting her sense of empowerment. Birth mothers described experiencing pressure by some hospital and adoption agency staff to bond with their child, although they had already determined prior to birth that they wished to adopt out.

Rosie in South Australia described the hospital staff response to her expressed desire to place her son for adoption in this way:

It’s not a nice experience at all and I can understand through my experience why a lot of mums go through abortion or termination ... because they are very pushy to keep the child with you (Rosie).

Rosie’s grief over her first son’s birth and ill health, along with his father’s death during his birth, plus her own ill health, increased the complications around her second pregnancy and subsequent child. Rosie’s dependence on the agents of legislation and policy made the process of relinquishment more complex as they repeatedly sought to keep her son with her.

Rosie spoke of the lack of support for her as a birth mother after the adoption:

And I haven’t ... had support, there’s no support out there for mums that have gone through the adoption process of how to explain it to a sibling. So, I’m finding it really hard to explain to Joshua about Riley and the reason why I gave him up, apart from saying to Josh that you were very sick bubba and mummy needed to be there for you. Mummy needed to be there for you 24/7. Nanna and Oppy weren’t here to help mum. No one was here to help mummy (Rosie).

For Jane, selecting her son’s parents began after he had gone to foster care.

... after I’d had Andy and he was with the foster family then, that's when everything starts happening. That's when you choose the family (Jane).

Jane wrote a list of criteria she wanted in her son’s parents and got to choose from three preselected couples. Although Jane is self-determined by her own estimations, she was nonetheless constrained by time, knowledge systems and agents of those systems. The day she came to meet the parents for the first time is symbolic of the relationship between a birth mother and the system she had no control over.
The day that we met them was maybe one month after I’d had Andy ... The offices they used to be at basically ... was this old building and you walked in and you have to ring the doorbell, and they have to buzz you in because you couldn’t just walk in because the door was always locked. I was standing on one side of the door and on the other side I could hear, like a small child and parent, and I just knew straight away that was them. Because I knew they had like a 2 yr old ... and I walked in the door and I burst into tears. I knew that was them and they knew I was me. We were meeting for the first time and it was, all kinds of happy, sad and awkward kind of everything. I think I just gave them a big hug and cried (Jane).

Jane was kept outside the door of adoption legitimacy throughout her pregnancy through knowledge-based systems, where choice was in the control of others. She could hear a small child with his new parents on the other side, but was not allowed in until the state deemed it appropriate. Rosie felt invalidated throughout the process of adoption from acknowledgement of her pregnancy to her son’s birth. Each mother was largely powerless and experienced obstructions to their intention to adopt. While legislation is designed to manage risk and in a utilitarian sense uphold the greatest good for the greatest number, outliers continue to exist, and in the current political climate of respect for minorities, there is potential for birth mothers to experience greater trust. Risk and good are two aspects of the framing of legislation but macro level ideologies and norms also contribute. Normative assumptions about motherhood undergird much of current legislation and policies that inform adoption practice. These will now be discussed.

5.3 MACRO SITES OF DEPENDENCY

The birth mothers interviewed considered, by and large, they had made the decision to adopt out by themselves. Despite their apparent autonomy, their decision was not transparent, evidenced by the number of intimate relationships who were unaware the birth mother had been pregnant, given birth, and placed their child for adoption. All the birth mothers described their need to conceal the pregnancy so that others might not know. The birth mothers argued that social pressure had no bearing on their choice; rather, they were determined to adopt out, though they were aware of going against expected cultural norms. Autonomy is a tenet of neoliberalism and has become a cultural norm in and of itself. Each mother acted with the expectation that she would make her own choice. But autonomy has limitations for every member of society, and for some more than others, particularly those who experience greater levels of vulnerability, albeit temporary. Staff at hospitals and agencies were both sites of capricious power struggles as cultural assumptions were played out. The normative assumption that a woman who gives birth will mother is exemplified in the enacting of a midwife’s duty to assist in that process. Her training is to support attachment, breastfeeding
and wellbeing for mother and baby, not to assist in the separation of both. Best practice in a hospital setting may well include responding to the self-determination of a mother not to feed, for example, but not in how to manage detachment in a positive way. One birth mother described the pressure from nurses to ‘mother’ her baby after birth when she had made the decision she did not want to bond with him to reduce her own emotional pain. In many regards, the mothers generally expected stigma and disapproval, and so secrecy was a means to manage their precarious situation.

Birth mothers are dependent on the cultural and historical shaping of perceived appropriate or acceptable reproductive choice to adopt out. Current culturally approved positions about adopting out have been impacted by the Australian history of forced adoptions, presentations by the media, and ideologies such as neoliberalism, feminism and religion, which shape her views of normative motherhood, and the social context in which she makes her decisions.

5.3.1 NORMATIVE CHOICE

All focus groups supported a mother to keep her child and indicated discomfort with the choice a woman might make to adopt out. The social acceptability of adoption choice was investigated with the focus groups, using the social distance scale, which measures the acceptability of particular values or beliefs in the context of social proximity. The findings showed a strong social expectation or cultural assumption that a woman with an unintended pregnancy would terminate if she did not wish to parent; otherwise she should parent.

To identify the more deeply held beliefs about adoption in the focus group setting, they were asked a series of questions designed to indicate their view on the choice to adopt out. The questions related to the advice they would give to a pregnant acquaintance who was thinking about adopting out; a pregnant sister who was considering adopting out; and, finally, to consider themselves as a pregnant woman who does not wish to parent at this time and what their family and friends might advise. As the questions became more personal, groups were generally more insistent that the child remain with the biological parent.

While the majority of focus group participants philosophically supported an acquaintance making a choice to adopt out, describing her decision as courageous while acknowledging she would need support, only one of the adult adoptee groups thought the decision ‘naïve’ and ‘uninformed’ and ‘not courageous’. The more personal the social proximity questions became, generally the harder it was for focus group participants to conceive of the option to adopt out. When the social proximity moved to that of a sister considering she might adopt out, all participants had a significant shift in perspective. There was a strong view that the sister
should keep the baby and, if not, that she should give the baby to a family member or to
themselves. Only the adoptive parent group would support their sister to do so, and this with a
caution to explore her options. All other groups thought the child should stay with the family,
with some stating they would offer to have the child themselves. All participants thought she
should address the problems that would stop her from keeping the child. The adult adoptee
support group rejected her choice to adopt out unequivocally. The discussion within this group
became heightened with this question; consequently I opted to not ask the final social
proximity question: ‘if they had found themselves pregnant and not wanting to parent at that
time, how would their own family respond if they told them they were considering adopting
out?’ The adult adoptee advocacy/support group indicated a total rejection of adoption as an
option, going so far as to say that no woman should be allowed to choose to adopt out and
that it should be illegal, with parenting the only acceptable choice.

Interestingly, of all four focus groups, the adult adoptees who were unrelated to one another
were the most supportive of the option to adopt out. Two of the other three groups were
resolute - their families would not support their decision to adopt out. The group of young
religious academic women attested that their families would see adoption as a rejection of
their family and it would bring the family shame. Adoptive parents also could not consider it as
an option; it was ‘too weird a question to contemplate’. Even though they had personally
experienced the benefit of adoption, they could not consider being a person who might make
that decision. The other unconnected group of adult adoptees was the only focus group
supportive of adopting out, and participants believed their own families would be supportive.
In fact, one of these adult adoptee participants had actually adopted out a child. The belief
that family would not condone an adoption decision is significant, as Misztal (2011a)
acknowledges, we cannot simply ‘will away’ others on whom we are dependent. ‘Since our
vulnerability makes the constitution of our subjectivities dependent upon others who called us
into being, it also forces us to acknowledge that we are not autonomous and potentially
equal…’ (p. 47).

Jane shared her insight about how the public might think of adopting out:

... some people are funny about adoption in that they’re happy for it to happen to
somebody else, but they’re not prepared to give their child up, or their grandson or
whatever. ... I think people think if you’re going to carry a baby full term then you
might as well just keep it (Jane).

Focus group participants were asked how they felt about adoption in general, and under what
circumstances it would be okay for a woman to choose to adopt out her baby. The adult
adoptee support group members were unequivocally against adoption, unless the mother
faced severe health issues and no extended family were alive, and as a last resort, ‘... if she was severely disabled, brain damaged and unable to look after the child herself. But only under access conditions which support and enforce an ongoing relationship with the child ... or if the child was going to be harmed in some way by remaining with the parents’. Two participants stated it was ‘never ok’ for a pregnant woman to choose to adopt out. Others in the support group thought that ‘... all other avenues of care (had proven to be) unsuccessful, (then) adoption would be preferable to say a child that would be unlikely to survive without it’. Fundamentally this group believed a mother should always be supported to keep her child.

Remarkably, the group of regional unconnected adult adoptees approved of adoption, in their view the child has a better life, which the mother was unable to provide at the time, ‘guaranteed love’, and the couple adopting has a chance to have a family, raise a child and have a richer life. When asked if the participants approved or disapproved of adoption, one stated: ‘(I) approve as I would not have grown up in the family I did and built the friendships I have if I were not adopted’. Another, ‘I think adoption is a good option, I approve of it, I don’t always agree with adoption laws now. I believe that it is good for the child to have a good supporting family who cares about them and wants them’.

As an adopted person, one thought that ‘Adoption for some is the only way to have joy in your life, by having children. I approve because of the joy it will bring to all concerned. Another adult adoptee stated they approved of adoption because ‘... I have a great life. As long as the baby who is given up is cared for and loved. Gives a couple a chance to love a child and raise them, if the mother is unable to support financial or emotionally.’

The young, religious academic group members approved of a woman’s choice to adopt out but saw it in terms of the parallel option of abortion. Some comments were: ‘I think it needs to be done better than it has been done in the past’, referring to the law and policies of adoption practice. Others referred to the inherent value of life in reference to abortion. ‘It puts value on the baby, so it is infinitely better than abortion’. Still another stated, ‘I approve of adoption because it is the choice that values life while still recognising that not all women are at a stage in their lives were they can parent’. Another sought justification in adoption as a choice: ‘The woman probably has really good reasons why she doesn’t want to or can’t keep her own child’. Similarly, one agreed with adoption choice, ‘if she has thought it through, and has made a responsible decision - as opposed to just trying to get rid of the problem’.

The adoptive parent group was hesitant to share their views about the choice to adopt out. There was a discomfort within this group, almost a reluctance to give their opinion about adopting out. I wondered if this might have been a response to concern of a perceived conflict
of interest as adoptive parents? Even the following comment seems a little defensive or certainly distancing from the person of the birth mother: ‘if she wants to adopt out the child then she should be free to do so …’. ‘Up to her’ ... ‘Whatever circumstances she thinks. It is up to her not to me …’ and ‘Why would I be able to judge what is right or not?’ They agreed the mother would need support, to be informed, and should not experience pressure. Caveats were offered though, such as, ‘when she has considered all the options, including termination ...’, and ‘if the mother found out too far into the pregnancy to terminate’ or ‘if she feels she is unable to give it the care she would want for her child’, ‘in the event of disability which would disable the parent from looking after the child ...’; inferring, that another could or would. This group was focused on what broader social pressure might be exerted on a woman experiencing an unintended pregnancy, as the following statements show: ‘... society would find it acceptable if the girl was raped ...’. Responses to the question ‘Under what circumstances might a young woman adopt out?’ included ‘... when there is not too much pressure from society, religion, peers ...’ or ‘... when she won’t be given too much of a hard time (though when is that gonna happen?)’, ‘When she wants to adopt a child and has been given the information and support networks to encourage her through it’.

The social distance scale exposed a distinct shift in expressed approval and concerns for adopting out for three of the four focus groups. For the young religious academic group, if a pregnant acquaintance was thinking she might adopt out, the participants wanted to know her reasons or barriers to keeping the child. Participants thought the birth mother was courageous and they were generally supportive of her decision, but they thought she needed to think it through. Responses showed there was an underlying assumption there was something wrong with the mother or situation if she wanted to adopt out. They were then asked to consider if they had a sister who was thinking about adopting out. The participants became less content with the idea: ‘keep it in the family ... give the child to me, ... there must be a problem that would motivate to adopt’; however, they would want to be supportive. Finally, they were asked to put themselves in the shoes of a pregnant young woman thinking about adopting out. This was confronting and they thought their family and friends would be in shock. Moreover, they would be told to keep the child in the family, with a dismissal of adoption outside the family, as it would be perceived as rejection of the family, and bring the family shame. ‘If I decided to adopt outside the family, (it would be a) perceived rejection of the family ...’. One said of her family, ‘... they would call me irresponsible ... utterly selfish ...’. Another said her family ‘... would insist on raising the child themselves’.

For the adoptive parent group, if a pregnant acquaintance was thinking she might adopt out, the participants thought she would be very courageous and that it would be a difficult
decision. They would counsel her to be more informed and they would be supportive of her decision. If their sister were in that situation however, they would caution her, encourage her to explore options, but support her decision, and they would encourage her to seek the father of the baby’s input. The personal question provided an interesting response from the adoptive parents group. When asked what their family and friends would say if they were contemplating adopting out, they said they would support them to keep the child, that adopting out would not be an option, and finally as an adoptive parent it was too weird a question to contemplate. Three participants said they would be told to ‘keep the child’.

The advocacy group of adult adoptees found all three social proximity questions emotionally challenging and, in fact, the final personal question was not asked as many in the group were in a heightened state of distress. If an acquaintance of theirs was considering adopting out a child they would think it not courageous, and uninformed about the long-term impact on her and her child; they would think it naïve and advise her to talk to people who have lived the experience of adoption/relinquishment. When asked if their sister came to them to seek advice on her predicament of being pregnant and thinking about adopting out the group was vocal and upset, used strong language and said she should not do it, talked about the long-term impact, disbelief and asked ‘are you crazy?’. Alternatively, the unrelated adult adoptee group felt they would support the decision of an acquaintance if she were considering adopting out; they would support her to give up the child. They noted she would need support and would support her to adopt out for positive reasons. Generally, they saw it as good. When asked if their sister was considering adopting out what would they say, they said they would offer support, counselling, and help her to think through the decision. They would also ask questions, to care for the child, and focus on the child rather than the sister. Finally, the group of unconnected adult adoptees were asked what their family or friends would say if they were in a position to consider adopting out. They said their family would support them and support their decision; they would be interested in the circumstances and offer all kinds of support.

The adoptive parent group felt it would be okay for a woman to choose to adopt out her baby if it were her informed choice, with no coercion and no pressure, or in the case of the baby having a disability. This is not dissimilar to the findings of Daly (1994) that ‘adoption was seen much more favourably when respondents were asked how others [emphasis added] should resolve a pregnancy’ (p. 339).

Adopting out was uniformly not positively viewed by any of the focus groups. In contrast, each birth mother described feeling proud or happy with her decision. Jane articulated her reflection of her decision.
I've always been quite proud of what I've done. Um ... because I know lots of people haven't or can't do what I've done. There's a lot of pressure socially on people on women now if you have a baby, if you get pregnant either keep it and look after it yourself or get rid of it, you terminate it. There's no other option and I think that's because adoption in Australia, people don't know about open adoption, they don't know it exists. They still think it's back in the days when you don't see your child again (Jane).

This chapter has highlighted the compounding issues of dependency for birth mothers who adopt out at a micro and personal level and looked at how legislation impacts them at a meso level. I have completed this section by addressing the issue of normative choice and how the birth mothers were challenged by social and cultural pressures and expectations of normative parenting. Misztal’s framework provides mitigation of the vulnerability of dependency and this will now be considered.

5.4 MITIGATION OF DEPENDENCY

The vulnerability of dependency is mitigated through responsibility and care, which in turn builds bonds of solidarity (Misztal, 2011a). This section will look at individual responsibility, social responsibility evidenced through respect, government responsibility and, finally, remedial responsibilities such as human rights and ideologies on a global scale. The notion of responsibility as caring is fraught with moral dilemmas embedded in everyday circumstances and relationships and interpretations of these, which are important determinants of care (Barnes as cited in Misztal, 2011a).

Dilemmas associated with care for others are rooted in the various meanings and practices of care, understood as love, labour, duty, obligation, moral orientation or as reciprocity and interdependence. These debates are often entrenched in conflicts between pressure from universalist morality and the right of an individual to be free from burdens of moral obligation and restrictions on individual freedom (Misztal, 2011a, p. 135).

This dilemma is compounded in modern societies, which preference ‘individual freedom, success, self-interest and self-realisation’ (p. 135). Misztal argues that caring is a social construct embedded in specific historical periods and countries, eschewed by cultural norms that impact family ties and relations with the state. ‘Caring is also viewed as more controversial than ever because it involves disputes over who is primarily responsible for care: the individual, the family, the community or the state’ (Misztal, p. 136). Her main focus is on ‘care as an intimate activity, conducted in interpersonal settings, which is perceived as emotional connection and giving through relationship’ (Lyon as cited in Misztal, 2011a, p. 136). This is pertinent to the decision made by a mother to adopt out in today’s cultural context.
5.4.1 MICRO

Although the birth mothers in this research had different narratives, all were complex. The vulnerability they experienced in being dependent on others to manage their adoption was mitigated by actively being responsible for specific decisions. Each willingly expressed the responsibility to make the best decision for their child and each wanted to choose the best family for him, meet the family and confirm they had made the right decision. Open adoption laws have given them the opportunity to build solidarity with the new family and their child in an ongoing capacity. In this way, birth mothers facilitated an ‘expansion of the circle of responsibility beyond an inner circle of the family of “fate”’ (Misztal, 2011a, p. 143) or ‘the family of choice’ (Smart as cited in Misztal, 2011a, p. 143). The all too prevalent terrible stories of abuse within biological family homes should warn against a naïve ‘idealisation of the family as the most appropriate locus of care for children’ (p. 141). The traditional nuclear family provides the cultural backdrop for the sense of moral duty and responsibility that a parent has for raising a child, as ‘a privatised form of care’ where ‘the role of caring mother, ... reflects the imperative of care for another who by definition depends on her and presents caring as a labour of love’ (Graham as cited in Misztal, 2011a, p. 137). This is a good illustration of a specific type of social relationship based upon commitment, affection and service (Graham as cited in Misztal, 2011a). This is no less true for the birth mothers who adopted out their child to a loving family who provides stability and security that they cannot – perceived by those involved as a labour of love.

‘In modern Western societies, with their strongly developed preferences for individual freedom and self-realisation and the extension of responsibility over spatial and temporal distances, individuals are still “presumed to have responsibilities to their close relatives...”’ (Hinde as cited in Misztal, 2011a, p. 136). However, as shown, intimate others played little role in the lives of the mothers in this research and their process of adopting out, indeed some family members did not know the mother was pregnant and few family members have ongoing contact with their nephew or grandson. The lack of support of family and friends on whom the mothers were dependent was mitigated by the solidarity gained through the process of adopting out and the building of a relationship with their child’s new family.

The birth mothers’ choice to adopt out was met with inequalities of service and resources, as previously discussed, possibly as a risk-averse response to past practices. This highlights the need for a thorough review and addressing barriers to adopting out as an acceptable way of parenting. Misztal argues,
caring for others is an essential activity that emerges in response to the demands of interdependent life. Caring behaviour towards others who are dependent on us, who need help, mitigates their suffering. While family life still provides the clearest examples of special responsibilities of care, in order to retain the role of the family as very important sources of emotional and instrumental support throughout life, there is need to overcome the inadequacies in governments understanding of the realities of the lives of families (2011a, p. 147).

This research highlights the need for broader acceptance of open adoption decisions as an important forming of interdependent family making, which if resourced and supported more openly could build solidarity for individuals in Australian communities. Though Misztal does not address adoption per se, she argues that ‘it is clear that the family needs help from public policies to meet new expectations and build new relations of care’ (2011, p. 140).

5.4.2 Meso

The mothers in this research were worried about being rejected, which motivated their silence. Had society held a more positive view of adopting out, had it been normative, had their choice been respected, they would have been, by definition, less vulnerable.

Government legislation has tight timeframes around adoption, including when the subject can be discussed, what support is available and when, and the cool-down period post the decision being made. It would do better to give more responsibility and respect to the mothers to make their decision when they choose, rather than shrouding them with silence until after the birth, while giving them no place for respite. ‘Apart from believing that they are cared for and loved, people need to feel that they are esteemed and valued and that they belong to a network of communities of equals. Seeing respect as constituted through interactive experiences and as conveying some sense of deference to human dignity, we will examine how this might be reflected institutionally’ (Misztal, 2011a, p. 147). Honneth (as cited in Misztal, 2011) refers to the importance of recognition and states that ‘equal respect is the key mode of recognition’ (p. 147). Misztal refers to one’s capacity for self-respect being dependent on how others regard us, where misrecognitions occur if harm and injustice are experienced. She speaks of disrespect also occurring in ‘structural exclusion from the possession of certain rights in a society and also the denigration of individual or collective ways of life …’ (p. 148), which differ according to culture. In other words, people are misrecognised in society when they are disrespected by being excluded from particular rights in society. ‘A forcible restriction of rights that brings the loss of self-respect and deprives the one restricted of his or her degree of responsibility as a member of society...’ (Honneth as cited in Misztal, 2011, p. 148). Margalit (1996) describes humiliation as the denial of respect by rejecting ‘the way a person expresses
herself’ or as any behaviour that constitutes ‘a sound reason for a person to consider his or her self-respect injured’ (as cited in Misztal, 2011a, p. 149). While there are differing definitions of respect ‘We can define social respect as social recognition for the dignity of all human beings and for their rights to live a meaningful life’ (Misztal, 2011a, p. 149). Accordingly, when human dignity is threatened by not accepting people as they are, self-preservation will instinctively arise (Frankfurt as cited in Misztal, 2011a). Smith (2006) argues that denial of respect is humiliating as it ‘forcefully overrides or contradicts the claim that particular individuals ... are making about who they are and where and how they fit’ (as cited in Misztal, 2011a, p. 149). Undoubtedly, the experience of the birth mothers in adopting out could have been significantly more respected and given recognition as women whose reproductive decision held dignity.

5.4.3 MACRO

Misztal argues that macro level mitigation of dependence is achieved through remedial responsibility. Human rights activism is an example of this. I would argue that ideologies as well as human rights frame the moral dilemmas associated with adoption.

The loss of traditional family roles and constraints and the rise of individualisation, means that ‘increasingly the notion of care cannot be defined solely in terms of gender’ (Misztal, 2011a, p. 137). Further to this is the rise of ART and the subsequent reduction in the expectation of biological parenting. Surely, adoption is simply an old frontier that needs to be re-envisioned in view of cultural change and brought into the 21st century as an acceptable reproductive option?

Misztal focuses her global concerns of vulnerability on human rights issues of asylum seekers and refugees, stating, ‘many studies ... stress their social isolation and social exclusion as well as their experience of stigmatisation and anti-refugee hostility...’ (Nyers; Wren as cited in Misztal, 2011a, p. 157). I argue the same elements of isolation, exclusion and stigmatisation are not limited to particular refugees but apply to other groups such as birth mothers. Just as refugees struggle with the lack of control in their circumstances thereby increasing their social isolation, identity crisis and sense of powerlessness through the process, so too birth mothers expressed similar lack of control in the process of adopting out.
SUMMARY

This chapter developed findings on birth mother experiences of adopting out in consideration of dependency in the framework of vulnerability. Common to each birth mother was the denial of their pregnancy and their shared experience of the adoption process, not just as an individual experience but as a social experience with common attributes such as the ‘conspiracy of silence’ which exacerbated the isolation for each mother. Even so, the mothers employed silence as a means of surviving their precarious state. They were anxious about judgment and the threat of disconnection, and therefore held their secret until after the adoption had taken place, with many people in their lives still ignorant of their actions. While each birth mother denied her pregnancy as long as she could, once it was acknowledged by herself (or others who confronted her with it), secrecy became the tool to manage her tarnished identity and protect her sense of legitimacy as an adopting out birth mother. Anonymity was maintained as long as possible to protect herself from stigma. Great effort was made by all three birth mothers to keep their secret intact.

In contrast to the vulnerability expressed by birth mothers, focus groups largely thought modern women with an unintended pregnancy would feel empowered to make a choice that would cause the least disruption to themselves. The focus groups thought that adopting out would not be acceptable to a pregnant woman facing an unintended pregnancy who did not wish to parent. The social distance scale questions exposed the complete rejection of this concept directly. For participants in all groups, the closer to a personal experience the option to adopt out became, the less open their views. The focus groups were clear: adoption is not an acceptable option today. Focus groups linked shame with the decision to adopt out, and thought that abortion would be the most likely choice made by a pregnant woman with an unintended pregnancy, as it was the easiest option. Focus groups also acknowledged that birth mothers were likely to experience secrecy and disconnection.

The role of significant others was limited in the experience of the birth mothers. While the focus groups thought that friends or family would have the greatest influence on a birth mother’s decision to adopt out, the findings show this is dependent on existing family and friendship relationships, and the degree of denial and secrecy sought by the mother. If a birth mother had little relationship with her family, then they had little influence.

The state of silence increased each birth mother’s vulnerability and dependency, including at an institutional level. Medical and welfare agents were conveyors of legitimacy or illegitimacy, by denying validation of the mother’s decision. In Rosie’s case in particular, she was forced to parent for many months, though she had stated repeatedly that she did not wish to.
At an ideological or macro level, birth mothers experienced vulnerability in the normalisation of one choice over another. Each was disempowered at a meso and micro level through unspoken expectations, to parent or abort rather than adopt out. Each was dependent on others who embodied these norms in casual relationships, partner relationships, in hospital and welfare settings.

Currently there is a view that a mother giving up her child for adoption is aberrant behaviour, the epitome of selfishness rather than sacrificial caring. As Resnick and colleagues’ research concluded: a birth mother who adopts out might be considered ‘selfish, unloving, and even incomprehensible’ (1990, p. 583). In order for the normative notion of motherhood to include adopting out as a legitimate option, a significant shift must occur within social and political will to respect and value this choice, as an act of caring and responsibility. Mitigating the vulnerability of dependency will occur through increasing a birth mother’s control through the pregnancy and adoption process, including the timing of aspects of the process to increase interdependency. In turn and in time, this will reduce stigma by giving dignity to a birth mother and legitimising her choice.
6. THE VULNERABILITY OF UNPREDICTABILITY - THE OUTCOME OF CHOICE

This chapter discusses the nature of the vulnerability birth mothers experience in their choice to adopt out their child. Referring to Figure 6.1, I will address this from the birth mothers’ viewpoints as they experienced anxiety and loss of control through the process of pregnancy and adopting out; their acknowledged risks, in terms of unknown future loss; their sense of helplessness as external process took over their personal decision making; how they accessed support; and the result of their decision on their education and career paths. Each mother’s story is different, but vulnerability is evident, albeit in different forms. I also present in this chapter focus group perspectives and perceived risks for birth mothers who had determined not to parent.

I then look at meso institutional sites of vulnerability and the unpredictability experienced by pregnant women who make choices in the context of economic pressures, which are entrenched in economic rationalism. I address the precariousness they experienced with what can only be described as ‘risk avoidant’ legislation pertaining to adoption. Finally, the influence of media on birth mothers’ decision making is considered.

This chapter finally addresses the risks embedded in ideologies such as biopolitics and intensive motherhood. It considers alternate ways of making family, where structural versus biological family is achieved through surrogacy and assisted reproductive technology (ART).

I begin with the individual sites of vulnerability expressed as unpredictability.

6.1 INDIVIDUAL SITES OF UNPREDICTABILITY

Control is a key management instrument used at individual, institutional and ideological levels to mitigate risk and uncertainty. Control will, therefore, be discussed at all three sites: individual, regional and global.

In Australia, there is a strong push to keep a child with its biological parent(s) if at all possible (AIHW, 2011). All state legislation prioritises this arrangement through the out-of-home care system; valuing biological over structural family forms and thereby devaluing the inherent nature of adoptive arrangements. The legacy of past forced adoption practices and the political fallout that ensued has produced risk-averse policy and practice, in the context of a pronatalist society (Gustafson as cited in Kawash, 2011), thereby creating a space where ‘the perennial adoption theme of shame may be differently shaped but still present’ (Castle, 2014, p. 57), because women ‘do not have to’ adopt out (Castle, 2014, p. 57). The first individual site to be reviewed is that of anxiety and loss of control for birth mothers.
6.1.1 ANXIETY AND LOSS OF CONTROL

The anxiety experienced by birth mothers was associated with various unknowns, such as cultural expectations to intensively mother (Hays, 1996), which will be expanded shortly. Anxiety may be induced by the unavoidable process of birthing; the pressure from service agencies to conform to cultural expectations; and the threat of open adoption legislation where there is no closure, and a requirement to remain involved in the child’s life to some degree, albeit minimally. Of course, for some mothers, anxiety may be mitigated with the promise of an ongoing relationship with her child. Promise, according to Misztal’s framework, mitigates the vulnerability experienced in unpredictability.

Adoption was uniformly considered by focus groups as the least favoured option due to concepts of emotional attachment and loss that could be experienced by the mother in giving the baby away, as well as changes to the mother’s body during pregnancy. One member of the advocacy group of adult adoptees argued that the mother would be ‘entering into a life
sentence of grief, loss and post-traumatic stress disorder’. Another from the same group stated ‘women experience an intense loss which stays with them for life’. These were commonly repeated sentiments in this group, however none of the other groups focused heavily on the risk of loss and grief. The other adult adoption group, who were unrelated to one another, expressed contrasting views of a ‘positive life’, ‘a rich life’, ‘a joy filled life for the child and new family’. They stated the mother ‘is giving her baby a better life’, and ‘it is a good way to have a child know what happens to them and that they can have a better supported life, and give the gift of child to a childless couple’; but also: ‘there is no going back once you hand the baby over’. Both groups acknowledged future risks and reflected on these from their own experience as an adoptee.

Focus group participants generally found it difficult to explain the nature of reproductive choices and potential outcomes. There was common concern regarding loss and grief for either choice a pregnant woman might make to abort or to adopt out. The participants were uncertain about future relationships between the child and mother after adoption, but were in the main concerned about the potential psychological regret of abortion, coupled with the unknown health impact on the mother’s future fertility post abortion.

Further themes identified the risk of judgment and rejection by society for a woman who chose abortion if the decision were made public; however, participants were clear that secrecy can more readily be maintained with abortion than with adopting out.

Although Anna considered she had two or three close friends at the time, none of them knew that she had two babies in less than two years and adopted both out. In fact, at the time of writing the thesis, still no one knew. When asked if she was concerned if people found out about her story, she had replied ‘no’, but after further probing she disclosed that she was worried her friends might judge her, that they might reject her. This highlights a key issue regarding reproductive ‘choice’ when women do not wish to parent: on a cultural level, there is a stigma and lack of social acceptance and legitimacy of ‘choices’ women might make. And, in point of fact, not all choices are considered equal. When I asked Anna at the end of the interview whether she would adopt out again if she became unintentionally pregnant, she said she would. When asked about surrogacy, she thought it was a great idea, and in fact would like to do it herself for money. Anna’s favourable experiences of adoption and thoughts of surrogacy are not legitimated in current policy and practice, and it is her awareness of her socially unacceptable choices that has caused her to keep her secrets.
Interestingly, Jane, who expressed the most self-determination of the interviewees and felt the most ‘in control’ of her choice to adopt out, stated that she had no sense of regret or anxiety post the adoption. However, like Anna, she worried about what people think:

I do worry about what other people think. Um ... like I’ve started dating again recently, cause my boyfriend and I broke up late last year. It is a concern for me because he reacted, Nick reacted, quite badly and adoption is not something that his family could do. The child would always stay within the family whether or not he’d be with the parents. That’s something his family could do. So, he struggled with it a lot and I think also it was because I was still going through the process when we were together and I did ... I didn’t tell him straight away and I told him probably two months into it ... I think he felt that I had been lying to him through omission ... that was his personal thing ... it was a negative experience that ultimately had a positive outcome, but because he did react quite badly. I’m worried about how other people react, so I told my (new) friend and he is totally fine with it, but there is that kind of concern about well, will they think I’m a terrible person for giving up a child?

This was reflected in one focus group, which wondered what society would think about the ‘...sort of mother (who would) give up her child voluntarily?’. This question captures the kernel of the problem of legitimacy for the birth mothers and heightens their anxiety. As Johnson and colleagues (2006) indicate, for legitimacy to exist there has to be action that is consistent with culture, values and norms that are assumed to be accepted by ‘others’ both locally and more broadly in the community. This is called a ‘collective process’ (p. 57). Legitimacy does not have to be verbalised or legal but rather has to be the apparent consensus of most people. The focus groups indicated that the preferred and acceptable option was for pregnant women to parent. If the pregnant woman did not wish to parent, the next most acceptable option was that she terminate. There was little acceptance of adopting out. The lack of social acceptance and collective invalidation and illegitimacy of her choice to adopt out continued to concern Jane. Those close to her struggled to accept her decision and even new relationships are challenged by her choice (as shown above). Bauman explains: unpredictability can be defined in terms of the ‘...overwhelming feeling of uncertainty’ (Bauman as cited in Misztal, 2011a, p. 49) with present crises amplifying unknown future-oriented risks. While Misztal (2011a) argues that promising generates hope and empowers individuals, a more common approach is to try to control the uncontrollable. In some sense then, actuating choice is a means of mitigating aspects of vulnerability, while arguably igniting others.

As explained in Chapter 5, individual control is difficult to establish when one is at the mercy of others – dependent on systems, agents of those systems and intimate others. Firmly embedded in feminist ideology (regardless which wave) is the concept of equality, that is, individual control by a woman over human reproduction. Birth control has been a particular
focus in the last half of the 20th century, as discussed in Chapter 1. The word ‘control’ linked
with ‘birth’ is an attempt to mitigate the vulnerability affecting women as child bearers. As
discussed in Chapter 2, termination dominates the discourse around unintended pregnancy
and the rights of individual choice, not only in textbook representations and media (Fisher,
2003) but in politics more widely (Tong, 1998). In the 1950s, legislation gave social workers
and other agents control over the outcomes of uncontrolled reproductive behaviours of single
mothers by enabling them to manage adoption processes on behalf of socially fit parents and
in the best interest of children.

While feminist writing has abhorred the harm caused to mothers and their children in that
period, interestingly, recent feminist commentary is largely silent on the subject of a mother’s
choice to adopt out. Most commentary argues that termination gives greater control to a
woman by giving her the power to end the pregnancy (Fletcher, 2006). Conversely, the
mothers in this research who gave up their baby for adoption experienced little sense of
control, but maintained silence as their means of self-determination, unwittingly further
fragmenting and decreasing their self-respect (Misztal, 2011a) and marginalisation. As
discussed in Chapter 2, Zerubavel (2006) and Brown (2012) argue that denial and silence are
forms of protection used by an individual, but collectively supported by society, in the lack of
public discourse about the choice to adopt out. This is underlined by the invalidation of the
mothers’ choice as identified in focus group discussions and experienced by the birth mothers.

Jane felt that everyone else in her story was out of control. She felt she needed to bring them
along her journey, but found choice was limited. Jane said:

... I was pretty much adamant from the get go that I didn't want to raise this baby
myself ... I didn't have a job, I didn't have a car, I still lived at home, I wasn't in a good
place ... I decided I was going to put the baby up for adoption pretty much straight
away and I spoke to my mum who called the local Catholic priest actually, because
we'd had some friends who'd gone through the adoption process with DHS and it was
a really bad experience, and the person for the area they lived in just wasn't the right
person for the job, and wasn't a very nice person by all accounts ... So, I didn't want to
go through that, and my mum didn't want me to go through that, so we were looking
at other ways of doing it.

Current legislation, primarily designed to distance government as far as possible from the
forced adoption practices of the past, obstructed each of the interviewed birth mother’s sense
of personal control. Jane describes her struggle to feel in control of her wish to remain hidden
and her choice unknown:
... I decided I wanted to go away to have the baby like you did back in the day, because living in a country town, people talk. ... So, I looked at going to like Sydney or Canberra ... like anywhere that I could go, but those places don't exist anymore. ... (it was) really hard because I had all this free time, I wasn't working. I ended up moving in with my best friend and her mum and stepdad whom I’ve known my entire life ... they lived down in Melbourne at the time, because when we discovered I couldn’t go away somewhere, I still didn’t want to stay in (my country town) ...

As Goffman (1963) points out, cultural scripts and social controls reaffirm practices of realignment to ‘norms’ expected by those facing unintended pregnancy. Little support of the nature Jane wished for is provided. Even though outright ‘othering’ of the mothers in this research as ‘deviants’ did not occur in an overt way, nonetheless, like Jane, each one developed a self-imposed silence to manage their ‘aberrant identity’ from the acceptable cultural script of mothering. Jane expressed this in her swimming lesson story, the need for her silence rather than face the stigma she expected. Gustafson (as cited in Kawash, 2011, p. 983) discusses a largely implicit mindset in ‘ … pronatalist societies, in which becoming a mother is naturalised and reified, unbecoming a mother – the process of coming to live apart from biological children – is variously regarded as unnatural, improper, even contemptible’. Though unspoken in Australia, this view provides the cultural hegemony in which a contemporary birth mother silently goes about her decision making and post adopting out life. This situation is rife for denial. As Zerubavel (2006) critically discusses, there are two sides to denial and silence: those who desire it to protect themselves and those who approve of the denial as a means of avoidance; both are a form of control.

While government recoiled from the forced adoption period, where policies and practices often breached fundamental human rights and left many young mothers isolated, it can be argued that policy today has unintentionally produced similar outcomes for those who wish to adopt out. Birth mothers in this research felt little control over their choice to adopt out, but rather experienced regulation and imposed control each step of their journey. As Hashil-Dolev (2007) writes, the private body is politically inscribed, shaped and ordered throughout history with political and social controls, which deems some choices more acceptable than others in relation to unintended pregnancy. The birth mothers in this research were neither blind nor deaf to the cultural and social expectations to parent or terminate; hence their self-determined silence, and society’s need for avoidance of the entire modern day schema of adopting out. In the review of sociological thought on morality, Stets and Carter (2011) argue
that individual morality is determined through systems and the expectations of society and culture both control and integrate individuals, if they make the ‘right’ choices.

As society changes and evolves its moral framework, so a birth mother who might choose to adopt out faces an unknown future in regard to the wider acceptance of her choice. This was an issue raised by focus groups. Ironically, some participants were unwilling to give their views on the choice a birth mother might make to adopt out: ‘it’s nothing to do with me and what I think … it’s up to her’. This evidences the lack of understanding, as Goffman (1963) puts it, where social controls and cultural scripts do practise realignment on individuals. A clear example of this is the stigmatising of birth mothers in the 1950s and ‘60s as ‘deviant’ or ‘undeserving mothers’ (Higgins, 2011) and her child as ‘bastard’ or ‘illegitimate’ (Swain & Howe, 1995). The apparent social disapproval of adopting out may incite new descriptors as a means to control a mother who might choose to give her child up today. With all choices there are risks of loss. This will now be discussed.

6.1.2 RISK OF LOSS OF IDENTITY

Sociologically grounded theories of risk and vulnerability are embedded in each other, as Beck (2009) says, ‘risk and vulnerability are two sides of the same coin’ (as cited in Misztal, p. 33). The risk of loss discussed here revolves around the loss of an acceptable identity, financial loss and other lost opportunities.

When asked to consider the difficulty of decision making for a pregnant woman to adopt when she did not wish to parent, none of the focus groups could conceive of a mother not wanting to parent. Rather, they wanted to know the reasons for the decision to adopt and the barriers to keeping the baby. Some participants expressed the view that the mother needed to ‘think more’, the assumption being that she was making a rash decision and had not thought about lasting consequences. The implication generally communicated was something must be ‘wrong’ with the mother or the situation if she intended to adopt out. This concurs with Marshall and McDonald’s (2001) findings that contemporary Australian culture creates an inverse pressure on women not to relinquish (p. 74). Others considered the uncertainty of any future relationship with the child and the fear of rejection by the child in the future, coupled with emotional attachment toward the child from the pregnancy, resulting in long-term loss and grief. Others were concerned that ‘society would judge her’… along with ‘social pressure’; indicating a view that it may be ‘easier not to have the child out there’ as she might be ‘afraid the child would hate her one day, when they grow up’ or ‘afraid of how the child will think of
you as they grow up’… ‘it’s not easy to give away your own flesh and blood after so long together’… ‘there is always the chance it will come looking for you later in life’.

The issue of stigma was also raised by focus groups and abortion was viewed as allowing the woman to control the risk of stigma or loss of identity by not continuing an unplanned pregnancy. The group of adult adoptees previously unrelated to one another was concerned about the stigma a young pregnant woman who chose to adopt out might experience in her community. The young religious academic group thought an older pregnant woman might choose to abort to avoid ‘embarrassment from peers ... abortion would be the easy option as it avoids people knowing’. Having said this, many in the group agreed that an older woman might choose adoption because she may have ‘more confidence’ and a ‘higher moral code’. One participant said ‘...it would put a value on the baby’s life, but in giving it away means she has nothing’. The perceived risk of loss to the mother appears greater than the value of her altruism. The academic religious young women thought that giving up a child would be difficult due to the assumed ‘emotional attachment, giving away the baby, having gone through the pregnancy – embodiment and uncertainty of their future relationship’. Hays (1996) argues that the very notion of intensive motherhood is ‘Giving oneself and one’s resources freely (and) is the appropriate code of maternal behaviour, and any concern for maximizing personal profit is condemned’ (p. 125). And yet, adopting out, arguably the epitome of gift giving, is perceived in a different light by society, as experienced by the mothers in this research, enacted by medical and welfare professions and evidenced in the focus group findings.

It is difficult to conclude if stigma or loss of identity created anxiety for birth mothers. When Jane was asked if she worried about what others thought at the time of her pregnancy, she said:

I didn’t want to deal with it and that’s why I left. ... My dad didn’t know I was pregnant ... he didn’t know until after Andy (my baby) went for adoption ... there was a lot of negative stuff happening inside my family and I just didn’t how he was going to react and if he reacted badly I didn’t want to have to deal with that ... so I didn’t tell him ...

After Jane had given birth and her son was in foster care, and the paperwork was being processed in the cooling off period, she would meet her son at the agency. For her, the exchanges were strange:

...it was weird... the first time I came there ... (the worker), she kind of dumped him in my arms and she was kind of like ‘there you go, go to mum’... and it was just kind of weird for me. I was fine with it. It was just interesting that that is how she’d say it ... it was a bit strange.
I asked Jane if she thought the worker thought she might change her mind. She responded:

   Ah ... no ... ah ... I don't know. I don't think so. Um ... I was pretty adamant that that's what I was going to do and everyone knew that. I just ... I don't know, that's just the way she was I guess.

At the same time she felt her mother’s desire for her to take her son home undermined her own resilience to adopt him out. Jane describes the scenario four days after birth when she and her mother were walking down the hospital corridor:

   So she said to me, she's like, 'I have the money in my wallet right now to go and buy a car seat and we can take him home.' And I just said like ‘No, don’t do that to me. It’s not happening but just no’.

I commented that she was a very resilient young woman, and she responded:

   Yes it was that kind of stuff and I don’t think it was her intention to undermine me, it just was her letting me know that this is an option that you can do. Because the other option with adoption is that if I don’t want to look after Andy then mum can. She can look after him and I said, no it’s not happening.

When asked why that was so, she responded:

   Because it was me or somebody else. There was nobody else involved. I would look after him and he would be mine or it would be another family ... I mean if my mum was looking after him then I might as well look after him. Because the same issues are still there ... it would just be Mum making all the decisions. I’m like no. It would be me making all the decisions or it’s going to be this other family - no middle ground.

A woman confronted with an unintended pregnancy makes a decision about her baby in the context of external factors, including community attitudes and culture, but consideration needs to be given to how the options before her have been normalised or invalidated over time (Castle, 2014). Focus groups expressed similar thoughts in asserting that different age and socio-demographic groups would be expected to react differently to news of an unintended pregnancy. This was evident when the focus groups were asked what choice an adolescent was likely to make when confronted by the predicament of being pregnant but not wanting to parent. Without exception, all the focus groups believed she would choose abortion because it was perceived to be the ‘easier’ and most ‘convenient’ option. Most participants argued that it allows secrecy and thereby reduces social stigma, particularly on a pregnant adolescent. The young religious academic group reasoned a woman might choose abortion because it allows her to ‘solve the problem now’ and be ‘like a normal girl’.

Some focus groups concluded that adoption would not be a valid option because of the lack of social support for it, which exposes a birth mother who chooses this option to stigma. The
unconnected adult adoptee regional group, which fundamentally approved of adoption, thought stigma would be a pressure on a pregnant woman with people asking ‘why would you not keep the baby with all the help nowadays?’ The religious academic young women considered embodiment an issue, that is, going through the pregnancy and birth ‘... people (would be) asking questions and (there is) nowhere to hide’... ‘people would see what is happening and ask questions and probably wouldn’t understand’. There is a ‘social assumption: if you’re pregnant you’re going to keep a baby...(which) makes it harder to explain’. Another raised the question ‘why should you carry a child for another person – (when) people are mostly self-centred?’ The risk of loss of identity was managed by each mother in varying ways, but there was a degree of helplessness experienced during her pregnancy and adopting out. This is now reviewed.

6.1.3 HELPLESSNESS


There is a contradiction between the ideology of intensive motherhood as it is positioned in a rationalist capitalist environment, where there are twin public and private pressures (Hays, 1996): the pressure to parent well, evidenced by ‘helicopter parenting’, provision of emotional and physical needs, investment of education opportunities, while unable to provide the hands on parenting required due to work to provide all their child’s financial needs (Faircloth, 2013). Fairchild argues that because of this risk, parents are required to have a level of expertise and a set of skills to parent children who are deemed at risk in a ‘toxic society’. According to intensive parenting, parents today need to be educated and informed by experts in order to choose the best methods, ideas, values and practice for parenting. Motherhood carries additional weight as ‘mothers are still the people who do most childrearing and have most responsibility for children’ (Phoenix, Wollett & Lloyd as cited in Faircloth, 2013, p. 16). Motherhood is deemed problematic by Sinclair (2005) due to the navigation required of cultural values and modern time, where identity and function are embedded. The idea of self-actualisation is a concept of modern temporality, which challenges the every day for those who seek an identity. Sinclair (2005) argues that ‘the temporal logic of the modern thus structures motherhood culturally as a difficult proposition: to be “for” mothering is, in a certain sense, to be “against” the modern’ (p. 88). I would argue it adds to the lack of identity the birth mothers experienced. The birth mothers in this research knew they could not carry this responsibility, stating they did not have the financial stability, employment or education
they perceived as necessary. They felt helpless. In contrast, the focus groups thought they should parent.

Focus group participants indicated that adoption could provide a potential relationship with the child; however, there was general uncertainty about the security of an ongoing relationship. The participants thought that the mother may fear being rejected by the child later in life or fear being tracked by the child when she may not want to be found. While focus group participants felt a woman who chose to adopt out valued the baby’s life, was altruistic and gave an opportunity for another couple to parent, she risked an ongoing relationship that she might not want: ‘... the child could hunt you down ...’; ‘the adopted child has the right/ability to track the parents at a later date, which may be something they don’t want to have to worry about later in life’ (Adoptive Parents group). These possibilities are real and members of the focus groups were concerned about the lack of control for the birth mother and, therefore, her helplessness.

While Jane felt that the few people who knew of her pregnancy and her adoption plans were supportive, she did not risk ‘others’ knowing about it. This is evident in her ongoing commitment to remain hidden in the city to escape gossip-mongering she feared would happen in her local town. She did not want her town to know she was pregnant and adopting out, but she also wished to avoid the city dwellers knowing she intended to adopt out. This is how she describes her ambivalence:

Usually you get quite excited for someone when they are pregnant. And they kinda ... I was doing water aerobics because Sue, who I was living with, did it with her sister and her sister’s friend one night a week. We went and we did it and it kind of got to the point I just couldn't do it by the end, I was just floating around in a noodle because I couldn't do anything. But we did water aerobics and then I started doing a class during the day as well, basically a class full of grandmas and they were super excited to me because I was pregnant and I didn’t ever tell them that I was going to give the baby up for adoption because I knew that would be too much for these ladies to handle. Um ... and I kind of, they would say things like ‘you have to bring the baby back’ you have to because I told them I was having a boy and they were like ‘Oh you have to bring him back when ... and show us’ as grandmas do. ... it was really hard to sort of give a non-committal answer ... but after I left, they would ask my friend about me. How was I doing? How’s the baby? ... and (my friend) would just kind of say ‘Yep, mum and baby doing really well’. And that would be it.

Jane recognised the social norms that her choice challenged, and that her decision to adopt out would be considered odd or unacceptable, but she was not prepared to open herself to social commentary then or later, to find out. Interestingly, she went on to say:
... but I mean I never sort of had any negative feedback, no one responded negatively to what I was doing. There was a bit of surprise, a bit of shock for some people I think but ah ... um ... it was never a bad thing.

Jane had attempted to manage the risk of being found out by her father and her local community by moving away.

I didn't want to deal with it. I didn't really care what they thought, I just didn’t want to deal with it and that's why I left ... It turns out it was a waste of time anyway, because everyone knew apparently ... I didn’t know that many knew who I was, let alone that I was pregnant and giving up the baby for adoption. Apparently, I had more of a reputation than I thought.

Jane’s situation was vulnerable, open to risk of isolation, hence her defence of not ‘really caring what they thought’ but not wanting to ‘deal with it’. Jane referred to ‘dealing with’ people, information, process, ‘others’ including partner, agency workers, hospital staff and her father. Jane expressed the ‘dealing’ as an action, command or thought 14 times in the interview, either wanting others to ‘deal with it’ because she could not, or that she did not wish to ‘deal with it’ or ‘this is the deal...’. These statements were made about her father knowing, her community knowing, or managing situations such as the agency. For Jane, a confident young woman, ‘to deal with’ was about controlling a situation or vulnerability by either protecting herself in the act of removing herself, or asserting herself and avoiding would-be conflict or situations of social awkwardness. The concept is that of a transaction, a neoliberal idea of winners and losers. For Jane, she worked toward being a winner.

While ‘dealing’ looks empowering, inadvertently it decreased social interconnectivity and assisted denial and a self-imposed silence that attacks the essence of sociality, enforcing and triggering isolation (Zerubavel, 2006). This increased helplessness, as Rosie also experienced, as shown in Chapter 5. Rosie found the process of wanting to adopt out but not being listened to intimidating, which fuelled her sense of helplessness. Anna’s situation was similar to Rosie as her mother lives thousands of miles away and she was on her own. Anna describes her decision to adopt out due to finance but also to ‘... (and) not having a dad or a father for the baby, and then I had no idea what to do, how to look after a baby at the time ...’

Each mother experienced different levels of helplessness at different stages of their journey. And each story was complex in its own way. Accessing the support they needed to adopt out was a challenge. Adopting out is not perceived widely as an acceptable choice in unplanned pregnancy, as the focus groups made quite clear.
6.1.4 ACCESSING SUPPORT FOR ADOPTION CHOICE

Focus groups were uncomfortable imagining themselves in the situation of having to choose between abortion and adopting out. The birth mothers saw things differently. While some would have changed the manner in which the process took place, they were nonetheless content with their decision and believed their child was in the best place possible, with their new family. Each mother selected the family based on their own interests, which they believed their child would also value over time. Each had court orders designed to protect their relationship as birth mother with their child(ren) into the future.

Interestingly, there was a lack of comprehensive support for adoption by the adoptive parents focus group, which considered adopting out as only an acceptable option if the only other option is abortion, if there is no partner support, no financial and emotional support for the child, or where the mother has no support. All groups thought financial capacity and family support were two key factors that would influence the choice to parent in unintended pregnancy and, without them, it was generally considered that a woman would terminate.

Jane listed specific criteria for when she deems it to be the right time for her to parent, which she reflected on in hospital after her son’s birth:

I was in hospital doing his bottles and everything and while we were there and then it was really hard because he wasn’t … like he’d only sleep for 4 hours at a time and then he’d wake up, have a bottle and be awake for a while and then go back to sleep and so I was in that routine as well … and I was doing it thinking there’s no way I could do this by myself for the next period of time. I didn’t want to, and I don’t want to do it by myself, and that’s something I know now, is that when I do have my own kids and whether or not I’m married I don’t really mind - I need to have that other person there to share it with, because that’s the way it’s meant to be. So, that’s what I’m adamant on now is that I want that other person, and they are going to change nappies, and they are going to feed babies, and they are going to get up to it in the night, and that kind of stuff, because it’s meant to be a partnership and it’s meant to be two people doing it, not just one. And that’s something that I really, really want.

Jane had considered the ideal circumstance for having a child and deemed she was not in that space at the time of her pregnancy. For her, the support of one special person made a big difference in managing her uncertain future. Being a ‘good’ mum in her case was giving up her child. This was reiterated by a friend of her mother’s.

... I made a decision this was what I was wanting to do and I knew that was the right decision and I had everybody supporting me in my decision. Aah ... the lady who bought the pregnancy test for my mum to give to me, she ... um ... was quite a good friend. She's an interesting kind of person, she's pretty rough around the edges but she
has an amazing heart and she’s the kind of person who’s insightful. She sees things other people miss and she'd been asking me if I’m pregnant for quite a while and I was just saying no. She knew that I was but I just didn’t say anything … when I did finally acknowledge I was pregnant … she was really fantastic, because it was something she’d always wanted to do but would never have been able to do. (She) had thought about donating eggs and things like that but … by the time she stopped having her own kids, it wasn’t really an option for her anymore. But she was … really great because she kept on saying ‘what you're doing is so amazing and you’re giving this family a gift and that I wish I could do what you are doing’ kind of thing. Having that person was really great and it was sort of giving my mum support as well because in her telling me that what I was doing was really great, was kind of telling my mum as well, at the same time.

While Jane had instigated the idea of adopting out herself, the support of a friend gave her courage to pursue her ambition. The social proximity scale mentioned in Chapter 5 identified that focus group participants were largely more accepting of a friend considering adopting out than they were a family member or themselves. All groups, except the advocacy adult adoptee group, were prepared to support someone who was considering adopting out. All the birth mothers acknowledged that having someone support them through the process was critical to their sense of wellbeing.

Rosie spoke at length about the agency workers who pressured her to bond with her second son Riley, evident of their lack of support for her decision to adopt out. She was adamant that she could not and did not wish to bond with him. They put her in a support home for new mothers with her first son (13 months old), who was still on a nasogastric feeding tube with ongoing serious health issues. Rosie did not have the capacity to cope with her newborn son Riley. She found one professional whom she considered supportive and who listened to her wishes that her son be put in foster care until he could be adopted. This support worker began the adoption process with Rosie, bringing photos and bios of potential families. Rosie’s anxiety reduced as she could see she would be able to give her son up to a suitable family.

Adoption agency structures are small due to the small number of adoptions now occurring in Australia. Few resources are available to support families who autonomously decided to adopt out. However, positive support is needed to assist family members who may not understand risks associated with adoption choice. There are support and advocacy agencies for those who feel traumatised by past adoption practices, but not for those who feel their decision was the right choice for them. In addition, lack of understanding from family members creates further anxiety for birth mothers.
Rosie’s nanna was not supportive of her decision to adopt out Riley. Rosie considered her nanna to be her best friend, but her nanna’s trauma in WWII concentration camps in Europe influenced her pressure on Rosie to look after her own offspring. Rosie’s response to her was, ‘I'm doing the right thing nanna. He's going to a better place nanna. I can’t look after... I couldn’t look after both boys with Joshua being so sick, and I haven't got it in me’.

Women are led to believe they have a right to choose in unintended pregnancy, but the fact that a choice may lead to unforeseen complexities is little understood, especially in their family and peer relationships. Rosie has two sons who spend time together only twice a year. They are young now but as they get older they may blame Rosie for the choice she made in their best interest. She worries about this and consequently her vulnerability is never-ending.

Anna is unlikely to experience support from any of her friends as only her brother and mother are aware of her two adoptions. Her secrecy precludes her receiving ongoing support from her peers and sentences her to a life of silence and isolation. Anna does visit with her sons and their new family on a regular basis, but this ‘other’ life is a mystery to her peers.

Only one of the mothers interviewed expressed a concern about her education or career at the time of their adoption. This does not mean that these were not influential in decision making, as I now will discuss.

6.1.5 EDUCATION AND CAREER VULNERABILITY

The focus groups were asked to consider two age groups of women with an unintended pregnancy – an adolescent, and a mature, educated, career woman – and their options. Focus groups argued that the most powerful influences on a mature woman with an unintended pregnancy would be her partner, the importance of financial security, her career and the potential interruption and inconvenience of a pregnancy and baby. Many believed abortion would be the expedient option, but thought that for the older woman other factors, such as her disposable resources and maturity, might cause her to consider adoption as she would likely have a stronger ethical and moral compass to guide her, along with the confidence and access to get through the perceived red tape. The advocacy group of adult adoptees believed she would change her mind and parent. Other groups also indicated there is a ‘social pressure to parent rather than adopt’. Generally the advocacy group thought the older pregnant woman might have more resources and options and be more likely to parent than a young woman who would have limited options and is vulnerable to influence from family, specifically grandparents. Two groups considered that society would judge a woman who chose to adopt out and pressure her not to adopt out.
These findings show that almost all focus group participants consider abortion as the ‘quick fix’, ‘easy’ and ‘convenient’ option that allows for a ‘solution’ to be found with least interruption to career or education.

The adoptive parents focus group thought career and finances, as well as the need to be in control, would motivate the choice made to adopt out or terminate, stating a mature woman with an unplanned pregnancy would be:

... more likely to have an abortion due to the fact of education and career/maturity. She can more clearly understand how a child/pregnancy will severely interrupt her life, whereas she would have the money and the opportunity to have an abortion.

Unplanned pregnancy was perceived by several focus groups in terms of ‘interrupting’ a young or older woman’s life, emphasising the sense of risk and unpredictability of life and the appeal to mitigate overwhelming circumstances with control. For two of the focus groups ‘interruption to her career’ was a feature in the choice to terminate, perceived to provide the key means to control the risk of interruption in the most secret way:

She would more likely choose abortion over adoption, as ‘... it can be done without anyone knowing, she would be able to pay for it. ...it (a child) probably wasn't in the plan she had for her life ... and would affect her career ... she could plan a pregnancy when she was ready...’ There were also comments that financial considerations may have an influence ‘...loss of income, or even potential loss of job...’ if she pursued the pregnancy.

The young religious academic group thought abortion would be the preferred option by the more mature woman due to the perceived detrimental effect a child could have on her career and lifestyle. Adoption was not considered an option by any group. Interestingly, only one mother interviewed agreed that education or career played any part in their choice to adopt out.

Misztal’s vulnerability framework identifies time or timing as a component of unpredictability. Teens are more vulnerable to the forces of economic and social insecurity over time when parenting young. It is well documented that teen parents fare poorly in terms of welfare dependency for life, crime, and poor education outcomes (Luttrell, 2003; Harden, Brunton, Fletcher, Oakley, Burchett & Backhans, 2006).

For Jane, financial insecurity and her overwhelming sense that she was not ready to parent alone were both instrumental in her choice to adopt out:

My family had struggled with financial issues most of my life and I didn’t want to bring someone into that kind of lifestyle, when I know there are families out there who
desperately want kids and they have all the money in the world and they can provide everything and then some. So, that's one of the main reasons for giving up for adoption was definitely like financial.

At the time of interviewing, Jane was continuing her university studies, consistent with findings by Festinger (as cited in Fisher, 2003) that show mothers who adopt out have better scholastic performance and aspirations for their future.

Focus groups varied in their thinking about the influence of career on a woman’s reproductive choice. For the unconnected adult adoptive group, career was considered an important motivation for abortion choice, particularly for the older pregnant woman as it would give her the control to choose the ‘right time for having a family’ and she would be less likely to go ahead with the pregnancy because she would have ‘no patience for children’ and would want to maintain the career that she had worked hard to develop. Only the adult adoptee advocacy and support group did not mention career as instrumental to a woman’s decision making regarding unintended pregnancy.

The focus group of young academic religious women thought abortion would be perceived the more convenient option by most women, however, that the mother might change her mind and keep her baby. Participants in this group considered that a woman with an unintended pregnancy would experience less interruption to her career if she adopted out.

The following section considers the regional sites of unpredictability as experienced by birth mothers. These include economic and welfare policies embedded in economic rationalism, risk-avoidant legislation and the influence of media.

6.2 INSITUTIONAL SITES OF UNPREDICTABILITY

6.2.1 ECONOMIC AND WELFARE POLICY EMBEDDED IN ECONOMIC RATIONALISM

Self-determination and the ability to choose is a hallmark of neoliberalism, but is only possible for those who are empowered to express it through internal and external factors. When a woman is unexpectedly pregnant, the degree of autonomy to choose is reliant on a plethora of unknown factors, such as support of intimate others, legislative requirements, general cultural and ideological trends, unknown financial pressures of parenting, and risks to relationships, education and career. This section will focus on institutional sites of unpredictability, in particular economic and welfare policy, which is embedded in economic rationalism, and how it impacts choice making for women considering adopting out.
As Misztal (2011a) underscores, economic and social structures have created a culture of insecurity whereby the level of vulnerability as a social phenomenon has changed the lived experience of individuals in employment and social connection. Modern individualism threatens social bonds, and crisis increases these threats. The threats to income compounded by dislocation increases the sense of fragility. The mothers in this research expressed these concerns as they confronted their unplanned pregnancy. As Misztal states, it is ‘commonly observed that at present people are left to cope with risks and vulnerabilities by themselves’ (p. 83). The autonomy expected of each birth mother in this research was contradicted by state adoption policy and regulation. Her choice was confined by legislation, with many unknown factors relating to timing, connections and future relationships. Many current policies aim to arrest the welfare expenditure of particular long-term dependent cohorts, such as young mothers, young carers and perpetual students (Department of Social Services, 2016). In this sense there is a conflicting message by government that denies legitimacy to a young mother and yet fails to endorse adopting out to young mothers as a legitimate choice.

Two of the mothers in this research were not aware that they, as single mothers, could become reliant on welfare benefits by parenting. Their primary concern was their personal inability to parent at that point in time. This was largely due to an unwillingness to parent alone and without the emotional and mental capacity to parent ‘well’. The third mother Jane, was adamant she did not want to be dependent on welfare as a single mother. She wanted to provide her child, when she chose to parent, with better economic stability and a partner to parent with. Misztal’s framework is critical as a lens to sociologically consider the contextual framework in which these young women made their decision to adopt out.

Integrated in this thinking, as discussed in Chapter 2, Hays (1996) identified the modern construction of motherhood as intensive motherhood, which focuses on the needs of the child as paramount. Mothers are not simply expected to be present in the home but also to extensively invest in their child’s future. This priority co-exists in the context of a culture that is market driven, competitive, ‘me’-centred and focused on financial success. Hays (1996) argues ‘... all mothers ultimately share a recognition of the ideology of intensive mothering. At the same time, mothers in modern western society live in a culture where child rearing is generally devalued, and the primary emphasis is placed on profit, efficiency, and “getting ahead”’ (Hays, 1996, p. 131). Undoubtedly, the ideology of motherhood enunciated by Hays in her research and literature review continues to reflect current thinking on legitimate and illegitimate motherhood - including that of the choice of some mothers to give up their child to another couple to raise as their own. Oddly, adopting out does not sit comfortably anywhere in the considerations of reproductivity or productivity. Current policies are not perceived by the birth
mothers interviewed to be adoption-friendly. The expressed opinion that a birth mother should parent was pervasive among three of the four focus groups. Adoption was not considered ‘a valid option ... with too much red tape ... and social pressure to parent rather than adopt ...’, while ‘... acknowledging that choice may be financial, career or time based’. These factors increase the precariousness of each mother’s life choice for their child.

The breakdown in economic and social bonds has created more insecurity in Western culture, increasing risks of poverty, unemployment and isolation. Systems of economic power increase insecurity for the vulnerable and impact their ability to exercise choice. Each mother agreed that her financial insecurity influenced her decision to adopt out; however, some were also concerned about raising their child on their own. Two birth mothers talked about finance as a component of their decision making. Jane said, ‘I didn’t have a job, I didn’t have a car, I still lived at home, I wasn’t in a good place ...’, and she did not want to be on Centrelink benefits for the rest of her life. Anna identified the lack of stable income and the non-present father as the reasons she chose to adopt out her second baby in 13 months: ‘... if you haven’t got enough money coming in it’s going to be hard to look after a baby ...’. Focus groups considered finance might play some part in influencing her choice to not parent, but to a lesser degree.

All participant responses largely expressed similar views to Misztal, that lack of financial and relationship stability are influential in the level of vulnerability experienced and, in this research, in choosing to parent or not. Amongst the focus groups, only the group of adult adoptees who were independent of any advocacy group held the view that the logical choice for a young mother who could not afford to parent was to adopt to a family that could. This group was supportive of adoption and highlighted ‘promising’, which Misztal calls the mitigating response to uncertainty and unpredictability, which provides a sense of future, security and hope. They cited the potential joy experienced by adoptive families and the child, some referring to their own experience. They contrasted the positive results of adopting into loving families and the rich experience of family life with the life with a mother who was unable to provide for the baby. This adult adoptee group considered the positive aspects of ‘giving others a chance to become parents and love the baby. Giving herself a chance to fulfil her life goals’. This group expressed concern over current laws, which they consider are not supportive of adoption choice. They also preferred the concept of adoption choice over abortion choice, but were adamant the choice belonged to the mother.

It is clear from this research that adopting out is not for the faint-hearted. However, all of the interviewed mothers would not change their decision to adopt out their sons. For Jane:
But I’m glad it happened that way … I wouldn’t want to change it. Because if I did keep Andy, I probably wouldn’t be at university right now. I wouldn’t be living here; I probably would still be at home. I mean my life wouldn’t be what it is now obviously, but I don’t feel like I would have been able to do as much as I have done.

Jane, thoughtful of the cultural expectations and the society in which she lives, accepted the unpredictable aspect of her crisis and chose a new family for her son. Through legal agreement and open adoption she sees him and his new family regularly.

The following section considers legislation that is risk-avoidant and a response to past coercive adoption practices, and considers how current practices are influencing young mothers in the quest to adopt out.

### 6.2.2 RISK-AVOIDANT LEGISLATION, INFORMATION AND UNACCEPTABLE CHOICES

A pregnant woman who makes the choice to adopt out in Australia today does so in a complex legislative environment that is potently risk averse. Past adoption practice and lobbying by advocacy groups have significantly changed government policy regarding adoption. Regulation imposes barriers to a birth mother’s choice, resulting in less support for her decision and greater risk of exposure to censure and social disapproval. Each of the young mothers in this research aligned themselves with secrecy and remain unsure of exposing their decision to adopt out to their own friends, let alone the wider community.

Australian adoption policy provides no avenue to begin the process of adopting out prior to birth. No papers can be reviewed; no counselling can take place; no parent selection can occur. Birth mothers essentially experience silence from government adoption agencies until after the birth. The mothers interviewed found this frustrating, stating that it added to their anxiety about the birth and increased their insecurity and their reliance on professionals.

Rosie, a birth mother, is a case in point. Her complex circumstances included the death of her partner from a drug overdose the same day she gave birth to her first son at 26 weeks’ gestation. After months of hospitalisation, Rosie’s highly medically-dependent baby was on the brink of leaving hospital. To celebrate this, Rosie went out for a few drinks by herself and says she has no idea how she got home, but became pregnant as a result. Bringing her son home, still reliant on nasogastric tubing for feeds, she managed her pregnancy by denying its existence until past 20 weeks. Once acknowledged, she was adamant she did not want to keep the baby. Her firstborn was just 13 months old with significant medical needs when she gave birth to her second. She did not bond with her second baby in utero and made the decision while pregnant that she could not cope with another child and, being too late for an abortion,
determined to adopt him out. However, the law in South Australia prohibits any discussion or preparation toward placement for adoption until after birth, and evidence is required that a period of time has passed and the biological parenting role is irredeemable. It is difficult to see that this particular legislation cannot be considered anything other than risk-avoidant and a reaction to past forced adoption policy and, at best, considers adoption a lesser outcome. The adoption policy meant Rosie was required to ‘live-in’ at a mothers and babies home for a period of time after her second son’s birth, with his older but still baby sibling who remained needy and unwell. Regulations meant Rosie was forced to spend time with her newborn baby and attempt to parent under the watchful eye of professionals who enforced the regulations. Rosie admits the process was ‘not nice at all’.

I wanted him to go, but … the government rules (are) … to try the mum with the newborn baby … I didn’t want him, I just ignored him …

All birth mothers in this research expressed the view that government red tape created additional hurdles to the process of adopting out. Although agents of the state were largely respectful, pressure was exerted for all the mothers interviewed to hold and care for their baby and even take them home, though they had clearly expressed their desire not to parent and rather to adopt out. In the very effort of policymakers to avoid a repeat of past practices of coercion in birth and adoption experiences, these stories show the same government overreach and coercion into the personal lives of young mothers today.

Jane refers to the awkwardness of medical staff who had assisted her through the pregnancy and birth, and tells of meeting one of the doctors at the hospital:

I remember running into one of my doctors (I never had a continuous doctor), I would just go to a clinic and see whoever was available, but it was the same clinic, so they were all getting the same information. I remember seeing one of the doctors, and I said ‘hey look what I did. It’s all out’, and he said ‘wow!’... He knew I was giving the baby up for adoption and so I don’t think he knew how to respond. ...I think I sort of caught him off guard. Yeah, I don’t think he knew how to respond because like what do you say to someone?

Jane was aware of the culturally inappropriate choice she had made and with it the risk of being stigmatised. Professionals clearly found the process of working with these young mothers who chose to adopt out challenging. It is beyond the scope of this research to know if a reflection of the coercive period influences professional attitudes to mothers who choose to adopt out today. With waiting times and forced ‘bonding’ times, there is clearly a struggle to accept the self-determined choice these women have made to adopt out.
The invasion of social services in the process of adopting out is required by law; however, it intensifies the sense of precariousness a young mother experiences and the fragility of processes she must manage (Twenge as cited in Misztal, 2011a, p. 75). All this occurs in the context of the increased levels of fear and anxiety more generally experienced in society today, where ‘social bonds and attachment to other human beings’ (Misztal, 2011a, p. 85) is arguably on a downward trend. Anna from Tasmania is a case in point.

Edward, Anna’s first born son, was ‘held’ in foster care for 5–6 months while Anna considered if she really wanted to ‘sign him away’ permanently to adoption. She signed the mandated 30-day cooling off period five months after his birth, following many coffees and discussions with her case worker from the Department of Health and Human Services. It was only then that Anna was given five profiles of families she might consider as future parents for Edward. Anna said it would have helped her decision-making and given her more confidence if she had been able to look at the profiles prior to signing. For Anna, this would have provided a greater sense of control over what was largely a process out of her control. Anna had no support for her second birth, just 12 months later. Again, she had told no-one of her pregnancy and barely admitted to herself that she was pregnant until the last three months. Anna finished her shift at KFC one night experiencing abdominal pain and thought she should go to the hospital to have it checked. Twenty minutes later she delivered her second son, Simon. Anna held Simon immediately after birth and a few times while in hospital, but she was anxious to leave hospital in case she was discovered by people who knew her. She did not wish to breastfeed, despite pressure to do so by the attending staff. Perhaps her actions were a mechanism to manage her uncontrollable circumstances and a means to reduce the risk of attachment. There are cultural expectations that when a mother gives birth that she will attempt to connect with her baby; this may be radically challenged by a mother who has made the choice to adopt out. The lack of frequency of this choice isolates and further exacerbates her anxiety and need to control what she can, that is to touch, hold or breastfeed her baby, or not. There is a lack of understanding by those around her; whether intimate others, staff or agents of systems, policies and legislation which can create a dissociation of normalised birthing events which is difficult for all involved to reconcile. As Misztal reports, in the West, people tend to ‘conform and perform’ without adequate emotional support or clear guidelines (2011a, p. 84).

Based on Arendt’s (1958) work on managing inequality in altruism – where one gives and another takes (an apt description of adopting out) – Misztal argues that promising is a way of reducing precariousness. Given this, the promising of accepting and respecting a birth mother’s choice to adopt out her child, enacted through policy, practice and personal relationships, would arguably also reduce anxiety (Misztal, 2011a). This fails to stack up with
current policy and social norms for a birth mother who chooses to adopt out. She is not legitimated in the current system.

Current policy in Australia is grounded in risk aversion, which is careful not to repeat past adoption practices of abduction, nor to be seen to impose adoption as a solution for mothers even when it is clear they do not wish to parent. Autonomy is relegated a second place to ‘noblesse oblige’, the moral obligation of the state to mitigate the risk of repetition of past practices. Current risk-averse practice results in the state seeking control in the face of unpredictability.

Abortion policy in all states has made medical abortions relatively more accessible up to 12 weeks gestation. Most focus groups acknowledged the choice for an abortion over adoption has to do with convenience, the ease of secrecy, and the avoidance of judgement and, thereby, stigma. Legislation relating to abortion has changed significantly over the last 10 years, allowing easier access to abortion procedures. However, adoption also has gone through significant change since the 1980s, with more barriers and risks experienced in terms of choice, as the birth mothers in this research have shown.

The next section addresses how media influences social opinion and cultural acceptance of adopting out and how this impacted the mothers who made those choices.

6.2.3 MEDIA

Since 2012, media attention concerning adoption has focused on the history and trauma of the forced adoption period. As a result, adoption as an option in unplanned pregnancy has become seriously questioned, as some focus group participants attested. The adoption culture up to the 1970s inherently framed a young pregnant woman who chose to adopt out as being unselfish and ‘doing the right thing’ in ‘her child’s best interest’; however, the same young pregnant woman today considering adoption is perceived as countercultural and selfish (Resnick, 1990).

During the period of this research a drama series, Love Child (Lambert & Bennett, 2014), first aired on free-to-air television in Australia. This program is based on true stories and captures the trauma of forced adoptions in the 1950s to 1970s in Australia. The program was funded by the Commonwealth Government and arguably conflates coercion with adoption in an impressive series of Australian drama. In the same period, another media story was gaining momentum with high profile actress Deborra-Lee Furness, wife of Hollywood actor Hugh Jackman, promoting overseas adoption of orphaned children. The story gained traction with
politicians, media outlets and the public. She was the positive face of intercountry adoption. Waggenspack (1988) explains the power of media to influence social thinking.

The broad ‘public-making’ significance of mass media is in its ability to create publics, define issues, provide common terms of reference, and thus to allocate attention and power (Littlejohn as cited in Waggenspack, p. 62). ...In the case of adoption, the means by which families come together is often portrayed through the media as mysterious, somewhat seedy, and often involving undesirable social conditions such as abandonment illegitimacy, and infertility (p. 67). (Adoption) is a method of family planning, just as is birth control. The symbolic crises faced by adoptive families and professionals are the result of several factors: changing patterns and motives for adoption; language transformations that create tension between adoptive families and those on the outside; and media misrepresentations that continue myths about adoptive families, adoptees, and the adoption process (p. 80).

Rosie blames media for the social aversion to adopting out and highlights the riskiness of her choice in terms of social acceptance, the influence of media and its shaping of the views of the public about adoption. She says:

*Find my Family* ... was on last year, about adoptive children wanting to find their biological parents ... and I think that's the reason why now they try not to do adoption ... (After seeing the show) I worried like later down the track about resentment from the kids you know, being angry towards my decision ...

Anna spoke of the same program and called it ‘sad ... I guess that the people are usually older on the show. And you didn’t get a say, like the parents ... didn’t get a say ... about what’s going to happen ...’. Anna didn’t express any self-reflection about her own children also having no say in their future.

Jane was aware of other media stories such as *16 and pregnant* on MTV and *Home and Away* on commercial free-to-air television, and thought that sharing her story publicly would be intimidating because ‘there would be a lot of negativity around it’. She was also conscious that the story would not just be about her, but all those involved. She was aware of the interdependence of all the players ‘you can’t just have me without everybody else’.

Only two of the focus groups thought media had influence on a pregnant woman’s decision making, one group suggested it was the most influential and the other group thought it only had some impact. The birth mothers were all aware of the programs and the possible increased risk for them as those bearing the responsibility of choice.

The final section ponders ideological influences on birth mothers, and the notion of risk and precariousness in adopting out and reproductive decision making. Biopolitics as described in Chapter 2, intensive motherhood and structural versus biological family are all considered.
6.3 IDEOLOGICAL SITES OF UNPREDICTABILITY

6.3.1 BIOPOLITICS

Biopower, as discussed in Chapter 2, is a term developed by Foucault (as cited in Hashiloni-Dolev, 2007) implying the need for government ‘intervention, monitoring, management surveillance and protection’ or social control, from which the term biopolitics is derived. Biopolitics, according to Hashiloni-Dolev (2007), is embedded in policies and interventions governing citizens, such as power over birth, death and health. For birth mothers, the perceived difference between the child of adoption, the unborn foetus, is dependent on the current political and social framework, and is embedded in cultural and economic justification. Reproductive choice and rights rhetoric has irreversibly shaped social and political will regarding the legitimacy of adopting out, abortion and the private domain of choice for women with an unintended pregnancy. Throughout the various waves of feminism globally, the notion of reproductive choice continues to evolve. As information and medical technology advances and geographical frontiers are abolished through globalisation, ideologies driving the politics of ‘choice’ continue to clash, and many diverse views uncomfortably coexist.

Vulnerability, while on the rise for all people in global events such as war, tsunamis, floods, earthquakes and terrorist attacks, is experienced at an individual level. People who are confronted with irreversible circumstances, who are dependent on others at an individual, institutional or ideological level, have unpredictable outcomes, which they are less and less prepared for. Biopolitics contributes to the considerations of adopting out policy and experience in the light of social control where subjects of fertility and regulation are intimately linked. Biopolitics, according to Hashiloni-Dolev (2007), does not strictly control but rather create desires and defines the ‘good or bad’, ‘right and wrong’, ‘normal and abnormal’. Biopower is described more accurately as a benevolent power, ‘a peculiarly effective and invasive form of social control’ (Hashiloni-Dolev, 2007, p. 8). If we accept this is true, then reproductive outcomes are being constantly shaped by biopolitics, shifting the goalposts for ordinary Australian women, creating a precarious environment and influencing their reproductive choices. Ideological influences in the Western mindset are inextricably linked to economic rationalism and market consumerism. It is therefore not surprising that biopolitics is integral to discussions about reproductive choice.

Some more recent developments of technological advancement will be discussed shortly as possible future options in reproductive decision making. As the birth mothers interviewed have attested, they were aware their decision to adopt out was not mainstream and was
unlikely to be met with favour. The need to hide their story is evidence of the pressure brought about by ‘current’ cultural and political views, and not unconnected to the fall out of past practices.

The following section relates to Hay’s notion of the contradiction of intensive motherhood in a market driven society.

6.3.2 INTENSIVE MOTHERHOOD

The fragility and precariousness experienced by pregnant women with an unintended pregnancy are patently associated with economic and social risks when viewed with the lens of ‘intensive motherhood’ presented by Hays (1996) in her book *The Cultural Contradictions of Motherhood*. The paradox of women’s increasing role in the workforce and the ambivalence of intensive motherhood intensifies the contradictions experienced by women caught in two worlds today.

The ideology of intensive mothering and the extent to which mothers attempt to live up to it is responsible for the cultural contradictions of motherhood. The same society that disseminates an ideology urging mothers to give unselfishly of their time, money, and love on behalf of sacred children simultaneously valorises a set of ideas that runs directly counter to it, emphasising impersonal relations between isolated individuals efficiently pursuing their personal profit. In other words, the cultural model of a rationalised market society coexists in tension with the cultural model of intensive motherhood (Hays, 1996, p. 97).

Hays (1996) makes the point that the more effective and efficient the rationalised market becomes ‘the more powerful becomes its ideological opposition in the logic of intensive mothering’ (p. 97). This was evidenced by the mothers interviewed: they did not want to parent by themselves, with a strong implication that they were not ‘good enough’ to parent and were not positioned at the time of their pregnancy in the ‘right relationship’ or the ‘right financial situation’ or the ‘right headspace’ to parent. Hays’ work highlights the conflict between expectations of the ‘competitive employee’ and the ‘perfect mother’ - the ideology of motherhood today. The mothers interviewed in this research knew they could not play in this space and opted for their child to have what they perceived to be a ‘better option’ with a family that could provide this environment. But the barriers they experienced to choose this path were heightened in the context of the ideologies that frame the regulations they had to abide by, leading to increased isolation and insecurity.

The decision to adopt out or terminate are the only alternatives to mothering. For the focus groups, pregnant women ‘should’ parent or would more likely terminate if they could not.
Most focus groups believed that abortion was less risky as it was perceived to have little impact on the body and, as one participant stated, ‘... it removes the pregnancy so it doesn’t happen’. There was an irrational concept that abortion somehow ‘reversed’ the pregnancy, its biological and social consequences and almost all of the psychological consequences for a pregnant woman. However, participants from the focus groups also spoke about the unknown or unpredictable loss and grief, long-term regret and negative long-term psychological impact on women who have abortions, and the possible negative impact on her fertility. The participants generally felt that while abortion encompasses potential perils, there were less of them and they were more manageable than adoption. The focus groups were asked to consider if ‘choice’ might change if the subject were an adolescent or a mature woman. For the unrelated adult adoptee group, abortion was the most likely choice for an adolescent with an unintended pregnancy, as a baby would interfere with their life, it was considered the easiest option, and therefore would reduce social stigma. For the religious group of academics, abortion would more likely be the choice of an adolescent facing an unintended pregnancy, because it allows for secrecy, in comparison to the red tape required for adoption, and there would be more social pressure to parent. The adoptive parents were not dissimilar in their views, citing cultural, social and family influences and financial considerations.

The next section explores surrogacy and ART as well as other options for mothers who decide they will not parent, such as legal abandonment.

6.3.3 STRUCTURAL VERSUS BIOLOGICAL FAMILY

The discussion of adoption globally is founded on notions of structural versus biological family, as iterated in Chapter 2, and as described in March and Miall’s (2000) research. Many countries have been sharing adoption and surrogacy practices for years; however the availability of children in countries too poor to care for their own has controversially been linked with human trafficking and slavery, and corrupt practices have led to justifiable global outrage. Many countries have now closed their borders to international adoption and surrogacy.

For me, the issue of adoption is closely linked to surrogacy and IVF, which I frame as versions of adoption at an earlier time in the process of human development. The issues surrounding adoption need to be considered carefully by governments, moralists, philosophers and sociologists in light of technological advances that open up opportunities including surrogacy and IVF. The choice of women to become a commercial surrogate, which is currently illegal in Australia, but legal in other Western democracies, is challenged by risks of abuse and
corruption. Adoption is only possible for altruistic purposes and cannot financially benefit any mother, though it was something Anna was interested in as a means of making money. The women interviewed in this research challenge the notion of attachment and the ability to give a child to another family to raise. The possibilities of altruistic or commercial adoption remain contentious with many barriers to adoption for women who might choose this over termination.

**SURROGACY**

Surrogacy is a form of assisted reproductive technology (ART) where a woman (the surrogate) carries a baby through pregnancy on behalf of another and then relinquishes the baby to the intended parent(s) once born. Fletcher (2006) states: ‘Commercial surrogacy has been criticized on the basis that it amounts to commodifying children and women’s reproductive labour … as a form of slavery, and buying a child’ (Fletcher, 2006, p. 41).

Surrogacy in Australia is regulated and commercial surrogacy is illegal. Citizens who engage in overseas commercial surrogacy can expect criminal charges in Australia including prison time and hefty fines. Even so, media stories in the last few years highlight the fact that they still occur. The legal parameters of altruistic surrogacy differ from state to state and, unlike India or Canada, a surrogate birth mother in Australia has the right to change her mind and keep the baby after birth. Publicised legal battles are currently underway in one such incident. The subject of surrogacy is of interest in this research as both birth mother and surrogate birth mother effectively adopt out the child they carry through pregnancy. Few Australian surrogate arrangements occur each year due to lengthy ethical and legal processes and expense. However, interest in surrogacy continues to grow as the number of local adoptions reduces and the drive continues to return children in the foster system to biological families. The forming of structural family is on the rise and discussions about surrogacy should be of sociological interest.

Focus groups were asked their views on surrogacy, under what circumstances it would be acceptable, and whether the birth mother should receive payment. Respondents from three of the four focus groups approved of surrogacy as a provision, but not as a profit-making business. Concerns were raised about the potential for exploitation of vulnerable women and the need to minimise corruption and establish a proper legal process. Only one focus group – the adult adoptees affiliated with an advocacy and support organisation – strongly objected to surrogacy in any form. They saw it as commodification of children and as a further means of trauma, loss and grief for the child, describing surrogacy as ‘child abuse’ and ‘child trafficking’,
and added ‘there is no such thing as the right to have a child’. The other three focus groups, including the other adult adoptee group, considered the concept of altruistic surrogacy as appropriate, a gift for a family, with payments acceptable for medical procedures only, arguing that carrying a child for another couple is a reward in itself. The religious academic young women felt surrogacy was good for family members and that the surrogate mother ought to have long-term involvement in the child’s life – like open adoption.

Birth mothers were also asked their views about surrogacy. Jane explained that it is exactly how she felt – that she was carrying someone else’s child.

I felt like I was a surrogate mother and I think it’s really good and I think Australians should pick it up … if you’re carrying the baby for somebody else, it’s not your baby … it happens to be inside you for a while. I’ve always said that to everybody and they’ve said ‘What? How can that happen?’ … That’s how I felt. And I think that was probably a self-defence thing, in terms of looking after my own mental health. That baby doesn’t belong to me, never belonged to me, belonged to somebody else. … because I’d gone in with this whole mind set of he’s not mine, … I was a surrogate. That was where I was at, so … the … the feelings are different it wasn’t as though I didn’t have any feelings for him, I did very much so, but I knew that he wasn’t mine. He’s somebody else’s, didn’t know who yet.

Anna, who has adopted two of her babies, felt similarly,

... I actually wanted to do that (carry someone else’s baby) … some people like to be pregnant, so I guess if they want to get pregnant and not keep the child, it would be an easy way to be pregnant and not keep the child. And you’re helping people as well. So, I’d definitely do that. … I think it would be good.

Rosie could see the similarity of her actions in adopting out with that of a surrogate mother, but was conflicted, ‘… it was wrong … well it’s not really wrong because that’s what you do with adoption. It’s exactly the same as surrogacy’.

LEGAL ABANDONMENT

Some countries, such as Denmark, have developed safety deposit boxes in hospital walls, where a mother can place her newborn when she has made the decision not to parent. Highly controversial and not accepted practice in many countries, it is currently being lobbied for in Tasmania. I asked focus groups and birth mothers what they thought of the practice of legal abandonment or ‘safe havens’ in hospital walls. The focus groups expressed mixed views. The adult adoptee group who were unconnected to one another felt legal abandonment provided a safe place to leave a baby but were concerned that there would be no medical records and no way for the baby to contact the mother when they became an adult. They recognised that
it provided a way to manage shame and embarrassment for the mother. Conversely, the adult adoptee advocacy group strongly disapproved of legal abandonment, seeing it as ‘disgraceful, it is against human rights – (in terms of a child’s right to their) identity and ancestry’, and that it ‘intensifies and normalises abandonment issues ... children will not recover’. The adoptive parent group summarised legal abandonment as ‘generally a good idea, it provides anonymity, a safe environment, but the risks included issues about “re-connection”, and also the possibility of a father dropping a baby there without a mother knowing’. The academic religious young women were conflicted; they argued that there would be a loss of biological link and an inability to reverse the decision, however they acknowledged it would create a safe place and it may make the decision to adopt out easier.

The key issue for all groups was the increased precariousness and risks associated with the safe haven option. The risk of an irreversible decision was increased, with limited if any information regarding medical or genetic data that could be shared. While it can be argued safe havens provide a legal way to abandon a child and provide the mother with choice and secrecy, it may entrench shame and loss of accountability and certainly challenges the notion of social capacity and connection. The general sense from focus groups was an increased sense of unpredictability. The child would have no knowledge of its parentage, no contact details and no link with a biological past.

6.4 MITIGATION OF UNPREDICTABILITY

The mitigation of unpredictability is found in promising, according to Arendt (1958). Arendt acknowledges that promising 'perhaps because of its religious context, perhaps because of the connection with love attending its discovery - has always been deemed unrealistic and inadmissible in the public realm, the power of stabilisation inherent in the faculty of making promises has been known throughout our tradition' (p. 243). Promising can be traced back to the Roman legal system, 'the inviolability of agreements and treaties...' (Arendt, 1958, p. 243). Promising is an act more likely to occur at a micro level, between individuals and is based in trust.

6.4.1 MICRO

As discussed in the introduction, Spencer and Pahl (as cited in Misztal, 2011a) investigated interpersonal relations that help individuals cope with life and society. Misztal refers to their work: ‘trust-based relationships mitigate vulnerability by offering emotional support and by helping people define themselves, develop a sense of identity and belonging, and find structure and meaning to their lives: they provide social glue’ (Misztal, 2011a, p. 168). The
problem arises for birth mothers in their secrecy and stigmatisation, where those interviewed had few trust relations to draw on. The ‘safety net and safety valve’ of friendship networks, including family, were minimal. The social construction of adopting out as a reflection of past practices impacted each mother’s ability to trust others. As Epicurus noted in 341-270 BC (Misztal, 2011a, p. 169) ‘it is not so much our friends’ help that helps us as it is the confident knowledge that they will help us’ (Spencer & Pahl as cited in Misztal, 2011a, p. 169).

The mothers in this research were unsure that help would be available to them and when they took the risk to make themselves vulnerable to others they were often socially excluded. Yet trusting relationships provided the greatest hope to mitigate the risks they experienced, to reduce the anxiety, the loss and grief, restore or approve their identity and improve their sense of helplessness. Misztal argues that friendship brings hope and promise. Or as Vernon (2006) articulates ‘the corollary of friendship’s ambiguity is that it is packed with promise and strewn with peril’ (as cited in Misztal, 2011a, p. 170). As a social function, voluntary friendship provides a sense of belonging and builds self-esteem, a stability in a constantly changing world, and improves life (Adams & Allan; Spencer & Pahl as cited in Misztal, 2011a). But modern society’s values and political ideologies based on past events play havoc with well-meaning friendships, attempting to navigate in uncharted waters of moral fluidity, at the mercy of public censure and stigmatisation.

Promising is a key part in mitigating the unpredictability of vulnerability experienced by birth mothers. The illegitimacy of their choice is not perceived or acknowledged by significant others, including family. It is not surprising that Jane would have accepted the comfort and support of her friend Philippa following the adoption of her son as ‘friends are often better at helping than family members or professionals because they are chosen and share many personal and social characteristics, which means that they are well suited to support’ (Misztal, 2011a, p. 172). Nonetheless, social isolation and exclusion were key findings in this research, and recent empirical evidence shows people worry about isolation, which impacts on their lives (Misztal, 2011a). Misztal highlights it is not actual connection that presents a threat to people’s mental wellbeing but their subjective sense of not having it. It is not only the elderly who suffer increased loneliness, but those who are stigmatised (Goffman, 1963).

As changes in the way we work and live are putting many people at increasing risk of unpredictability and uncertainty, we need all possible efforts to confront vulnerability by ensuring social support and inclusion. The likelihood of feeling secure and protected increases when a sense of security and confidence offered by reliable friends is supplemented by an institutional order which is characterised by high lives of promise keeping (Misztal, 2011a, p. 176).
Unpredictability would be reduced by increased quality of promise-keeping within friendships but also legislation that provides promise, which will now be reviewed.

6.4.2 Meso

At an institutional level, the vulnerability of unpredictability experienced in past closed adoption practices has been mitigated through open adoption legislation. However, current legislation has not addressed the uncertainty still experienced, as expressed by the birth mothers interviewed. Arendt confronts the effectiveness of government interventions through contracts that seek to control aspects of human behaviour, which in fact cannot easily be constrained. This is due to the unpredictability of:

human affairs and the unreliability of men as they are, using them merely as the medium, as it were, into which certain islands of predictability are thrown and in which certain guideposts of reliability are erected. The moment promises lose their character as isolated islands of certainty in an ocean of uncertainty, that, when this faculty is misused to cover the whole ground of the future and to map out a path secured in all directions, they lose their binding power and the whole enterprise becomes self-defeating (Arendt, 1958, p. 244).

Arendt refers to this as the overreach of government into private lives, evident in modern adoption legislation, protection and supports, or lack thereof, for women who choose to adopt out. While government has responded to the harm caused by past coercive policy and changed legislation to promote and support open adoption for the sake of the child, there are too few supports for those with an unintended pregnancy who want to adopt out. There is no encouragement or positive support to do so, rather a ‘let’s wait and see’ approach is taken in the expectation the mother will change her mind. While termination is constrained by time frames to act relatively quickly, adoption discussion and supports are not provided until after the birth, with further cooling off periods required by law. There are no psychological supports to work through potential loss and grief and attachment issues during pregnancy, nor is there an ability to begin the parent selection process until after the birth mother has signed the agreement, reducing hope by delaying the contractual completion. This disempowers the mother and does not give her any sense of control over her own choice, leaving her in the ocean of uncertainty. ‘The recognition that the state remains central to the lives of individuals, and that it is the main context within which individuals seek support against potential and actual risks, is the essential part of any attempt to challenge vulnerability’ (Misztal, 2011a, p. 185).
The government has a role to play in reducing the fear of the unknown for birth mothers, to reduce stigma and welcome their choice to adopt out as legitimate. Policy and practice and the way government refers to adoption in general, and especially to women confronted by unintended pregnancy, influences how individuals consider their circumstance and their choice. As open adoption has mitigated the fear of unpredictability to some extent for mothers and children in terms of connection into the future, more funding needs to be considered to support birth mothers in the process of pregnancy and birth to support their choice, such as respite homes.

The federal government funded the free-to-air series *Love Child*, which highlighted the traumatic period of coercive adoption, an effort to ameliorate terrible policy that continues to affect the unwedded mothers of that period and their children. But society has changed, government might fund a program in which birth mothers are identified as legitimate mothers in their choice to adopt out their child, which would move toward reducing the stigma they currently experience and legitimise the choice of other women considering adoption. Promising may also occur in the contractual arrangements that subject birth mothers to scrutiny, mental health assessments, timetables and controls that reduce their sense of legitimacy. Birth mothers should not feel they have to hide their pregnancy, nor their choice to adopt out in modern Australia. Policy should ensure current practices that increase insecurity, unpredictability and risk are mitigated by policy that engenders promising. The final section of this chapter addresses the impact of ideology on the lives of women facing the unpredictability of unplanned pregnancy and the option to adopt out.

### 6.4.3 MACRO

International adoption agreements may seem removed from the localised circumstances of a birth mother choosing to adopt out, because there are so few of them, but it is connected to the ideological perspective and approval or disapproval of adoption choice, which perpetuates the cultural context of risk and uncertainty for birth mothers. Recent changes in international adoption access on the grounds of human rights and concern for the wellbeing of children, give further impetus to the state of illegitimacy impacting the lives of contemporary Australian birth mothers. The core concern motivating international human rights activists who lobby against adoption (and surrogacy) and have successfully closed avenues to Australia for adoption, are birth mothers in the developing world who are exploited in their poverty, on the basis of first world thinking that no mother would ‘freely’ choose to adopt out her child. The findings in this research challenge this thinking. Nonetheless, the reduction in international
adoption and surrogacy options, and portraying the human rights injustices arguably shapes the illegitimacy of those who might choose to adopt out locally.

Adoption, like any human relations issue, is complex and requires a longer-term view of the future to minimise the risk of harm for birth mothers in current practices that continue to isolate and stigmatise them. In Australia today, biopolitics influences the notion of who can parent, how and when, and has broadened the possibility for reproduction, including new frontiers of technology which may see two people of the same sex create a baby through ART. The findings of this research show long-held conservative views of family are changing and yet, while terminating and parenting are widely acceptable choices, the choice to adopt out is perceived as carrying an unacceptable risk, further invalidating the choice birth mothers make. Promising or contractual agreements made by government could broaden support for birth mothers, offering opportunities to discuss and be supported to understand attachment and loss and grief during pregnancy. Mothers could be offered respite housing during pregnancy, which could help reduce the uncertainty birth mothers experience as they wait in a void of communication and non-progression due to legislated time frames.

The mothers in this research determined their own means of mitigating the associated risks of the cultural contradictions of motherhood as described by Hays: that of high expectations of motherhood combined with the need for a secure financial position. For these young women, the choice to adopt out their child to a family who might achieve this difficult task was a solution they achieved for the sake of their child. Paradoxically, the ideology of intensive motherhood demands that a mother parent (well). But for the birth mothers, the open adoption decision was the choice that provided hope - the key to mitigating unpredictability.

**SUMMARY**

This chapter developed the key findings pertaining to reproductive choice and adoption choice for mothers in the context of unpredictability. I have shown that birth mothers experience significant risk in their choice to adopt out, in anxiety and the loss of control over their circumstances at an individual level; the risk of loss and grief regardless of their choice; and a strong sense of helplessness in the process of adopting out. The birth mothers interviewed also found accessing support for their choice difficult; partly due to their desire for secrecy.

The mothers experienced precariousness in the adoption process at an institutional level. Legislation resulted in delays in conversations, paperwork and parenting choices, and process meant they experienced less support throughout their pregnancy. Economic rationalism and the unspoken expectation that mothers are to be financially secure consumers and
participants in the market influenced birth mothers in their decision to adopt out. I have shown that institutional sites of legislation policy and practice are designed to avoid the forced adoption practices of the past but inadvertently fail to support mothers who might choose to adopt out today. I also discussed the influence of media on views about adoption.

Reproduction and adoption were then developed in the light of ideological sites of unpredictability and the power and influence of biopolitics were considered, along with the issues of social control and market forces. I discussed the influence of what Hays calls ‘intensive motherhood’ and the contradictions and pressures on women today to invest in parenting while also being successful in the market economy. In looking at the risks and unpredictability of the future, I discussed with participants the notion of safety deposit boxes in hospitals or safe havens and the concept of surrogacy.

Finally, I discussed the mitigation of unpredictability in adoption choice, from micro, meso and macro positions. The need for the support of friends and interpersonal relationships for the birth mother’s decision are important to provide hope and the notion of promising for her to manage the unknown. Formalised birth mother support groups, which could reduce the impact of shame and risk of disconnection, do not exist. While legislation has introduced open adoption in all states and territories, a greater focus on supporting birth mothers is needed to mitigate the risk of disconnection for mother and child and to reduce the stress of unpredictability. For example, introducing new time frames that allow discussion of prospective parents earlier in the pregnancy would give the birth mother hope or promise that there is a future for her child and for herself in relationship with them through open adoption.

In addition, respite houses could be considered as a means of alleviating the stigma of adopting out, building relationships with other birth mothers, increasing solidarity and decreasing the risk of isolation.

The next chapter is the final findings chapter focused on irreversibility, the third aspect of Misztal’s vulnerability theory as it pertains to unintended pregnancy and reproductive choice.
This chapter focuses on the irreversibility of the state of pregnancy and adoption choice as experienced by the birth mothers interviewed and as perceived by focus group participants. My focus is on the state of pregnancy as an irreversible fact, with an emphasis on the choice to adopt out and the impact and management of that choice. This chapter is divided into three sections relating to the vulnerability experienced by birth mothers in the irreversibility of their pregnancy and their decision to adopt out at individual, institutional and ideological levels (see Figure 7.1). I will present the thoughts of birth mothers in discovering their pregnancy; their decision to adopt out; identification of physical, psychological or emotional harm; their view of attachment to their baby throughout pregnancy and after birth; their experience of loss and grief; and finally, how they viewed themselves in this ‘undesirable state’. Various degrees of disempowerment experienced by the birth mothers will be discussed, exploring institutional constraints that effectively managed their choice through legislated health and welfare practices. This discussion will identify their understanding and self-regulation when subjected to risk-avoidant legislation and policies. I will also consider the manner in which health professionals and agents of the state ‘managed’ the mothers, including the sense of surveillance experienced. Finally, I will review ideologies that frame motherhood and adopting out – such as neoliberalism, feminism and religion – and shape the experience of those with an unintended pregnancy.

Choice does not exist in a vacuum; it is not made in a moment of time, but rather over time, and is dependent on subjective and objective factors, including ideologies such as neoliberalism. Adam (1995) states, ‘Reversibility signifies the possibility of un-acting, un-relating, in-associating, in-knowing, and in-structuring’ (p. 39). Thus, temporality is a law of nature, ‘Nothing can be undone and restored to its original condition: time neither stands still nor goes backwards’ (Hawking; Prigogine as cited in Adam, p. 39). This then is the key factor of irreversibility and context of reproductive decision making. Decisions are made in the context of an irreversible past and dependency on others in the past and present, resulting in unpredictable outcomes that are reliant on a plethora of contextual circumstances. An ever-changing and evolving spectrum of complexities is embedded in a time-space continuum, including cultural, socio-political, technological, medical, religious and ideological shifting sands. Individuals make reproductive choices in this uncertainty. Factors may be unknown at a moment in time when a decision is made, but the outcome remains irrevocable, with potentially long-term ramifications and resulting in increased individual vulnerability and
societal anxiety. At the end of this chapter, I will look at Misztal’s approach to how irreversibility may be mitigated.

Figure 7.1 Irreversibility framework

7.1 MICRO – SITE OF IRREVERSIBILITY

As discussed in Chapter 5, all the mothers managed their mental health by denying the pregnancy for as long as possible and by deliberately not attaching to the child in utero. Jane and Rosie talked of consciously detaching from the activity of the baby in their wombs, once they discovered they were pregnant. ‘That baby doesn’t belong to me, never belonged to me, belonged to somebody else’ and ‘They took him actually, because I didn’t want to hold him because I didn’t know what to do ... I had no idea what to do, so they took him’. However, the irreversible fact of pregnancy was ultimately inescapable with the birth, coupled with potential physical, psychological and emotional harm, which will now be further explored.
7.1.1 NAVIGATING PHYSICAL, PSYCHOLOGICAL AND EMOTIONAL HARM

As explained in Chapter 3, Australian adoption research has primarily considered the impacts of past adoption practices and investigated the multilateral trauma of the forced adoption period. While those practices have left many people scarred and traumatised (Kenny et al., 2012) the irreversible events have influenced Australian adoption policy – a legacy birth mothers must navigate today. Coercive practices created lifetime loss for many birth mothers of that era, with some still seeking reunification with their adult children and others taking their secret to the grave. One of the focus group participants who had personal experience of adoption during this bitter period expressed strong views against adoption. In contrast, two of the birth mothers interviewed had little knowledge of past coercive adoption practices. When informed during the course of the interview, the birth mothers generally indicated, ‘that was then, this is now’. Even though they were not personally aware of that period in Australian adoption history, they bear the fallout as those irreversible practices have shaped current policy and risk-averse practices and a culture that is wary of adoption.

Open adoption policy is a direct result of the irreversible past and has significantly changed the landscape of current Australian adoption practice. Paradoxically, past coercive practices have resulted in less choice for contemporary birth mothers. The political fallout from Australia’s coercive past, as an irreversible fact, has created complex interactions of subjective and objective factors, increasing the vulnerability experienced at an individual level. For example, in reaction to the past coercive practices, particular resources no longer exist, such as ‘respite’ homes for pregnant women awaiting the birth of their baby and the adoption process. This was specifically felt by Jane. She did not want to stay in her small town to have her baby and her only option was to move to a large city to stay with a friend’s family. She said,

I decided I wanted to go away to have the baby like you did back in the day, because living in a country town, people talk ... so I looked at going to like Sydney and Canberra, like anywhere that I could go ... but those places don’t exist anymore.

Disconnection, according to Brown (2012), is the greatest anxiety and risk human beings experience. Each of the birth mothers in this research spoke of the fear of being socially excluded and of being rejected or disconnected due to her pregnancy, but twice, for their decision to adopt out. They were conscious of their adoption choice as an uncommon phenomenon, and yet they could not understand why they should be rejected for this decision. Denial was their recourse to ward off censure. In Chapter 5, I discussed the vulnerability of dependency, and social exclusion and stigma, which also relate to the vulnerability of irreversibility. The fear of social exclusion, which was considered irreversible,
weighed on the birth mothers and was also articulated by some focus group members. The focus groups expressed concern about a birth mother’s inability to ‘hide a pregnancy to term’ in the public space and maintain her autonomy, for example in the workplace. This was one reason why all focus groups thought abortion would be the most likely option to be taken by a woman facing an unintended pregnancy, to keep her pregnancy a secret. The lack of legitimacy given for a birth mother’s decision to adopt out was inexplicably linked to the need for silence; not unlike the coercive period of the past where birth mothers were sworn to secrecy as their pregnancy irreversibly labelled them damaged goods.

**PERCEPTIONS OF ABORTION**

Abortion and adoption can be discussed from both a micro and macro perspective, but in their review of textbook representations on these subjects, Stolley and Hall (1998) demonstrate that adoption is represented significantly more frequently on a micro level as a ‘personal decision’, where abortion is represented at a societal or macro level. In this research, I have also depicted adoption choice as a micro representation and as a personal decision. However, adoption is situated sociologically as a personal decision but in the context of macro constructs – ideological, cultural, economic and socio-political. An additional element of my analysis is the nature of Western time, depicted as linear – past, present and future (Adam, 1995). The brief review of findings about abortion will be presented in this section on individual choice and also in the section on ideologies.

Reputational damage can be irreversible and the risk of social exclusion and stigma, as covered in Chapter 5, can motivate behaviour. The focus groups were asked to reflect on abortion and adoption choice and why particular decisions might be made. They viewed a vignette in the film *Juno* and were asked why the protagonist, when confronted with her unintended pregnancy, initially considers abortion her only option. The groups widely agreed that abortion was perceived as an ‘immediate’ solution. It was considered easier, more convenient, would cause less interruption to life, and provide the most secrecy, which would reduce the social stigma of unintended pregnancy. Respondents predominantly viewed abortion as a ‘reversal’ of a pregnancy, an opportunity to negate the pregnancy as a reality ‘… as though it never happened’ or ‘… remove … the pregnancy, so it doesn’t happen …’, ‘… abortion means you don’t need to be pregnant’. The need to remove the factually irreversible state of pregnancy was the key component of responses. Abortion was viewed as a means to control the uncontrollable, so you ‘don’t have to tell the father’, you can ‘have a career and choose the right time for having a family’, ‘it’s controlled …’. It was also seen as a means to maintain secrecy, ‘… no one needs to know’ and ‘abortion avoids the shame or embarrassment ... of
being pregnant with a child you don’t want’. However, concerns were voiced reflecting the irreversible imprint of the pregnancy, with regret, loss and grief, possible psychological damage, and physical harm to fertility for a woman who might terminate. Loss and grief issues relating to abortion will be considered shortly.

**PERCEPTIONS OF SHAME**

The irreversibility of abortion was considered in contrast to adoption by the birth mothers who believed adoption was the best solution over time because they have a chance to know their child’s future, to be involved in his life. Faced with the irreversible fact of her unintended pregnancy Rosie was distressed when she found out she was pregnant at 20 weeks and sought a late term abortion, but couldn’t procure one. Having gone through the process of adoption, she stated:

I’m glad I didn’t go through abortion … because we still get to see him … not just me, but Josh. Josh still gets to see his brother and they have that play day and that’s what I like.

Rosie’s irreversible pregnancy was finite, one way or another. For her, giving birth and giving her child away – though not her first preference – proved to be an investment into her son and her own future in a way she had not imagined. Melding the past, present and future, which is often only perceived with reflection on the past, is evidence of the linearity and connectedness of time.

The choice to adopt out is not commonly elected in unintended pregnancy, nor is information regarding the process readily available in formal adoption reports (AIHW, 2011). It is not just that adoption choice is rarely made now, but silence, whether self-imposed or socially sanctioned, is a means by which that exceptional choice is managed, as birth mothers in this research have shown, which challenges the legitimacy of their choice. To what degree past adoption practices, or economic rationalism and the commodification of reproduction, or feminist ideology, or simply the changing expectations and ideologies of motherhood, have influenced this lack of popularity is difficult to say. As Zerubavel (2006) highlights, there are two sides to the coin of legitimacy, the individual and society. Silence is a form of shame ‘... social relations usually involve power, and silence and denial are often products of the way it is asymmetrically distributed among us’ (pp. 33–34). For the mothers interviewed, open adoption provided some solace and ongoing connection with their child and his new family, yet this did not mean they wanted others to know about their decision. In many ways, the mothers remain silent, keeping their secret hidden, and when they found the courage to talk
of their experience, they did not necessarily find among their peers or family the comfort and support they looked for. The irreversibility of their decision resulted in isolation and secrecy.

Shame and secrecy were natural partners and essential attributes for a successful adoption outcome in the 1950s to 1970s, imposed by the political and legislative systems of the day, culturally shaped and socially endorsed, as discussed in Chapter 1. Shame and hiddenness are tools to manage exposure and expected rejection that might follow and yet, paradoxically, cause social exclusion. Initially, Rosie felt ashamed of her irreversible condition of pregnancy. This was exacerbated as she talked about adopting out with her nanna and parents.

When she told her nanna, Rosie found that she strongly disapproved of her choice to adopt out:

... It hurt me because it was my nanna and my nanna was my best friend. And she used to sit down and she used to tell me the stories about the concentration camp and what they would do, back in those days and about the great tunnels and everything ... I said 'I'm doing the right thing nanna. He's going to a better place nanna. I can't look after ... both boys with Joshua being so sick... I haven't got it in me ...

In Rosie’s words there is justification for her decision; a mitigation for what she could not change – her pregnancy – evidenced by forgiveness of herself which she could accept, though her nanna could not. Her own acceptance reduced her sense of vulnerability in the process of adoption.

When Rosie came to the birth, her mother became more involved and supportive of her plan to adopt out:

My mum knows me and she knows that I get very tired ... I’ve got bipolar and am on anti-depressants and some days I’m really good, other days I’m very low and ... flat. But she knew that I can’t look after another child, and she said the best thing to do is to adopt, but my mum had no influence. But, she wanted me to have an adoption where it wasn’t an open adoption. Because she didn’t want Joshua to go through the heartache ... She wanted me to have a closed adoption and never bring it up again. But I said to mum how can I do that when Josh has seen Riley ... when he was a baby and he came in here with all of those people ... he would remember that, and later on he might ask me questions ... I can’t ... I said, I’m damned if I do and I'm damned if I don’t. This is what I want to do ... (Rosie’s mother) now gets sad when Josh rings up and says Nanna we’re going to see Riley today. Because no family members are allowed to go and see Riley ... that was part of my agreement with the court.

Although Rosie acknowledged her sense of shame, she found her resolve to stand firm in her decision to adopt out by speaking out and, in a sense, forgiving herself.
Focus groups attributed the choice a woman might make in unintended pregnancy to values instilled by her parents and upbringing, irreversible events which in some way made her parents part of her present decision making. Rosie was aware of her parents’ disapproval and ultimately made the decision that they did not earn the right of an ongoing relationship with her son because of their lack of support. In some respects the focus group perception that upbringing and values shaped decision making is evidenced in Rosie’s decision to adopt out – to ‘get over it, and move on’. The context of each birth mother’s life at the time of her pregnancy influenced her decision making. Rosie’s complex context, including the resolute denial of her pregnancy, was compounded by the loss of her partner who suddenly died the day her first son was born prematurely and placed in intensive care. Irreversible, uncontrollable events. The deterioration of her own mental health and her isolation provided a background to her denial of her second pregnancy. Adoption was a decision she made to help control irreversible events that had spiraled out of control. Mentally, Rosie felt she was at tipping point, but her experience of state intervention at the hospital and the mothers and babies parenting home to encourage (coerce) her to parent was more than she could handle. She found little to no support for her decision to adopt out.

The sharing of the secret of their pregnancy and adoption was dependent on the existing complexities of relationships based on irreversible past events. When Jane’s own father walked out, she did not tell him she was having a baby and going to adopt him out. Her life at that point had a series of significant crises, which influenced her minimisation and denial of her pregnancy to herself and others:

... I wasn’t positive that I was (pregnant) but I didn’t see anyone about it, I didn’t do anything about it. I just kinda kept on doing what I was doing. Um ... it was during that time that my parents broke up. So 2009 was the bushfires, so my family was in Yea which was quite close to the fires and I didn’t hear from my mum for about 48 hours, ‘cause the phone lines were jammed ... So that happened. A guy that I had worked with a year before died, he fell off a cliff in Anglesea, so that was in January, no that was in December the year before and then so the bushfires (were) in February, like the Black Saturday fires ... my sister and her friends were playing in the main street - a big nature strip ... she was playing with some friends doing cartwheels or whatever they do like when you are six and ... she fell and hurt her neck and I went out there and she couldn’t feel her feet or something. She’s fine now but she got taken to hospital in an ambulance with a neck brace on ... probably the first people to drive from Yea to Melbourne in a straight line, through where the fires had been ... The next morning ... my mum told my dad not to come home again ... and my car was stolen. So that was that, and a week later my brother got sent to hospital with suspected appendicitis and ... yeah everything kind of just went wrong. And I think I was already pregnant at this time but kinda had way too much to deal with and didn’t even think about it. When I
discovered I was pregnant, my mum and I got really, really sick, like ... it was when the swine flu was going around. It was really scary ...

These irreversible events had all taken place, the relationships had already broken down, the illnesses had already occurred, and these had influenced Jane’s decisions around who would be safe with her secret.

Anna, who has adopted out two boys, was living with her mother at the time of the first pregnancy and birth, but neither were aware of her pregnancy until the birth. Anna:

... like it was scary. The birth I had no idea what to do, like there were about 10 doctors there harassing me and I didn’t know what to do and no one was there like my mum, no one was there I didn’t know what to do

She considered her family was not stable at that time. Significant irreversible events had taken place: her father had died not long before the birth of her first son and her mother moved to the other side of Australia just prior to Anna telling her of her second pregnancy and intention to adopt out her baby. Her mother was supportive but never met her second grandson.

When the focus groups were asked in what circumstances it would be ‘okay’ for a woman to choose to adopt out her baby, the responses were diverse. The consensus from the young religious academic women was: only if the other option was abortion and where there is a lack of partner support, and the inability to provide financially for the child. The adoptive parents group thought it should be up to the woman and her informed choice with no coercion or pressure, or in the case of a baby with a disability. In contrast, the advocacy adult adoptee group could only consider adoption an option if the mother faced severe health issues and there were no extended family alive – an irreversible last resort. This is in stark contrast to the views of the birth mothers interviewed, who felt they had made the right decision for timing, financial and relationship reasons, and yet were aware of the potential for social censure if their decision became public. Consequently, they sought to maintain secrecy to protect their autonomy. The young, religious academic group gave ten positive reasons for the choice to adopt out, including that a career would only be interrupted for a short time; that there was an opportunity for the mother to have a relationship with the child; that there would be ‘less guilt’; that she would ‘... feel better because she didn’t end a life’ and she ‘may feel that she has given life and love to someone who was unable to have their own child’; that ‘the child still has a chance at life’; and ‘pregnancy (is a) more normal process for (the) body to go through...’.

However, this group highlighted 12 negative associations with the option to adopt out
including, ‘knowing someone else is raising your child’ and the ‘blatant misunderstanding of everyone else’, including the current negative culture toward adoption - in the context of recent apologies to mothers who were forced to adopt out. They also perceived the ambivalence of both positive and negative aspects of the child potentially wanting a relationship later in life.

Interestingly, attachment was perceived by all focus groups as the most challenging aspect of carrying a child to term and then adopting out. The religious academic group considered that having gone through the pregnancy it would be difficult to ‘give the baby away’. The themes captured by the adoptive parent group and the previously unconnected adult adoptee group were not dissimilar. They considered the mother’s decision would be difficult because of ‘emotional attachment’. The adult adoptee advocacy group went further, stating that due to attachment she would have lifelong grief and loss issues.

Each birth mother interviewed had different ways and means to manage her own loss and grief connected with her irreversible decision, which will now be described more fully.

### 7.1.2 LOSS AND GRIEF

Undergirding focus group thinking on unintended pregnancy and adoption choice are factors relating to time, as well as unknown compounding factors that are out of a person’s control in the moment of decision making. Loss and grief were of particular concern to focus groups, but not so much to the birth mothers.

Focus group participants generally believed that birth mothers who adopted out and pregnant women who made a choice to terminate, both faced loss and grief issues and regret that might intensify over time. However, none of the birth mothers interviewed expressed any regret about her adoption decision. They each expressed their belief that their child is better off with their adoptive family. Each birth mother actively engaged in the process of choosing the parents for the child and subsequently felt good about their decision. Each birth mother has differing degrees of ongoing connection with their child’s family.

It is difficult to know how much the acceptance of the choice to place their child was consistent with the denial of the pregnancy in the first place. And likewise, how much their stated lack of grief was connected to their level of perceived control. Jane spoke of her denial helping her not attach to her son in utero and feeling good about her decision to adopt him out. Rosie acknowledged a feeling of hatred for her baby before he was born, because she believed he would compete for her love for her first born premature and sick baby and she did
not think she had enough capacity to love him as well. Anna placed her second baby for adoption with less ambiguity, having become pregnant quite quickly following the birth of her first. She felt she had some control and was happy that her sons were both placed with the same family.

None of the birth mothers expressed loss or grief about their decision to adopt out, but rather were content that their child or children were in the best place, being adopted by another family whom they had chosen. They mitigated the loss by linking the past, present and future through personal relationships with their child’s new family, legal channels and shoring up the future by knowing they had selected the family based on their own interests, which they believed their child would value into adulthood.

Even so, loss and grief were expressed as part of the process of managing the irreversible decisions of the past, as Jane explains. She reflected on the emotion of her decision to adopt out in the days post birth, where even through tears she knew she was making the ‘right’ decision. I asked her how she felt about her decision now.

I’m fine with it. I’m still just as happy that I did it, now and probably more now than I was then. Then I went home and cried for two days, but ... uh ... even whilst through the tears literally I was like why have I done this, this is the right thing I’m doing the right thing, so ...

When I asked her how did the people around you, your mum, sit with you through that period? She replied:

They kinda left me alone which I think is what I wanted ... and my friend Phillipa came in and just lied down on the bed and gave me a hug for a while and just things like that ...

I asked her what happened at the end of the two days, and she responded:

I came out and I was ok again. I started talking to people again. I started functioning again. Because I knew I’d done the right thing and that never changed. There was the internal 'what have I done?' kind of thing, but I still ultimately came back to 'I've done the right thing,' which was the right thing to be doing ... I wanted the best for Andy and to do that I had to give him to somebody else, because I couldn't provide that best for him at that point in time.

Focus group participants widely believed there would be less guilt and regret with adopting out, but thought that social attitudes to a woman who adopted out would be less positive.

Loss and grief are complex, as Rosie communicates:
All up I had three children. My first child was a stillborn. He was stillborn at 26 weeks and the doctors told me I could never get pregnant again. So when I met George I said to him, I can’t have a child or anything like that, I’m sorry you know, but if you want me you’ll have to find ways of having a child and Joshua (her first born) was a miracle.

For Rosie the difference between one choice over the other when you’re pregnant and don’t wish to parent is clear:

Termination I wouldn’t be able to live with. Adoption I can … and I have made the right decision and I know that Riley is happy and he’s given that family all the joy and love that they could never experience. Do you know what I mean?

Confronted by her irreversible pregnancy, Rosie’s experience of initially seeking an abortion, but turning to adoption and being happy about that choice is uncommon. This is not to say loss and grief are not evident for birth mothers or women who choose abortion, irreversibility is attached to both choices. Public opinion about abortion choice versus adoption choice was discussed in the focus groups and will now be reviewed.

CHOICE

When discussing the potential benefit or loss of either abortion or adoption for a mother, and descriptions of possible outcomes, the irreversibility of the choice was of most concern to focus group participants. Regret, loss and grief were identified by most groups as potential risks. The adoptive parents focus group used the word ‘regret’ three times when talking about the future impact of adopting out on the mother, and only twice when referring to abortion. Interestingly, the adult adoptee advocacy group also referred to regret in the decision to abort, and not at all for the decision to adopt out. The group of religious, academic young women used the term ‘regret’ twice for the choice to abort and once for the choice to adopt out. The word ‘grief’ was used to describe the choice to abort by this group once, while not at all for the choice to adopt out. However, the adult adoptee advocacy group used ‘grief’ three times to describe the choice to place for adoption, and not at all for the choice to adopt out. In contrast, the adoptive parent group expressed five times that the choice to abort would cause ‘grief’, where they described the alternate choice to adopt out only once in terms of ‘grief’.

The religious academic group of young women stated nine reasons why they thought society associated the choice to abort positively, as it allowed a pregnant woman the opportunity ‘...to be like a normal girl’, ‘reduce stress on her body’, ‘easy, convenient, private’, ‘no major changes in life’, ‘no long attachment with father’, ‘she can continue with her life’, and ‘abortion is more accepted’. However, they also stated 16 negative outcomes, including the
psychological impacts, physical complications potentially causing infertility later, depression and regret.

Focus group participants were generally concerned about loss and grief for both choices a pregnant woman might make: to abort or to adopt out. Focus groups were uncomfortable with imagining themselves in the situation of experiencing an unintended pregnancy when they did not wish to parent and where they might have to make a choice. Some participants refused to answer the question.

Overall, the groups varied in their responses regarding the benefit of one choice over the other. The adoptive parents saw the decision to adopt had nine positive associations with hopefulness, including: the opportunity to give another couple a child, giving life, the opportunity to conceive and carry a child to birth, future connection. However, the group also had 13 negative associations, which included three connected to peer or social disapproval of her choice to adopt out. This same group had 12 reasons that were associated with expected negative outcomes from the choice to abort, while they conveyed 10 positive reasons a woman might choose abortion over adoption. Some reasons were conflicting; for example, the speed at which the decision to abort can be made along with the privacy available is positive, as life could go on as normal; however, it was also perceived to be a negative as the decision could be ‘made under a lot of pressure and may lead to prolonged grief later ...’. The irreversibility of the decision is conflated with potential ongoing ramifications.

The adult adoptee advocacy group saw things differently. They had only five positive reasons for the choice to abort, connected to the ability to ‘go back to work and pretend nothing happened’ and the removal of ‘the responsibility of raising the child’. On the other hand they articulated six negative reasons associated with an abortion decision, mostly relating to grief and loss, but also ‘... you are ending a life, depending where you sit on abortion ...’. As stated previously, this group had no positive associations with adoption, with some stating it should be illegal. Whichever choice is made, it is irreversible and this creates its own ocean of dilemma and vulnerability, which women experiencing unintended pregnancy must navigate.

How mothers perceived themselves in their pregnancy, during the process of adopting out and afterwards, will now be reviewed.

7.1.3 SELF-PERCEPTION AND IRREVERSIBLE EVENTS

A woman who experiences an unintended pregnancy today finds herself with a moral dilemma located in a contested political, cultural and social space of values, rights and identity. How
each birth mother in this research perceived herself when she made the discovery she was irreversibly pregnant and made the irreversible choice to adopt out will now be investigated.

'Stigma management is an offshoot of something basic in society, the stereotyping or “profiling” of our normative expectations regarding conduct and character...' (Goffman, 1963, p. 51). As argued in Chapter 2, having a baby is not in and of itself a discrediting factor, but it is dependent on existing relationships which validate or discredit the mother. The stigma experienced by single women in the first half of the 20th century coerced them to be hidden in secret and carry discrediting labels. The birth mothers in this research were aware of normative pressures, though not politically enforced, which caused them to behave in particular ways to self-regulate and manage their sense of illegitimacy. The focus groups expressed some of these normative pressures and were strongly of the opinion that a woman in this predicament should parent or terminate. Adoption was not endorsed as a positive option.

As described in Chapter 2, when an unintended pregnancy occurs, mothers can experience reduced self-respect and increased fragmentation, which can result in emotional damage due to irreversible events and a sense of loss of control (Brison as cited in Misztal, 2011). Women who find themselves with an unintended pregnancy are vulnerable to a sense of insecurity and powerlessness also related to ‘the loss of a secure place in the system ...’ (Misztal, 2011a, p. 10). The birth mothers in this research were aware they were unable to provide stability for their child, they were not financially secure, and were not in long-term relationships or established housing. These normative expectations were managed by their choice to adopt out, though they were aware their decision would lay them open to criticism. The birth mothers self-regulated and hid their bodies away from public scrutiny and judgment, hiding the ‘evidence’ behind a supermarket trolley to avoid inquiry, or moving to another city to avoid the risk of being found out and being stigmatised, as discussed in Chapter 5.

The irreversibility of pregnancy meant decisions needed to be made on the basis of lived cultural context, which shaped and prioritised what each mother considered the best interests of her child. Jane considered her decision was ‘right’ because,

I was probably third in the line ... Andy, the other family and me, probably is where I'd put myself. I wanted the best for Andy and to do that I had to give him to somebody else, because I couldn't provide what was best for him at that point in time.
Western time is constructed in a linear, progressive, unstoppable sense. Timing was a key factor for Jane in shaping her determination to adopt out. She had a set criteria for the ‘right time’ to parent, which she reflected on in hospital after her son’s birth.

It wasn’t the right time for me in my life. I didn’t want to bring a baby into that, I guess it goes back to the financial stuff, I didn’t want to bring a baby into that kind of lifestyle, at that point in time, because I knew that I could do better, not right now, but I could do better ... and there’s a family out there who does want a kid right now and they can do better and they’ve got all the resources to be able to do that ... Angus said something once, we were talking about it and he said that people who adopt children have been given a licence to have children. They have been approved by somebody to fit all the criteria to have children.

Jane’s views mirrored those found in research by Wiley and Baden (as cited in Grotevant 2007, p. 134), ‘The predominant reasons for voluntarily placing a child for adoption in the US are so that the child would have a better life economically and so that the birth mother would be able to realise her education and vocation plans'. However, neither Rosie nor Anna align with those research findings.

Jane offered further justification for her choice in the perceptions of adoptive families as being more suitable (perhaps she knew of the gruelling eligibility criteria to become an adoptive parent):

Anyone can go and get pregnant and they can pretty much do what they want to, until someone sees them doing the wrong thing, and then that's when stuff happens, and even then they can still get back to the parents. Whereas an adoptive family, they have the money, they have the time, they have the space, they have everything you need to have a child and they can’t. So, I mean why they should miss out when there's at least other people that can have kids whenever without even thinking about it. And then there's other families that can’t.

Rosie reflected on her decision to adopt out:

I’m happy. (The caseworker) still asks me about it and I say I know I've done the right thing. I'm glad because I know Riley is getting the best care and the best opportunity. The caseworker keeps in contact with me on how Riley is going. After a play day with Riley, Josh asks me why his brother can’t come home, because I've kept everything open with Josh and he’s been around when this is all going through so I can’t deny anything, anything to him and I said Riley can’t live with us ... Mummy ... had to look after you, you were very sick. And he goes ‘I had tubes didn’t I?’ Yes, you had tubes. He understands that.

When asked whether she felt supported by others in her adoption choice, she said:
I said to mum I need to talk to you about this. ‘No, you work it out yourself.’ Dad I need to talk to you about this please. ‘No, you’re old enough you make your own decision.’ I said I don’t know what to do. I don’t know if I’m doing the right thing or the wrong thing. And then I was talking to (my caseworker) ... and I became friends with the lady from (the adoption agency too). I rang her a fair bit, I said I don’t know what I’m doing, if it’s right or wrong or ... I just wanted to get away from it all ... I’ve kept it very quiet until now ... I’ve got a boyfriend now and I’ve told him, but I haven’t told the school or the kinder. But I’ve told my friend that I’ve been friends with awhile now ... I’ve told them and they’ve said well ... you’ve made the right decision.

When asked who supported her the least, she said her parents: ‘They told me to adopt, and then they told me to get over it’. This sense of abandonment was irreversible for Rosie who decided her parents could not see her son again.

I asked Rosie if she worried about what others thought:

Yes I did. Yes. Because of the TV shows. How could you do that to a child? Why did you want an open adoption? ... Because you can’t hide it forever, eventually it will come out.

While Jane hid herself in a different town to avoid the stigma, when asked how she thought about herself when she was pregnant with Riley, Rosie responded:

I’ve always been a big person, so when I was pregnant with Josh I never got as big as what I am now, and when I was pregnant with Riley I didn't really get as big as what I am now. So I hid it. Once I knew I was pregnant I hated it. I always made sure I had a shopping trolley. I wouldn't take Josh in the pusher I would grab a trolley and push the trolley around and no one could see the front of me.

Anna acknowledged being an anxious person about ‘everything’, but not her decision to adopt out her boys. I asked her, ‘Do you feel anxious about the boys and the decision to have adopted them out now at all?’ and she replied, ‘No. I get anxious about everything but not about that!’

7.2  **Meso Irreversibility - Institutional Risk-Avoidant Policy**

Legislation creates or enhances the legitimacy of private decision making in the public and social milieu. Jane accepts the current legislation around adopting out, as it assisted her to accept her decision:

I felt pretty good about it, I guess I still do. I’ve always been quite proud of what I’ve done ... Because I know lots of people haven’t or can’t do what I’ve done. There’s a lot of pressure socially ... on women now ... if you get pregnant either keep it and look after it yourself, or get rid of it, you terminate it. There’s no other option and I think that’s because adoption in Australia ... people don’t know about open adoption, they
don’t know it exists. They still think it’s back in the days when you don’t see your child again. Yes, and with the whole ‘saying sorry’ stuff that they’ve done recently, it kind of brought it back into the light, but it’s brought what was happening, not what is happening. So people still don’t know what happens now, when you have a baby and give it up for adoption. So I think that is part of it.

Jane was aware that legislation and social support for adoption have changed over time, from the irreparable coercive practices of the past to today’s open adoption policies, where mothers can choose to remain in touch with their child by court order. But these changes have not expunged the trauma and mistrust of adoption as an institution, and neither is it reflected in the risk-avoidant policies that do not trust a birth mother to know her own mind and autonomously make that choice today during her pregnancy. The lack of information prior to birth, the lack of financial support available to a birth mother, and the lack of optional accommodation homes or spaces which protect her privacy for this option, are examples of how a birth mother remains marginalised and managed through policy and practice.

Each birth mother attempted to keep her pregnancy and adoption a secret in varying degrees, including through her own self-imposed secrecy. In this way, each mother maintained her sense of autonomy. While in the 1950s to 70s, the unwed single mother was punished through social exclusion (Swain & Howe, 1995) and its attendant cultural blindness (Zerubavel, 2006), she was also politically silenced, often through the removal of her body from her own social spaces to controlled accommodation and work environments, where she had no choice, culminating in the enforced removal of her child at birth. By choosing to adopt out, the birth mothers in this research mirror their disenfranchised older sisters, in the self-imposed hiddenness from known social spaces, as contemporary outcasts, with significant choices controlled by legislation and cultural expectations, which will now be addressed. By self-selecting out of their social spheres and intimate support systems, they were socially excluded, arguably prompting the denial of their pregnancy even to themselves, as a means of self-protection.

7.2.1 LAW AND POLICY

A woman who considers adopting out her child in Australia is constrained to act within current legislation, which has been modified in response to irrevocable past practices with greater scrutiny and accountability of agencies to government. She is compelled to comply with policies and practice which are primarily designed to mitigate risk, but impinge on her choice and effectively delegitimise her resolution through control, barriers to support services, timeframes and, in some cases, a level of surveillance similar to institutional mental health
services of the past. In this section I consider evidence of changing policy and public discourse and how this impacts the legitimacy of choosing adoption in Australia today.

Adoption has been a hotbed of political and social activity resulting in both legal and illegal practices with little transparency since the beginning of the 20th century, as discussed in chapters 1 and 2. As a result of exposure to those unalterable wrongs, the 1980s introduced a range of increased controls to mitigate the previous legislative and social overreach into women’s lives, including open adoption legislation, arguably mostly perceived as positive, but also risk-avoidant. There is a symbiotic element of ‘secret keeping’ resulting in normative pressures evidenced through government control of information and the scope of attention on adoption practices both past and present day, through 'formal censorship' in the past and discourse control through 'formal agenda setting' and 'informal codes of silence' (Zerubavel, 2006, p. 14). For example, the policy of ‘closed’ adoption under significant scrutiny more recently was not identified at all in the 1971–72 Australian Adoptions report (AIHW, 1972), perhaps because all adoptions were closed at this time, and it had not surfaced as damaging at that point. While intending to promote stability for the child, the policy recommended no contact between birth mother and baby and so, implicitly ‘... the survival of single mothers and their children depended on their silence’ (Swain & Howe, 1995, p. 5).

Once open adoption became legislated in all Australian states and territories in the 1980s, veto controls were introduced to reduce risk for children and mothers who did not wish to be found. However, the notion of invasion was foreign to the mothers interviewed in this research; they welcome the ongoing relationship with their child and his adopted family. All the birth mothers in this research have court orders designed to protect their relationship as birth mother with their child into the future, that is, through open adoption.

Anna had difficulty navigating the adoption paperwork and relied heavily on her social worker to assist her. During the interview she seemed unaware of any court ordered adoption plans where she could see her boys, though she does see them. The Australian adoption publications published annually by the AIHW provide a good deal of information about adoption processes for would-be adoptive parents and children; however, they provide no information about practices and support for would-be birth mothers who might be considering adopting out. Literature given to the birth mothers in this research was limited. The mothers found it difficult to describe signing the adoption documentation and they voiced their concerns over the time delay in being able to begin the process at all, the month long cooling off period, and the lack of control over selecting their child’s parents. In Tasmania, this was not permitted.
until the mother had signed her child away to an unknown family. Anna could only look at profiles of couples after she had signed. Initially she was unsure about her decision to adopt her first son out because:

... I didn’t know like where he was going or whatever. But then (the case worker) gave me the profiles and let me pick the people and then I got to meet them first and so that was alright.

Other subtle and powerful barriers to adopting out a baby occur in current practice, such as agency policy not to discuss adoption plans until after the baby was born (South Australia), to multiple interviews with the mother to cross-examine her over a period of time (Victoria) to make sure she knew what she was doing. Jane spoke jokingly twice about her sense of ‘Big Brother’ watching her every time she met with her son and his family after the adoption. Jane’s feeling of being scrutinised leads to the concern that Australian adoption policy remains embedded in the American psychological view, which ‘undermine(s) the single mother to make any decisions … for now she (is) constructed as disturbed rather than simply unwise’ (Swain & Howe, 1995, p. 141), rather than the British moral code of the careless single mother who had no benefactor. Her moral identity was reformed by adopting out her baby, it was ‘... the only hope of regaining (her) place in society’ (p. 141).

Legislation is reactive to cultural norms and activism. Adoption today is a socially sanctioned solution prescribed at macro and meso levels and influencing individual choices at micro levels through legislation, policy and practice. The best interest of children, described in the 1959 UN Convention on the Rights of the Child, has influenced both closed adoption (Berebitsky, 2000) and open adoption with recognition of the importance of biological ties (AIHW, 2011).

Rosie’s adoption process took until her son was 18 months old. She wanted to make plans prior to birth; however, the process was drawn out by many legal and policy requirements in South Australia. When Rosie was asked if she thought termination or adoption was an easier process, she said:

(It's) harder to adopt out. Termination I'm only going from what one of my friends just did recently, she just went into the city and she was out in the afternoon. Where with adoption it's so hard to adopt out ... there's a lot of hoops, there's a lot of hurdles that you have to go through and it's got to be political correctness, and make sure all your ‘i's’ are dotted, and your ‘t's’ are crossed ... Then there's no support after you've adopted ...

Rosie was stressed and anxious by the delay in getting the process going:
Once I knew that I was pregnant, I wanted to start the ball rolling then. That’s when, that’s when I wanted to start it. I didn’t know about all these protocols that you had to wait until after birth … That’s when I wanted to start it … (the caseworker) could not do anything because of the laws, she could not do anything about starting the adoption process until Riley was born.

At the hospital after Riley’s birth, Rosie says:

The adoption agent came down to see if I had changed my mind. And to see how I was doing because I had also told the hospital I was quite hostile with the hospital (staff) … And you also have visits with the child to try and make … basically the best way to sum it up is they force the child on you. Because they really want the child to be … with its mum.

Her response:

Don’t put the baby with me. Don’t let me know anything. I’ll come down and see him when I’m ready.

Rosie could understand that while the delay was not appropriate for her, there might be some mothers who needed the time to be sure of their decision, ‘… once it’s gone to court, he’s not yours anymore’ (after the cooling off period: 21 days in SA, 30 days in Victoria).

In Victoria, Jane had complications due to paternity DNA tests that were required, which added to already long delays in the adoption being finalised.

... 18 months to two years is about how long it took ... to actually get to where it is now. So um ... because of all of that we were still having meetings with the family, access meetings at Centacare offices. Fortunately the family were living ... like 10 minutes away. But ... it was kind of hard because Andy was getting big, he was a pretty boisterous kind of boy and he was stuck in this room all the time and there were toys and stuff for him to do but still boring really. So and I was kind of like Centacare was a big brother, just kept on watching over us and wouldn’t let us go and play by ourselves ... and because of the whole everything else that was going on (the agency) didn’t feel comfortable letting us go off by ourselves even though we were fine.

The only time the subject of the law or legality came up in the adoptive parent focus group discussions pertained to surrogacy and the need for strict controls to avoid corruption. There was an acknowledgment that poor women were likely to be exploited, either in Australia or overseas, and this should be controlled. The young religious academic group raised concern about a child suing its mother for damages regarding its adoption, and also about the legal safeguards for a mother and a baby to find one another should they wish to if she placed her child in a safety deposit box in a hospital. Neither group of adult adoptees mentioned legalities at all.
7.2.2 MEDICAL TREATMENT AND WELFARE SUPPORT

While public health care is available to all pregnant women, in the birth mothers’ cases health care was not optimal due to timeliness and denial of their pregnant state until quite late or not until birth. The self-regulated detachment used by the birth mothers discussed in the previous section was problematic when the baby was born for staff and agency workers who were committed in their efforts to have the mother attach to her baby. Some awkwardness followed in the behaviour of some professionals who supported the mothers. Responses ranged from subtle to blatant, from encouragement to hold their baby and to breastfeed and have their baby in their room (monitored by well-meaning nursing staff) to Jane’s story of the doctor who did not know what to say to her when she announced her son was born. Behind the nurses’ encouragement to hold and breastfeed are the normative expectations of motherhood and attachment theory and continual professional research development focused on the ‘best interests of the child’. However, these did not correlate well with the mother who wished to adopt out. Once the child was born staff expected the mothers would change their mind and want to parent their child. There was no acceptance, approval or understanding of the mothers’ wishes to not parent their child. The mothers bore no ill will to their children, but they were protective of their own mental and emotional health and had made their decision and did not want to change their minds. This is not just a 'personal trouble of the milieu' but a 'public issue of social structure' (Wright Mills, 1959, p. 8). Women who give birth are expected to parent. There is also an element of what Hays (1996) describes as professionals who know best, and the adoptive mother was simply ignorant of what was in her and her son’s best interest, as Rosie discovered.

When Rosie was sent to the mother and baby home to bond with her newborn Riley, she had her 13-month-old medically-dependent premature baby Josh with her. All she wanted to do was spend time with Josh, who had been in hospital for a long time himself. But Rosie felt they didn’t listen to her.

... at night at (the mother and baby home), they had Riley (her newborn). But then during the day they wanted me to have him. Josh stayed with me and he was in my room. He slept with me and he was my little comfort blanket. And I wanted him. I didn’t want them to look after him. I didn’t want them to touch him.

She found staff at the home disinterested in her, ‘just doing their job’. Rosie felt her wish to adopt was not listened to. Being sent to the home with a diagnosis of depression and then being forced to have her newborn son with her disempowered her further. She did not find all state agents behaved the same, though their job description may have been similar. She
describes how trust was an important element to her coping through the experiences after the birth of her son. She says of her caseworker:

... it is very hard for me to find people I can trust. And I only wanted Anne (my caseworker), I didn’t want any of the other girls to take over the case or anything, I just wanted Anne because I felt ... comfortable with her and she reminded me a little bit of Nanna.

The process of trusting and forging trust is a social process that requires agents with power and the capacity to generate solidarity as a means of support for all parties involved in child adoption. Misztal (2011a) argues reducing vulnerability requires bonds of trust, of cooperation and of solidarity. Respect and granting respect in the context of the relationship between birth mothers and other agents is territory that needs to be explored.

Rosie reflected on government agents visiting her at home, and the final day when her newborn was taken for care awaiting adoption:

... they were all government cars. Like because in this area it's no good to come in a government car. Because everyone talks ... and I said everything's ok. Josh is fine and everything's ok. I hated it. There's no privacy in that. And when they did come to get Riley there were four cars out the front of my house. It was so traumatic, it was such a traumatic experience.

While the hospital had one agenda, to assist her to parent by having her hold her baby and inviting her to breastfeed, Anna had another. Anna was anxious others did not know about her birth, worrying they would find out and judge her. She says:

I didn’t want to be in hospital because I knew people would ring there and everything. I kinda left as soon as possible, the next day.

When it was clear Anna had no intention of parenting, the hospital staff said:

... you’ve got to think about options, of what you’re going to do with the baby. You can’t just leave it at the hospital.

The Tasmanian hospital staff called in the adoption agency for Anna. Anna thought the staff, including her social worker, were professionally compelled to be supportive ‘because that’s their job’. Information was provided by the social worker, impartially from her perspective.

Anna adopted out two sons in one year. She acknowledged her second pregnancy around six months and although she was continuing to see her caseworker from her first adoption, which had only taken place a few months before, she did not tell her that she was pregnant again until she had given birth. She was aware that her behaviour was out of the ordinary and when I asked her what she thought her social worker thought of her adopting out twice, she said:
I don’t know, she probably thought it was wrong maybe, I don’t know ’cause I’d been there and done it before and she didn’t know anything about it (the second pregnancy). I’d only met up with her a week before (the birth) to have coffee. The next minute there was another baby here, so I was kind of awkward, like ... again.

The awkwardness Anna expressed is arguably connected to the shame of being caught in the same position in such a short time frame – the subsequent birth, evidence of her carelessness. When I asked her how her worker’s apparent disapproval impacted her, Anna was remarkably pragmatic:

I didn’t really care. ‘Cause that’s her job, like, she’s got to do it anyway, whether she likes it or not so ...

Jane challenged a rigid system of after birth care, which is designed to support parenting and attachment:

I was in hospital with him for four days. I didn’t know this, but when you have a baby they don’t go in the nursery, they are with you all the time ... I met with my worker and social worker at the hospital and some different maternal health nurses and people who knew what was going on ... And I said that I probably didn’t want to have the baby in the room with me because I didn’t know if I could handle that, and so she organised (for him) to go into the special care unit. Like the baby special care, and so there’s Andy, a massive healthy baby nothing wrong with him, with all these tiny babies in humidicribs with all these tubes and stuff. It was like 'my god'. It was ridiculous, he doesn’t need to be in there ... he can come to my room that’s fine. I don’t want to have to like keep going to this stupid room all the time to see him. So like he can come out, come and stay in my room, that's not a problem for me. So he came out and one of the mums congratulated me on getting him out of special care. It was like 'eh ... thanks'

Jane was able to navigate the healthcare system, but others with less fortitude would struggle to assert themselves; especially when attachment and bonding are accepted and promulgated principles at the core of government-endorsed early years’ sectors.

The health and welfare sectors are entrenched with particular evidence-based research practices to purposefully enhance parenting. These practices legitimise specific types of intensive motherhood but do not normalise the choice of a birth mother who wishes to adopt out. No current practices genuinely legitimise her choice to do so. This illegitimacy of adopting out entrenches the irreversibility of loss and grief and social isolation for a woman who considers adopting out is in her best interest and in the best interest of her child. Adoption remains a rarely used practice of managing unintended pregnancy and is currently culturally unpopular, and these two factors placed added burden on those choosing it to keep their secrets.
There is little evidence for institutionalised support for adoption choice in Australia today. Positive stories are rarely told, where a mother is free to pursue her career by adopting out, as opposed to parenting or terminating.

In Rosie’s example in the previous section, the progress of her choice was impeded by cultural norms of motherhood today and by the policies and practices controlled by health institutions and welfare agencies. Rosie repeatedly refused attempts by professionals to have her child bond with her. However, institutions, such as the mothers and babies home she was sent to for her postnatal health, dutifully attempted to promote attachment with her son. The conflict of values and objectives was evident in the staff attempting to stem the adoption process through attachment methods to bond the mother with her baby, which frustrated Rosie’s intent to fulfil her wishes for an irreversible adoption. She was not able to autonomously manage her adoption but was helplessly dependent on legislation embedded in the cultural discourse of Australia’s irreversible past adoption practices. Maternal and child health practice has been shaped by ideological positions on biological family formation, acceptance of single motherhood over the decades, and professionals expecting a mother to parent.

Rather than three choices in pregnancy, the focus groups mirrored the professional views that Rosie experienced, when they argued for two acceptable choices: parent or terminate. They saw adoption as unnecessary, unless there was some form of mismanagement of what many viewed as somehow a ‘reversible’ situation. Adoption is evidently not considered a legitimate choice today.

Birth mothers sit in the uncomfortable mute grey area between polar extremes of choice: parent or abort. They appear powerless. The subject of choice is highly politicised due to rhetoric fuelled by the decades-long burning passion for women’s rights. This research challenges the narrative of ‘choice’, which is not inclusive of adoption as an option that is genuinely supported. Society is full of families who are childless, not necessarily by choice. It would be interesting to know how many women with unintended pregnancy would have considered adopting out had the choice been perceived as a legitimate one in the eyes of lobby groups, media, policy makers and government. And what kind of media stories would it take to change the rhetoric about ‘what kind of mother gives her child away?’

Choice is controlled by existing, irreversible, influential and often unquestioned structures and frameworks within the culture in which individual choice is made. Logically, legislation and
policy determine the options available to individuals; however, these are carried out by agents of those systems. Each mother was questioned several times about her decision to adopt out – an evident distrust of her ability to make her choice; a decision she had made over time, during the course of her pregnancy. In comparison, when a termination choice is made, there is little or no cooling off period. Each decision is equally permanent and irreversible once made.

Rosie felt harassed by her professional workers who suggested she might have been influenced by media.

The government was trying to ... the government system was trying to make me not adopt out ... because they didn't think I was thinking properly and that someone had put the adoption into my head ... shows such as Find my Family ... and I said no it's not.

Rosie described her experience of being able to choose her son’s parents:

(The caseworker) came down to my house with a whole heap of profiles of people wanting to adopt children ... On the profile is a picture of them, their income, their interests and an explanation to the reason why they want a child. What they will do with the child. Their income wise ... childcare, yeah if they going to childcare or they are going to be stay at home parents or ... how they would raise the child. Their interests and their wishes ... of why ... and also they explain the reason why they want to adopt. I didn't like any of them and then she pulled out the last couple and ... The father, he had the same interests as me. Like breeding reptiles and mammals and some fish, and his wife she had really bad story ... Of like she couldn't have kids and ... it sort of made me open my eyes and think about you know like ... she's been through so much. He's been through so much as well. And what they wanted to do with the child. And that ... sort of like a light bulb ... you know like clicked off in my head, like ... they are very much like me. In my beliefs and disbeliefs and everything ... they were just stronger. I don't know if you know what I'm trying to say, but well I fell in love with them. And I still want the best for him.

For Anna in Tasmania, it was important that the parents she chose for her two adopted sons could financially care for them. She chose the same parents for both brothers. It was important:

... they had good jobs ... they could afford to buy them stuff. A stable place to live. I guess having a brother as well. That’s what I ticked off.

One of Anna’s primary reasons in adopting out was because she did not have a secure financial position, no partner or father for her children. Also, she did not feel she knew how to look after a baby. The lengthy delay of 30 days before Anna could review profiles to choose the parents for her sons was frustrating. After she had signed she was given profiles of potential
parents; she was only given five to choose from, which she thought was ‘a bit silly’. This contributed to her sense of loss of control.

Though Jane too had made her decision, the time delays in Victoria frustrated her and took the power from her own hand. She had no alternative but to comply with government regulation:

There's all this time period has happened before you can sort the next bit, before you can take the next step. It’s like 28 days and then it’s like three months and then it’s two weeks and all these different times before you can do everything.

But Jane chose the important features of her son’s parents:

We came up with this list of what we wanted in the parents ... we wanted them to have kids, we wanted them to have pets, we wanted them ... to have a fairly active lifestyle, (and) we wanted them to do stuff ... to go camping. It was something my family did my whole life and it was something I wanted Andy to experience.

Misztal (2011a) points out the importance of forgiveness as mitigation of irreversible events. Jane’s commitment to ongoing healthy relationships with her son’s adoptive parents also provides hope for everyone’s future, ultimately reducing the vulnerability for all.

7.3 MACRO - GLOBAL IDEOLOGIES AND HARM

While I have tried to present adoption in a comparative way to abortion, that is, as a woman’s choice, it is indisputable that all choices are made in the context of cultural, political, economic and social structures that may impede that right to choose. Many of these are at an ideological level and form part of normative, unspoken and assumed cultural understandings. However, when enough momentum occurs within society, change is imminent, as can be seen in the changes to adoption practice from the mid 20th century to now. History informs present considerations and challenges current practice. The findings will now be considered in the light of current ideologies.

Macro factors influence irreversibility through movements, economic, cultural and political factors which change the course of moral and motivational action. By this I mean movements, such as the feminist movement in its various waves (Tong, 1998), which has influenced how women consider their bodies and their reproductivity. What was perceived as an evil 100 years ago is now seen as a good. In terms of adoption, what was viewed 70 years ago as a social and political good is now, at best, considered a dubious option. Economic factors have also influenced how society views reproductivity, particularly in terms of the commodification of reproduction experienced the world over.
7.3.1 NEOLIBERALISM

The very notion of ‘choice’ is a neoliberal concept. A focus on rights, private property, individualism and economic wellbeing has advanced the concept of ‘choice’, which is embedded in the notion of 'my private property (baby) and my body' (Woliver as cited in Hartouni, 2004), but has layers of cultural and political complexity and constraints (Smyth, 2002). For example, the views expressed by focus group participants about adoption and the personal experience of adopting out articulated by the birth mothers in this research are contextualised in Australia’s dark history of past coercive practices. Whether recognised cognitively or not, the past is expressed in the hesitancy of focus group participants to discuss adoption choice and the constraints of the birth mothers’ journey. The lack of political will concerning adoption choice is evidenced by the lack of financial structural supports provided by government. Misztal’s work identifies the vulnerability of living in Western culture for individuals who face risk associated with modern social, cultural and political structures. Birth mothers face the risk of social exclusion, and subtle practices which impose parenting when they did not wish to do so. Misztal (2011a) argues an outcome of neoliberalism is the social organisation of the centrality of individual rights and autonomy, but which unintentionally facilitates isolation and loss of solidarity for those unable to participate or who do not fit ‘normative values and practices’.

Women continue to fight for equality in the workplace, and for pregnant women there is increased economic vulnerability, including risks to career pathways. The isolation experienced by a woman in such a situation is enhanced by a system that expects her to succeed and put her career first and parent at an ‘appropriate’ time. The cultural contradiction of motherhood relates to the conflict between neoliberal values and the perceived ideal of intensive motherhood as described by Hays (1996). Neoliberal values and economic rationalism promote efficiency and competitiveness, and yet motherhood by its very nature is nurturing and selfless. Birth mothers who adopt out sit right in the nexus of this contradiction. Subtle pressure is brought to bear on pregnant women who decide they are not in the ideal position to intensively mother, having not yet achieved their career, without the ideal partner or financial security. From this research it is safe to say that adopting out does not provide a valued contribution in the marketplace in Australia for those who do not consider they are in a position to provide optimal parenting at the time of their pregnancy. There are few resources to support women who choose this option. 'Sociologically, the central issue concerning (stigmatised) groups is their place in the social structure; the contingencies these persons encounter in face to face interaction is only one part of the problem, and something that
cannot itself be fully understood without reference to the history, the political development and the current policies of the group' (Goffman, 1963, p. 127).

However, the illegitimacy of carrying a child to term and adopting out magnifies social expectations about motherhood and conflicting expectations of workforce participation, and complicates an already isolating experience. For a birth mother who intends to adopt out, the situation is more problematic due to the visible evidence of a pending birth and appearing not to put her job first. This is further complicated because she would need to fend off statements about her pending birth when there is no baby, which risks isolation or exposure to misunderstanding and potentially ridicule by work colleagues. ‘What kind of mother gives away her baby?’ (Daly, 1994; Fisher, 2003; Freundlich, 1998). As each of the birth mothers in this research indicated, they wanted to hide away from anyone who knew them and to avoid the questions of those who did not, as Jane articulated about the ladies in the swim sessions. Physical changes that occur in pregnancy, such as increased size and fatigue, may well affect work performance, as Anna experienced:

I worked at picking mushrooms at the mushroom farm ... I ended up quitting because it was getting just too painful to work.

To avoid scrutiny, Anna went straight back to work for her next shift. It is difficult to imagine Australia’s work culture currently positioned to accept or embrace an increase in women who make the choice to adopt out. As discussed in Chapter 6, there appears little interest in supporting surrogacy and it is unlikely more women who work will take on the double shift of being pregnant for others while pursuing their own career.

It would be logical in the framework of neoliberalism to support women who choose to adopt out, given increasing levels of infertility in Australia due to women delaying pregnancy to pursue a career. Choice over time. This research does not show that Australia has the social and political will to shape a new story about adoption at this point in time, but the birth mothers’ own stories suggest adoption legislation ought to also be about their experience and right to make their choice.

### 7.3.2 FEMINISM

Various waves of feminism have brought evolving views of reproduction, which are often contentious. Gilligan (as cited in Bacchi & Beasley, 2005) refers to women managing their reproductive choice by moving between three moral frames of reference. Level one describes
a decision that refers to her own interest, two refers to the interests of others, and level three refers to what is best for herself and others as a relational unit. Given the cultural and political changes in Australia, it is possible that women who make the decision to adopt out function at level three. Anna considered her son and her wishes in trying to manage the process of adopting out. She wanted her son to experience stability as early as possible, but she also considered his new family:

Because I wanted him to be like stable with parents because ... I didn’t want him passed around to different people ... I chose Gemma and Angus ... they’re looking after Simon and Edward, and they had another little boy they adopted, so I thought they had the experience. They know what to expect and they would be the best ... because they actually can’t have kids. Angus is a farmer so they got a lot of property ... motorbikes and that sort of thing.

There were complications in settling the adoption process for Jane, but her concern was for her son. Jane wanted to maintain contact for everyone’s benefit. Her son was adopted into a family with two adopted children:

I want to continue that relationship with him and the family, for everybody's benefit. Because I know that they have no contact with um ... Matthew which is his brother, they have no contact with his biological parents and I know that that upsets his mum. He doesn’t like that. His mum doesn't like that that she doesn't have contact with her son's biological parents. So they’ve got two kids, they’re both adopted ... I’ve always wanted, and always said that I want Andy to grow up knowing where he comes from ... I've always said that I wanted the relationship that I have with them to be something similar to that of an aunt, like a close family friend or an auntie or something like that, that's the kind of thing I've wanted ... so sort of kind of be there in his life, not all the time, but there is definitely a relationship there ... And the family are more than happy with that to happen.

A sociologically feminist view identifies the private troubles of women and the public issues of choice in unplanned pregnancy, which shape access to social, political and cultural support for those who do not wish to parent. As presented in Chapter 2, there is cultural censorship of dialogue in public spaces about unintended pregnancy, due to various and evolving views of women’s rights, maternity and motherhood. This was borne out in a response from one of the men in the adoptive parent focus group who did not want to talk about abortion choice, saying it’s up to her, not me. There was little understanding of the shaping of a woman’s choice in the context of culture, social norms and political will. The argument about reproductive rights has been developed by academics and feminists who influence what constitutes a legitimate choice in the eyes of a pregnant woman, public opinion, legislation and policy (Smyth, 2002; Cornell, 1995), but also who has the right to speak about it. The men in the focus groups were
disinclined to speak about particular aspects of the research, such as abortion, as they stated it was a woman’s choice.

7.3.3 RELIGION

Religious institutions, along with government institutions delivering health, welfare and education, continue to be authoritative figures of organisational legitimacy and the moral framing of women facing unintended pregnancy. However, only one of the birth mothers considered she was religious, though she was not a church attender. Of the other two, one declared a hatred for religion and the other did not consider herself religious at all. None claimed a moral obligation to adopt out. However, as Hashiloni-Dolev (2007) argues, it is the absence of widely accepted religious, secular and scientific ethics that feeds the internal moral mechanisms that require verification of the individual in the context of the collective. The social context and constraints of professional, legal, religious and cultural framing serve as the background for decision making in the field of reproduction (Hashiloni-Dolev, 2007), as individual birth mothers in this research attest. This background is complex in Western society, as Fox (2008) argues, as it is constructed with competing moral, religious and philosophical convictions about sex, family and parenthood.

The focus groups considered the culture in which mothers make the decision to adopt out their child was influential. Only the adult adoptees support and advocacy group suggested that religion would be the reason birth mothers would make the choice to adopt out and not terminate. The fact that individuals could not articulate where their views came from did not mean ideologies or religious values, though invisible, were not present. Two of the birth mothers expressed strong moral views about surrogacy for example, but could not articulate how they came by their perspective. One stated, ‘it’s just wrong’. Though Anna would not have had an abortion, Rosie would have earlier on in the pregnancy. In effect, current religion or religious practice seemed to have very little to do with the decision of the birth mothers to choose adoption. The final section of this chapter will now look at the mitigation of irreversibility as Misztal (2011a) frames it.

7.4 MITIGATION OF IRREVERSIBILITY

Irreversibility can be mitigated by forgiveness, which loosens the bonds of the past so individuals can live their present and future lives. The challenge with this concept is that it is traditionally a religious construct, but Griswold (as cited in Misztal, 2011a) suggests it can be a secular virtue. Forgiveness, as defined in Chapter 2, is most frequently defined as the choice to let go of the right to be resentful and unresponsive to the one who has hurt us, while
developing compassion and even love toward them (Enright, Freedman & Rique as cited in Misztal, 2011a).

Without being forgiven, released from the consequences of what we have done, our capacity to act would, as it were, be confined to one single deed from which we could never recover; we would remain the victims of its consequences forever, not unlike the sorcerer’s apprentice who lacked the magic formula to break the spell (Arendt, 1958, p. 237).

Arendt goes on to explain that both forgiveness and promising cannot exist in the isolation of one soul, but ‘depend on plurality, on the presence and acting of others’ (p. 237). I will now elaborate on this community of others as evidenced at micro, meso and macro levels.

7.4.1 MICRO

While unintended pregnancy is not traumatic for all who experience it, trauma can certainly be an outcome for some who do not wish to parent. Not dissimilar to betrayals in intimate relationships, which are ‘unexpected, (they) arrive as dramatic events that interrupt ongoing, everyday interaction, cause harm and have a major impact on the injured person’s wellbeing, practitioners and researchers propose that they can be seen as traumatic events’ (Misztal, 2011a, p. 199). The injured person in this instance is a woman with an unintended pregnancy who is not in a position to parent. In the narratives of the birth mothers interviewed, none had ongoing relationships with the father of the child, highlighting the feminist case for injustice and gender imbalance of reproductive responsibilities.

For the birth mothers, the shock of the pregnancy or birth caused them to withdraw from intimate others; they withheld the news of their pregnancy and adoption from many members of their family and friends. While not all experienced overt rejection by their family when told, the idea of giving one’s own nephew or grandson up to an unknown family was confronting. The difficulty in analysing forgiveness as mitigation of the irreversibility of their actions is the question: who should be forgiven for what? Clearly, if family and friends disapproved (as the focus groups assumed families would), then these intimate others may assist the mother to be free from the irreversibility of her past decision.

Minow (as cited in Misztal, 2011a) underlines the need for forgiveness, which can prevent ‘locking people into roles as victims or trapping them in feelings of unrelenting hatred’ (p. 214). Inevitably circumstances vary, but there may be benefit in forgiving the father of the child, family and friends who had not been there for them, nor supported their decision.
Grotevant (2007) suggests, 'Reproductive disruptions such as adoption have much to teach us about the resilience and adoptability of human family systems' (p. 139). 'Adoption is embedded in a complex web of economic, political, and cultural forces and informs us about the dynamics of those forces. It also challenges how we think about reproduction and about family' (p. 134). The interruption to the mother’s reproduction through pregnancy, birth and adoption provides plenty of scope for interpersonal forgiveness, with the re-establishment of relationships, which may have many stages, and are not necessarily linear (Misztal). The basis of the mitigation of the irreversible decision to adopt out is the desire for relationship and to protect that relationship which must involve all parties to succeed. ‘Such interpersonal forgiveness involves choosing to act in favour of the relationship at a cost to the self, it can be said that forgiveness is constructive of the relationship, or in other words, it advantages the relationship. Forgiveness reduces the risk of relationship dissolution and ‘it can be constructed as relationship maintenance behaviour’ (Weiselquist as cited in Misztal, 2011a, p. 201). Part of the process described by Misztal toward forgiveness is reframing. Reframing generally attempts to understand the other person’s history, personality and contending issues, and build a shared narrative that expands each person’s view. This aspect of forgiveness is useful for birth mother and adopted child relationships, and sufficient reason to persist with open adoption arrangements, for each member of the adoption triad.

Past adoption practices left thousands of people affected by trauma (Kenny, Higgins et al., 2001). For some adult adoptee focus group participants in this research, the trauma of being separated from their birth mother is one that remains fresh and painful. Individuals affected by past practices of closed adoption have evolved into advocacy and lobbying groups that aim to change existing policies (Henney, Ayers-Lopez, McRoy, & Grotevant, 2007).

This research remains focused on the experience of the birth mother, while acknowledging the undeniable trauma of past adoption experiences. The trauma of the modern day birth mother who chooses to adopt out is different, but ought to be further reviewed in terms of forgiveness in order to mitigate the vulnerability of their irreversible decision. While society has changed, trauma and stigma are still experienced by birth mothers. ‘This is because the stigma of parenting outside of marriage has been, in part, replaced by the stigma associated with placing a baby for adoption’ (Fisher, 2003). This creates opportunity for forgiveness/reconciliation at a broader level with a potential to impact policy and the experience of birth mothers who wish to adopt out, to reduce the stigma and increase understanding and acceptance. Mitigation of irreversibility at a meso level of these broader issues will now be considered.
Forgiveness is not just about interpersonal relationships. It has a part to play at a political, legislative and institutional level, as experienced in recent years with several political apologies aiming to achieve reconciliation for marginalised and traumatised groups, as mentioned in Chapter 1. ‘The proliferation of the politics of forgiveness, either as acts of apology, truth commissions or restoration, has seen today’s culture being often described as a culture of forgiveness and/or culture of apology’ (Misztal, 2011a, p. 205). These political acts of forgiveness are ‘an act that joins moral truth, forbearance, empathy, and commitment to a fractured relation’ (Shriver as cited in Misztal, 2011a, p. 206). Political forgiveness is designed to ‘enhance democratic values of cooperation and justice … it honours the memory of those who have suffered injustice at the hands of the political community and helps prevent such injustice from happening again’ (Misztal, 2011a, p. 206). It is complex and difficult to achieve however. According to Cunningham there is:

still a lot of uncertainty about how to ensure that an act of forgiveness promotes a desirable future and respects victim’s rights. There are questions raised about the relationship between forgiveness and responsibility, about the relationship between past generation’s deeds and our duties today, about both strategies’ unclear meaning, populist appeal, and the real value and cost attached (as cited in Misztal, 2011a, p. 206).

Arendt (1958) argues 'The alternative to forgiveness, but by no means its opposite, is punishment, and both have in common that they attempt to put an end to something that without interference could go on endlessly' (p. 241). Past coercive adoption practices were equated to punishment for a single mother’s moral failure, as Swain and Howe (1995) indicate. Punishment still occurs in subtle ways. As the birth mothers in this research went through labour and birth and gave up their child, professional medical and welfare staff had to reconfigure their own norms, to work with a mother who did not want to mother – whatever her reasons. As staff were not interviewed in this research, it is not possible to understand what their personal views and values may have been, but the mothers’ perceptions of them showed they were not comfortable, ‘but had to do their job’. Efforts by staff to dissuade the mother from her irreversible decision to adopt out by encouraging attachment and time spent with her baby, exemplify an authority to remake or fix and remedy, rather than willingly accept and forgive. Much more needs to be achieved at this level for mitigation to be effective.
Forgiveness as mitigation for the irreversibility of decisions made in the context of macro conceptions, as Misztal discusses, focuses on restoring relationships at an international level, which is not applicable here. However, my research questions related to ideologies such as feminism, religion, commodification and economic rationalism, which I have viewed as ideological influences on adoption choice. The mitigation of these irreversible existing or past influences will now be considered, while acknowledging that forgiveness may be difficult to enact as it is usually directed to a being or a group of beings, rather than an ideology. The concept gives the opportunity however to forgive those who have perpetrated those ideologies that have increased a woman’s vulnerability through irreversible factors.

Feminist reason has led to the view of:

... childbearing as a natural process as the assumption — (which is) now outmoded in most Western cultures — that women will bear children at an early stage of their reproductive lives. Older women have more difficulty conceiving and bearing children. The ‘naturalness’ of motherhood and mothering also assumes that conditions conducive to childbearing, such as an available and willing partner, and economic security, are also constant. However, it is now evident that conceiving, bearing and raising children requires a culturally specific set of circumstances or a particular, rather complex, cultural ecology, rather than being due to a timeless, primordial essence of the feminine (Sinclair, 2005, p. 93).

Timing is therefore a modern complexity that influences individual women to contemplate the ‘right time’ to parent. Feminism, while vocal about abortion as a human but individual right to control the timing of family making (Smyth, 2002), is virtually silent on the subject of adopting out, other than voicing condemnation for those responsible for disempowering women through the forced adoption period. Adoption is a fraught area for there is little feminism, easily suspected of undermining an existing agenda, as though abortion and adoption were binary polar opposites rather than equal options. Perhaps there is scope for birth mothers to forgive the feminist forebears as representatives of an ideology that has failed to legitimise them as mothers and women in their private choice to adopt out their child.

Much has been written about the wrongs inflicted on mothers by the church through the coercive adoption period. The influence of the church on women’s current reproductive decision making appears to be minimal in contemporary Australia, and this research has shown the focus group of young academic religious women expressed similar views to those of other groups regarding adoption choice. However, there is a reluctance to approve of
adoption at a personal level. ‘Adoption is a good choice for others, but not for me’ is the general view.

Birth mothers did not consider religion an influence on their decision to adopt out and though Australian culture is becoming more progressive it is still predominantly conservative, and unintended pregnancy remains in the paradigm of a moral problem. Birth mothers felt judged by society, which motivated their secrecy and lack of desire to be seen in public. But how much can be laid at the door of the church as the guiding moral compass of Australian society today is difficult to ascertain. Certainly church institutions assisted in the morally-driven forced adoption period, and forgiveness has been sought by the church from women and children impacted. But that was then and this is now, as the birth mothers stated.

Economic instability was part of the motivation for the birth mothers to adopt out their child. The lens of commodification and economic rationalism undoubtedly provided mothers with their own rating schema. Economic rationalism is indelibly imprinted on our culture and the framework within which we consider our financial wellbeing and future, and our own suitability to raise a child. This is a peculiarly Western concept. Non-Western countries have historically not evidenced poverty as a reason not to have children, with significantly higher birth rates, coupled with high mortality rates (Rosling, 2018). None of the birth mothers in my research expressed anger or blame regarding their economic position impacting their ability to raise their baby; so there seems little scope for mitigation on this issue. Each was pragmatic and wanted their child to be raised in a family with financial security.

I have shown that forgiveness for the irreversible impact of ideologies on the lives of the women who chose to adopt out could be focused on those who would delegitimise their decision, such as feminists who propound favour for one choice in unintended pregnancy as a private right, but do not actively support adopting out as an equal right.

**SUMMARY**

This chapter has discussed the choice to adopt out as one made over time, with irreversible consequences. I reviewed the experiences of individual birth mothers in their choice to adopt out, the irrevocable nature of pregnancy, and the personal choice framed in the macro level of societal actions embedded in cultural, political and economic values and ideologies. The idea of choice – and the irreversible nature of choice – is investigated in the findings.

I have reviewed the irreversibility of Australia’s past adoption practices and how the consequences continue to shape society’s perspective on adoption today. I presented the findings of the birth mothers and focus groups as they navigate unintended pregnancy and the
choice to adopt out, with profound effects on all those involved. Loss and grief were considered from the perspective of the birth mothers and focus groups, and findings were often incongruous. The meso experience of the birth mothers’ journey to adopt out was reviewed as it occurred in institutional healthcare and welfare work embedded in particular notions of motherhood. This revealed room for improvement through professional and non-professional actors forgiving mothers by reconciling their own values about motherhood and accepting the choice a birth mother makes to adopt out. Ideologies such as feminism, religion, commodification and economic rationalism were reviewed as the culture in which birth mothers make their decision. Finally, this chapter looked at Misztal’s notion of mitigation for the vulnerability of irreversibility, namely, forgiveness and that this takes place in all three contexts of micro, meso and macro levels.

Past coercive adoption practices can be equated to punishment for moral failure, as Swain and Howe (1995) indicate. But open adoption and the cultural acceptance of a mother who chooses to adopt out could provide the plurality and forgiveness of past actions and provide her with a social, political and cultural foundation to move on with her life, unpunished. The mothers interviewed asserted they had made the right decision in the hope of a better future for their child. It is not naïve to call this love. As Arendt (1958) argues, ‘Love, by its very nature, is unworldly, and it is for this reason rather than its rarity that it is not only apolitical but antipolitical, perhaps the most powerful of all antipolitical human forces’ (p. 242). The participants in the focus groups found it difficult to legitimise a birth mother’s decision in the name of ‘love’. The birth mother’s found a peace in their decision to adopt out though they understood it was irreversible, by in effect, forgiving themselves. This allowed them the freedom to move through the process of the adoption and to willingly agree to open adoption arrangements, so that in time perhaps their child might forgive them too, as they came to understand their mother’s story. These actions lessened the impact of the irreversibility of their decision to adopt out.

Open adoption practice allows for reconciliation over time. It is a key to reducing the effects of the irreversibility of adoption. The restoration of adoptive relationships through changing and open perceptions of what constitutes family make way for the evolution of reproductive possibilities and ideologies that make up modern motherhood. Cultural context shapes decision making and what is assumed as natural and acceptable.

The very attribute most significant in discussing irreversibility is time. Sinclair (2005) asserts,

Women’s biology — marked by the largely irreversible moments of transition of the onset of menstruation and the menopause — testifies to the progression of time more
Thus, the forward movement of time, a key idea of the modern, is perhaps more acutely signified by women’s biology than men’s. Women’s reproductive capacities can be understood as embodying the irreversibility of time and their cycles as representing not just cyclical repetition but also moments of progression towards the next stage in their biological history (p. 92).

Reproductive decision making when confronting an unintended and unwanted pregnancy is part of this cycle and has irreversible outcomes.
8. CONCLUSION

8.1 LEGALITY, LEGACY AND LEGITIMACY OF ADOPTING OUT

This thesis opened by considering the multi-millennium long history of adoption practice, beginning with evidence of the Hammurabi Stele from Babylonian times, where civic law was etched into rock and guided government to protect and provide justice for orphaned children of the empire. This 4,000 year-old archaeological site is evidence of the normalising practice of adoption for the purpose of survival of infants, but also of family, community and civilisation. Adoption remains normative in some societies, where it is largely informal and not only among biological relations (Ban, Mam, McRose, Trevallion, & Reid, 1993). In Australia, while adoption remains a legal option in unplanned pregnancy, it occurs 73 per cent less frequently than it did 25 years ago (AIHW, 2016) and, as this research shows, for the birth mother the experience is not legitimated. Culturally, Australia continues to experience a tangible social revolution of progressive identity politics and with it an evolving acceptance of diverse family forms. However, the popularity of adoption practice is at an all-time low and adopting out is perceived as a last resort.

In the last 40 years there have been significant cultural and political shifts in the landscape of unplanned pregnancy and, theoretically, a woman being confronted with unplanned pregnancy has three options. Abortion has been legalised and single parenting supports provide for greater social acceptance of single mothers, leading to greater take up of abortion and parenting. Adoption has declined and rarely occurs today.

A birth mother considering adopting out is subject to influences from ideological, institutional and individual levels. She has little choice but to be dependent, to a greater or lesser degree, on those macro, meso and micro influences. She faces an unpredictable future if she makes the choice to adopt out. This research has discovered that adoption choice is not validated at any level. The effect of this is to demoralise birth mothers who choose to adopt out their baby, condemning them to marginalisation, stigmatisation and isolation. Unsurprisingly, as the idealisation of motherhood has increased over past decades, imbuing women with a pressure to conform to intensive mothering (Hays, 1996), those who might choose to relinquish the role of mother and give their child to another, whether in adoption or surrogacy, are perceived as abnormal and consequently delegitimised. This is one of several complex social components impacting the state of vulnerability experienced by birth mothers in their everyday lives, in friendship groups, hospitals, malls and social gatherings.
This research has shown the discrepancies between the subjective evaluations of adoption experience presented by birth mothers who recently chose to adopt out their child, and assessments held by other members of society and expressed in focus group settings. Multidimensional factors influence birth mothers who choose to adopt out their child in contemporary Australia, and these have been considered through the lens of the vulnerability framework developed by Misztal. I have embedded my empirical research in vulnerability as the primary theoretical structure, as well as reflecting on theories such as Ethics of Care, Identity Theory, Legitimacy, Stigma, Intensive Motherhood, Rationalism and Commodification, and Biopolitics.

There is a chasm between the legality and legitimacy of adopting out, but there is little social or political pressure to bear on the latter to challenge the former. This research shows that although birth mothers make a legal choice to adopt out in Australia, they are not acknowledged at a meso or societal level as making a legitimate choice. This increases their experience of vulnerability in their dependency on others, including intimate others, agents, systems, legislation and cultural ‘norms’ influenced by ideologies. It also increases the risks associated with an unknown future and, finally, increases the sense of irreversibility and vulnerability associated with an inability to change one’s past. Birth mothers’ increased sense of vulnerability is evidenced in the pressure from agents and family to parent, coupled with self-actualised secrecy, for example, hiding behind trolleys in supermarkets or leaving their home town to reduce the opportunity for the curious to question them about their pregnancy and child. Birth mothers are vulnerable to social isolation, stigma, shame, secrecy, loss of identity, anxiety, loss of control, and complex disenfranchised loss and grief. Arguably, they make their decision in the legacy and shadows of Australia’s past traumatic history of forced adoption, whether they are aware of that history or not, and in a culture that considers abortion the easier and less disruptive choice.

In short, birth mothers are invalidated in their choice to adopt out their baby. There is little to no support before or following the adoption process at an institutional level and, due to their self-imposed secrecy, little support from friends or family.

Misztal’s theory conveyed the concept of vulnerability as well as a structured framework to consider the individual experiences of birth mothers who adopt out today in the context of the society in which she lives. The vulnerability framework effectively scopes the depth and breadth of these complex issues, providing insight into the vulnerability of birth mothers as they experience dependency, irreversibility and unpredictability at macro, meso and micro levels. Misztal’s strategy for mitigation for each form and level of vulnerability has been
instructive in identifying how mitigation is currently evident in the process of adopting out, and ways in which it might be improved to legitimise birth mothers’ experiences. A further justification for the application of Misztal’s framework of vulnerability is that it is embedded in Western culture’s notion of linear time. This is a critical element of the vulnerability of pregnant women considering adoption and relevant to the subject of choice in unintended pregnancy.

While the possibility of pregnancy is naturally embedded in cyclical time, this too is finite, limited to a number of factors including the reproductive age of the woman. Reproduction is an ever-evolving domain, with new possibilities for pregnancy to occur and new moral challenges due to constantly expanding frontiers of medical science and technology. The recent development of three adults sharing the biological conception of a foetus is just one example (Hamzelou, 2016). Nevertheless, at the time of writing, the indisputable facts remain: pregnancy can only naturally occur with heterosexual sex, but does not always. Furthermore, despite groundbreaking technologies, all the will and effort in the world to become pregnant does not necessarily result in pregnancy. Once pregnancy occurs however, it has a biological and linear narrative, which always comes to an end, and is encapsulated in time. The specific outcome is widely conceived to be the choice of the woman who is pregnant, but it is not always. While autonomy of those pregnant to determine their own outcomes has increased over time with significant cultural change, not all women enjoy this freedom and, even if so, not everything is under her control. She is vulnerable to external influences, such as political will. Consider my review of Hashiloni-Dolev’s (2007) account of biopolitics in Chapter 3. Political will is influenced by ideologies such as feminism, religion and neoliberalism, intensive motherhood, rationalism and commodification. And, there are cultural effects of legitimacy and stigma. Theoretically, a Western woman is free to choose her reproductive outcome of an unplanned pregnancy, however, this research shows that for a birth mother who chooses to adopt out, the decision has many challenges.

Pregnancy and its endings are irreversible, whether it is through termination, birth, miscarriage or stillbirth. And each ending creates a situation of dependency, where the woman must rely on professional experts and significant others to assist her to achieve her ambition, or alternatively survive the experience as a victim. A birth mother is also vulnerable to legislative processes, which determine the quality, quantity and access to health services that support her decision to adopt out. These circumstances and processes have proved challenging for the birth mothers in this research, and are evidence of each experience of vulnerability.
Misztal’s framework not only identifies alternate ways to think about the ‘problem’ of adopting out but provides strategies to rectify each contributing factor that perpetuates vulnerability. These will now be discussed as possible strategies for new ways of thinking and framing adopting out in contemporary Australia.

The vulnerability experienced by birth mothers could be reduced at meso levels in legislative change and institutional policies and processes, which would increase respect and legitimacy for a birth mother’s choice to adopt out. The mitigation of irreversibility, that is, forgiveness or the offer of an apology, has been used as a political tool to bring about reconciliation for those wronged through forced adoption. However, the unfortunate flow on effect has been to undermine the institution of adoption more generally and inadvertently invalidate a birth mother’s choice to adopt out today. This is evidenced by the barriers she experiences, whether in time delays, the silence of non-discussion until deemed appropriate by the state, or the expectation that she should ‘try to parent’.

Birth mothers in this research experienced shame, expressed in denial, illegitimacy, stigma and the need to hide their state and their legal decision to adopt out from agents in institutional settings, as well as others. Reconciliation for current birth mothers could be expressed in policy that legitimises and normalises her decision to adopt out in contemporary society, and thereby to decrease stigma. This could enable a birth mother to begin discussions of her adoption earlier in the pregnancy rather than the current situation which does not allow any progress until the baby had been born, leaving her isolated with no way to mediate a plan or start the process of forgiveness to herself and her child, an important aspect of her own mitigation for an unchangeable past.

Media could invest in coverage of positive stories of open adoption as a birth mother’s choice as a means of legitimising that choice. Love Child (Lambert & Bennet, 2014), a TV program funded by the Federal Government, depicts the trauma of the forced adoption period and inadvertently portrays all adoption as a social ill, perpetuating the judgement of ‘what kind of mother gives her child away?’ (Daly, 1994) especially when she doesn’t have to? (Castle, 2014).

Open adoption policy has assisted in the mitigation of unpredictability for a birth mother by allowing ongoing contact with her child. In so doing, it reduces the risks associated with an unknown future by the act of the promise of an ongoing relationship. To be effective, this policy depends on institutional agents to respect and support a birth mother’s decision to adopt out and work with her to build optimal familial bonds if desired; a legal system to ensure barriers for ongoing relationship are removed; and ideally adoptive families who are cooperative. Further mitigation is possible with political will to promise commitment to the
institution of adoption as a positive story of making family, rather than acceptance or encouragement of its decline, or worse, a state of necessary evil. This would assist individual birth mothers to consider the option in a more supported cultural environment and increase their sense of legitimacy.

Misztal’s strategy for mitigation to address the vulnerability of dependency is interdependency or remedial responsibility. As birth mothers made their decision to adopt out, they did not experience respect, legitimacy or a sense of public acceptance. Delays in the ability to engage in planning further isolated them, so they walked their journey alone without evidence of hope. Changing the timing of some of the existing processes, such as a freedom to discuss and shortlist parents at an earlier stage in the pregnancy, may increase a birth mother’s autonomy and interdependency, empowering her in her decision making and hopefulness. The birth mothers’ efforts to keep their pregnancies and adoptions a secret is evidence that more needs to be done to support mothers who consider making this choice.

Focus groups confirmed the illegitimacy of adoption choice, particularly through social proximity questioning, which took some participants by surprise. As each birth mother in this research experienced little respect for her choice, a shift toward legitimacy might look like the celebration of her choice to adopt out as a social good rather than a social ill.

8.2 RESEARCH AIMS AND QUESTIONS

An overview and discussion of the findings will now be made based on the aims of my research described in Chapter 1.

The first aim was to consider if past adoption practices can be separated from present policies and practices. Although the birth mothers in this research believed they had made their decision autonomously and with little knowledge of the past practices of forced adoption, each birth mother’s choice was embedded in the fallout of past practices. This is reflected in the mistrust of professionals in her capacity to make a choice to adopt out, and in policies that do not allow the process of adoption to begin earlier in pregnancy. Antithetical policy that does not allow a pregnant woman to discuss or plan her future adoption during pregnancy increases her dependency on others and on systems, reduces her self-determination, and does not allow her to step into ‘promising’ and therefore reduce the risks associated with unpredictability. While open adoption policy increases her autonomy, the strictures around the timing for discussion and decision making appear to mistrust a ‘sound’ pregnant woman’s ability to choose adoption for her child.
This research has shown that Australian women considering adoption choice today, do so in a field of doubt sown by bureaucrats in response to the fallout of past adoption practices. Research (Kenny et al., 2012; Swain & Howe, 1995: Castle, 2012) exposes the shadowy past of adoption practices that removed choice from the birth mothers and highlights the ongoing trauma for many victims of the closed adoption period. This, however, risks painting all adoption choice with the one brush of injustice, coercion and failed human rights.

My research has investigated if it is possible to build distance between that period and contemporary Australian culture. My research has shown little alignment between the views of the birth mothers interviewed and those of the focus groups. Each mother tells a positive adopting out story, albeit different from one another, and each has ongoing contact with their child and the child’s new family. The mothers are content with their child being happy. One stated she felt she had gained a new family herself. In stark contrast, focus groups thought adoption should be a last resort, when termination or parenting was out of the question. The focus groups argued that a birth mother would experience grief and loss, attachment problems, and risk that the child could ‘chase her into her future’. Interestingly, participants thought there might be less loss and grief in adoption than abortion, but generally thought the personal cost of making the decision to adopt out would be too high. All but one focus group person (an adult adoptee who had adopted out a child) thought they would never consider adoption an option for themselves. Focus group members associated the decision to adopt out with trauma; no birth mothers made this association.

The fact that the birth mothers were generally unaware of past practices may have played a part in their view of their adoption choice, however being unaware did not save them from being impacted by past practices, through risk-averse policies and practices that were imposed on them. In addition, agents representing the state were evidently insecure about the choice the mother was making and mistrusted her ability to make that choice, perhaps reflecting their knowledge of past practices, resulting in weighted cautions and risk management practices. As these agents were not interviewed, their views remain unknown. However, these views could be a subject for further research.

The second aim of this research and corresponding questions sought to understand how legislation, economic and social forces constrain a birth mother’s determination to adopt out, given her dependency on systems. The birth mothers in this research were aware of their dependence on others to support their decision, including agencies and systems, policies and practices relating to antenatal care and welfare support, as well as specific family and, in one case, a friend. They did not experience legitimacy for their decision, with one mother wanting
to go through the pregnancy in a respite home in a distant town in order to protect her privacy. Birth mothers in this research experienced stigma in everyday life. Some went to great lengths to keep their secret from others, including close friends, some of whom still do not know the mother has had a baby and adopted out, twice. Anna did not want to expose her situation to anyone at the time of the birth and went back to work on her next shift in order to avoid judgment.

The birth mothers experienced a lack of legitimacy during their pregnancy and birth when they could not discuss the topic or their wishes, nor plan until the baby was born. This delegitimised their decision by removing the planning and process from their control. For the mothers, their decision was made, but agents expected them to change their mind. Staff made multiple efforts over days to encourage the mothers to attach to their babies, despite the stated decision to relinquish by the mother. This exposed the mothers to increased vulnerability and insecurity as they were dependent on the professionals caring for them. Family, likewise, could not understand her decision and struggled to maintain support, if they knew at all. This was parallel with the stated views of the focus groups, that their own family would not support them in an adoption decision. Ultimately, it required a significant resilience on the part of the mother to go ahead with her decision in the face of stigma and invalidation. The limitations on timelines for paperwork and selecting parents maintained the power in the hands of the state not the mother.

Three of the focus groups had personal experience of adoption, two groups comprised adult adoptees and the other, adoptive parents. These groups had strong feelings and opinions about adopting out. Interestingly, the two adult adoptee groups were disparate in their views – one being largely supportive of the decision to adopt out, while the other advocacy group was intolerant of the idea of adoption, allowing it in only a few extreme circumstances. This advocacy group resisted any consideration beyond the perspective of the child and could not relate to the view of the mother at all. They iterated the supports available for mothers to parent now and saw little excuse for adopting out. The other adult adoptee group was sympathetic to the birth mother who would consider adopting out and were supportive of her choice as being a morally better one than terminating. The adoptive parent group expressed moral views about adopting out and terminating and could only think of a birth mother choosing to adopt out under extreme circumstances, where her family could not raise the child. Arguments included the financial support to parent today and the societal acceptance of single parenting. In summary, the focus groups with personal experience of adoption did not generally consider adopting out a legitimate choice.
The third aim of this research sought to understand how a woman with an unintended pregnancy, who does not wish to parent, experiences vulnerability as risk and insecurity in reproductive decision making. Birth mothers expressed fear of being exposed, resulting in the denial of their pregnancy until they could no longer hide it. The mothers managed this risk of exposure by controlling their privacy through secrecy. For Jane, this meant leaving her town. Anna, on the other hand hid her pregnancy up to and including birth, she continued to work up to the day of the birth and was back at work for her next shift. Rosie did not tell her family who lived some distance away until she could no longer hide it. The social ramifications of this secrecy were significant for birth mothers. Their pregnant status and their confessed wish to adopt out separated the mothers from intimate others and changed their social status and connection with work colleagues and peers, demoralising them and decreasing their sense of wellbeing. Disconnection was experienced by all. When Jane told a new boyfriend of her adopted child he could not accept her decision and their relationship broke up. Anna continues to keep the secret of her adoptions from her friends. Rosie’s decision to adopt out further exacerbated her poor relationship with her parents because they could not understand nor accept her decision. This research shows that the mothers pragmatically managed the unpredictability and risk relating to their decision, but were largely isolated as a direct response to the lack of legitimacy they experienced.

The fourth and final aim of this research was to consider contemporary views on choices other than adoption in pregnancy, such as abortion, baby safe havens or surrogacy, and whether adoption can be construed as a legitimate reproductive choice. The focus groups were adamant that abortion would be the first choice for most women facing unintended pregnancy, as it provided a private, easier, more immediate answer, with the least interruption for her. There was a strong expression by the groups however that it was the mother’s choice and some considered it was not their place to give their opinion as she was the only one who should choose – this was particularly the view expressed by the men in the focus groups. Even so, though participants gave lip service to the autonomy of each mother’s choice, when it came to approval for adoption as a legitimate choice, there was little given. This deference to the mother’s choice is reflective of the cultural shift and successful lobbying of feminist movements to highlight ‘my body, my rights’, but it is not clear that this language aligns with adoption choice. Abortion was perceived to be normative in managing the unpredictability of unplanned pregnancy. Abortion provides a definitive irreversible outcome. Despite this, there was concern about loss and grief and potential long-term psychological consequences. In some sense unpredictability is reduced, that is, the risk of the unknown: there is no child to chase.
into a mother’s future. Few focus group participants thought of the pregnant woman as dependent or vulnerable, and there was little discussion about ideologies that might influence her choice.

8.3 IMPLICATIONS OF FINDINGS – A CHALLENGE TO POLICY MAKERS

Legislation designed to remove exploitation and mitigate the risk of the past repeating itself has arguably been achieved in open adoption policy. However, there are undoubtedly unfortunate repercussions, where some policies ought to be reconsidered, such as the waiting periods for initial discussions and supports offered to legitimise a birth mother’s decision. Earlier timing of the discussion to consider options for the baby’s new parents may alleviate some anxiety for birth mothers during pregnancy and therefore increase her sense of autonomy. Increased professional support could assist the birth mother to address attachment issues in a timely manner and give her the opportunity to live in respite facilities that promote a healthy approach to adoption, rather than perpetuating the ‘last resort’ mentality.

This research shows Misztal’s vulnerability framework comprehensively addresses the plight of birth mothers who wish to adopt out in Australia today, acknowledging our national history of past trauma, the current dependency on systems, policies and processes that do little to reduce the vulnerability experienced, and the risks associated with an unknowable future. Mitigation is incomplete but vital to improve life outcomes for both mothers and their children. The discrepancy between birth mother experience and focus group views highlight a need to address the lack of normalisation of adopting out as a legal reproductive option in a society that values self-determination and the personal rights of individuals. Although adopting out rarely occurs in Australia today, it is by no means an anachronistic institution, and in fact brings rich solutions for families who desire children and solutions for birth mothers who do not wish to parent or cannot parent at that time. In some cases it brings a family for a birth mother who has none of her own. Adopting out provides options for individuals while offering solutions for one of life’s most perplexing troubles.

The notion of poor vulnerable women being ‘used’ to carry other people’s babies leaves little or no scope for a self-determined woman who might choose to carry a baby for others to raise, whether in adoption or surrogacy. In part this is due to the perception that she is vulnerable and dependent, and not self-empowered. Ultimately, it is a war of ideology and politics. It is widely accepted that if a woman autonomously makes a reproductive choice, then there are no grounds to refuse her choice (particularly in Victoria, with abortion available up to birth); ‘personal’ choice is made in the context of strong cultural influences and political will. And yet, there is no test for ‘self-determination’ or competency for informed consent. Reproductive
choice is embedded in political ideologies that frame policy, influence social perspectives and cultural norms, and legitimise or invalidate one choice over another. Although adoption and surrogacy can be viewed through the same lens, currently there is little political will for surrogacy, with an impenetrable wall of risk to be overcome by a government currently showing no interest in doing so.

Finally, this research shows the need to develop a healthier general view of adoption in the community. A thoughtful and respectful media campaign that presents adoption as a legitimate option in pregnancy would benefit and normalise a birth mother’s experience and choice to adopt out, much like the Love Child series to support those affected by the past trauma of forced adoption.

8.4 CONTRIBUTION TO RESEARCH

Past adoption research has predominantly been embedded in psychology, utilising qualitative methods and focused on the coercive adoption period, highlighting the trauma of birth mothers and adult adoptees (Kenny et al., 2012). An exception is Castle’s (2014) psychological work, which cites the voices of women who voluntarily relinquished their baby. Castle contextualises these decisions in contemporary Australian culture and her research stands alone in discussing the notion of choice and legitimacy for birth mothers today. My research contributes to existing research by discussing the choice to adopt out through the lens of vulnerability, which incorporates culture as well as the changing landscape of social relations, political will, commodification, identity, stigma and legitimacy. I have advanced understanding of the risks a woman makes in choosing to adopt out at any given point in time, not knowing outcomes such as, for example, her ongoing relationship with her child, while she is dependent on people, systems and structures that are beyond her control. Previous research investigating cultural views of motherhood has not identified modern perceptions of motherhood and reproduction in the light of the contemporary Western framework of ‘time as a commodity’ (Sinclair, 2005). Coupled with the Western linear view of time as past, present and future (Adam, 1995), the vulnerability of a woman who considers the decision to adopt out is compounded by other implicit issues such as intensive motherhood (Hays, 1996) in a world that does not value motherhood as a chosen state. Rather, as Sinclair (2005) argues, motherhood is seen as ‘an interruption to an ongoing process of acquiring an authentic, self-made identity via a career’ and is perceived as ‘identity loss’ (p. 89). The birth mothers in this research did not view themselves as ‘ready’ to parent for diverse reasons, including financial security, lack of emotional and mental capacity at that time, a lack of a partner and settled life directions.
In one sense the choice to adopt out was one of timing, as is the decision to terminate a pregnancy (Rosenthal et al., 2009). ‘Women’s biology — marked by the largely irreversible moments of transition of the onset of menstruation and the menopause — testifies to the progression of time. ... Women’s reproductive capacities can be understood as embodying the irreversibility of time and their cycles as representing not just cyclical repetition’ (Sinclair, 2005, p. 92). However, when faced with an unintended pregnancy, decisions are made on the basis of a linear sense of time, but not necessarily with the concept of all pregnancy being finite. The notion of cyclical time is relevant to the hope or possibility of becoming a mother in the future due to the nature of cyclical menstruation (Sinclair, 2005). Even so, this is an unknown prospect and depends on other factors, such as other modern ambitions, self-actualisation and identity, a willing partner, medical intervention and economic security. Birth mothers in this research deemed termination an unacceptable or unattainable option (due to time or personal values), as a means of managing the ‘wrong time’ to parent. The notion of time also assists in understanding the pregnancy time as ‘wait’ time until the adoption process could begin due to existing legislation and policies. This could equally be called ‘hidden’ time or ‘secret’ time, as the mothers attempted to hide their pregnancies to reduce the likelihood of comment or criticism of their decision to adopt out.

The disconnect between the legality and the legitimacy of choosing to adopt out results in additional vulnerability for birth mothers. Women confronted with an unintended pregnancy who wish to adopt out are currently not positioned as vulnerable (that is, dependent, with an irreversible past and facing an unpredictable future). Acknowledging their vulnerability and mitigating their choice to adopt out through supporting their wish, facilitating interdependence, reconciliation and promising, could result in increased levels of hope, at micro, meso and macro levels. This could, in turn, increase legitimacy, reduce stigma and empower birth mothers.

This thesis makes a contribution to research in considering new ways of thinking about unintended pregnancy, and specifically adoption, in the context of modern motherhood and family. It does this through the lens of vulnerability, defined as dependency, irreversibility and unpredictability in micro, meso and macro paradigms. It also contributes to current research in considering reproduction in the light of Western linear or mechanical time versus cyclical time. In addition, it introduces the notion of all pregnancy as finite. This research further informs reproduction research in contrasting the lived experience of birth mothers with community opinions about unintended pregnancy and adopting out as a legitimate choice for modern
women in Australian society. Birth mothers experience barriers through individuals, systems and ideologies that inhibit a free choice to adopt out.

Finally, this thesis employs innovative methods that are not commonly used in sociological research, that is, video vignettes and computer assisted focus groups using the technological instrument Zing™. While vignettes are commonly used in sociological research, video vignettes are uncommon. Overall, video vignettes are a useful tool for giving participants the same data in a controlled setting to consider a sensitive topic. The use of film can take individuals out of their own environment and transport them to the same place, viewing the same context and conversations, embedded with the same drama, and though each brings their own history and values, it somewhat levels the playing field. There are more similarities than dissimilarities to compare. The limitations of the research will now be reviewed, beginning with the film.

8.5 LIMITATIONS OF THE RESEARCH

I chose to use video vignettes from the film Juno (Halfon, 2007) to allow participants to engage in the story line, albeit broken into short vignettes, so they could step aside from the oppressive nature of past Australian adoption practice and consider more openly the subject of adoption choice in a modern context, separate from historical traumatic events. While most groups appreciated this approach, for some, the lack of background information was seen to impede clarity and the slightly humorous tone of the film offended some members of one group. Some participants felt the story was unrealistic and ‘Hollywoodised’, but this was not a general view held by any of the other groups. Overall, the vignettes were a creative and positive way to introduce discussions about birth mother adoption choice in a contemporary setting, which aided in separating adoption choice from the trauma of past practices. I believe it would have been optimal to allow participants to view the entire movie; however, this was not possible due to time constraints.

The use of the computer assisted focus group tool, Zing™, allowed most participants to voice their thoughts freely and anonymously in the group setting. An unforeseen challenge included the typing ability of participants, which meant a few words needed clarifying, resulting in the writer being identified when discussing the responses as a group during the thematic analysis. However, this did not occur often and generally did not create undue difficulty. Only one participant among all groups appeared agitated by this.

The limitations of this research include the small sample size of birth mother interviewees, making it impossible to generalise, and the small number of focus groups, which though diverse cannot be said to represent Australian society as a whole. As discussed in chapter 4,
the groups were representative of individuals who have connection to adoption, either as adoptees, or adoptive parents and one group of religious young academics, who might be expected to have views on unplanned pregnancy outcomes. There was no representation from members of the public who may have not had any connection with adoption.

8.6 POTENTIAL FUTURE RESEARCH

I believe the findings of this research show a lack of alignment between the lived experiences of birth mothers who choose to adopt out in contemporary Australian society and the views of the general public about their choice. This warrants further investigation including a large-scale survey of the Australian public to understand whether negative views of adoption choice are more broadly held by the public.

Further research should evaluate current policy to consider the barriers birth mothers currently experience, which, as I have shown, increases their vulnerability. Mitigation strategies could be investigated to reduce the sense of stigma, illegitimacy and lost identity, which birth mothers currently experience and leads to their perceived need for denial, secrecy and isolation.

Investigation could extend to workplace culture and views of employers and employees toward unplanned pregnancy and adoption choice, to gain further insight into the impact of commodification on adoption choice and unintended pregnancy resolutions. Research could include concepts of self-identity of women in the workplace and perceived barriers to adoption choice, including financial barriers.

Misztal’s framework of vulnerability may usefully be employed by other researchers to develop mitigating strategies for other sociological problems of marginalised cohorts. The vulnerability framework could be applied to other groups, such as teen mothers, who appear to be self-determined and autonomous but in fact are limited by financial pressures, social views or cultural norms driven by ideologies and constrained by legislation. They are legal but not legitimated. Teen mothers could be better understood and benefit from research that acknowledges vulnerability and how it works and what mitigates it for this cohort. This research could advise policy makers of targeted approaches to improve outcomes.

Modern adoption policy need not be so risk averse that it fails to meet the needs of birth mothers and, worse, demoralises them. Investigation into the kind of respite home and other supports birth mothers might wish to access during their pregnancy could be identified with the purpose of influencing policy design and funding support for birth mothers during pregnancy and after.
The sign of a mature society is the ability to learn from its mistakes and respond flexibly. Australia’s forced adoption period was a mistake (Swain & Howe, 1995; Kenny et al., 2012; Inglis, 1084) and an irreversible one, intensifying the unpredictability for thousands of Australians. However, Australia has shown maturity in acknowledging the errors, making apologies and restitution and taking a responsible view of adoption with research and its resultant open adoption policy. Into this mix is the less mitigated issue of dependence. Birth mothers are dependent on systems that block their journey based on timing, guarded by agents who screen and determine the number of potential families for review, and when they will be made accessible. Risk-avoidant legislation to protect whom? Current practices still see birth mothers hide rather than being known as a child bearer for another family, as though there were no joy in that, when each birth mother in this study expressed the gratitude in her ability to provide another family with a child, while extending the experience of family herself. It is difficult to know if Australia is mature enough to celebrate her joy with her and stem the stigma of adoption choice as a legitimate option in unplanned pregnancy.
Do you have an opinion about adoption in Australia? Even if you don’t, would you like to be part of a research project which aims to question adoption of babies from a sociological perspective?

Then consider taking part in a research project which will see you discuss this interesting topic!

NOTE: You do not have had to have had any experiences in adoption to participate.

All the responses that you provide will remain confidential.

The time commitment for focus groups is for two sessions, each lasting 90 mins.

Please read on for further information about the project.
PROJECT TITLE: WHY IS ADOPTING OUT THE ‘UNCHOICE’ IN CONTEMPORARY AUSTRALIA?

RESEARCHER:
My name is Anne Webster; I am the chief researcher for this project. I am a PhD scholar from the School of Sociology at the Australian National University. Thank you for considering your involvement as a participant.

AIM OF THE STUDY:
The aim of this study is to examine the question of the adoption of newborn babies from a sociological perspective, with a focus on the birth mother. This research moves away from the pro-life and pro-choice debate, to holistically consider under what circumstances adoption could be considered a legitimate choice in unwanted pregnancy. This project is designed to address three broad research questions. These are:

- How do the negative and positive portrayals of adoption and adopting-out influence a pregnant woman who does not wish to parent?
- What conditions are required for a pregnant woman, who does not wish to parent, to consider adopting-out as an acceptable option?
- What influence does the government have on people when the choice is made to adopt out?

PARTICIPANTS:
As a participant in this research you are being asked to contribute in either a focus group or an in-depth interview to provide your views on the issues and challenges facing pregnant women who do not wish to parent and consider adopting out as a option. You do not have to have any experience in adoption to participate in the research.

Birth mothers, who have adopted out in the last 15 years, are invited to participate in in-depth interviews if they think they chose to adopt-out and were not coerced. Other members of the Australian community have also been invited to participate in a focus group. The focus groups will consist of people with various backgrounds, gender, age or professions. Nonetheless the discussion is intended to be open and include all issues individuals may see as relevant.

All the responses that you provide will remain confidential, as far as the law allows, and will only be used for the purposes of describing the key reflections, perceptions of challenges and possible future directions for adopting-out policy and practice in the future. At all times your anonymity will be safeguarded. No individual will be identified as the source of any comments.
or opinions in any report, presentation, or publication of these research results. No individual will be identified with personal details in the description of this research.

Your participation in this research is voluntary. You do not need to answer any question either in the focus group or in the in-depth interview unless you wish to do so.

The time commitment for focus groups is for two sessions, each lasting 90 mins. For participants agreeing to in-depth interviews, there are two sessions and each are expected to last no more than 90 mins also.

At the completion of the project findings may be presented at relevant conferences and published in appropriate academic journals.

WITHDRAWAL OF CONSENT:
You are also free to withdraw your participation in this research at any time until four weeks after the focus group. A ‘Withdrawal of Consent’ form Appendix IV is provided should you wish to use this, however you may also choose to email or phone to withdraw your consent. If so, the data you provide will not be used if you as a participant withdraw.

CONFIDENTIALITY:
The conduct of this research involves the collection, access and / or use of your identified personal information. The information collected is confidential as far as the law allows, and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded.

DATA STORAGE:
The researcher will also take notes and these written comments will be stored in a locked filing cabinet at her home. Only members of the research team will have access to these notes. Recordings of the interviews will take place on an audio device and this data will likewise be stored on the researchers own personal computer under password security lock. Privacy will be maintained throughout the collection, analysis and preparations of results and will be kept for at least 5 years after publication.

QUERIES AND CONCERNS:
If you have any further queries or concerns about the research please contact the researcher or her supervisor (contact details are below). Though the researcher is a trained social worker, it is not appropriate that she provide counsel and therefore the following information is provided. If you experience any level of distress
through the research process, support can be found at:
Lifeline at 13 11 14;
Adoption services such as Catholic Care Footscray, Melbourne on (03) 9689 3888;
Post Adoption Support Services in Adelaide on (08) 82458100.
ANU Counselling service on (02) 6125 2442 or
La Trobe University counselling service on (03) 9479 2956.

**Ethics Committee Clearance**
The research will be conducted in accordance with the National Statement on Ethical Conduct in Human Research and by a qualified social worker. If you have any further concerns or complaints about the ethical conduct of the research project you should contact

**Human Research Ethics Committee Contact:**
Human Ethics Manager
Office of Research Integrity,
Research Services,
Ground Floor, Chancelry 10B
Ellery Crescent,
The Australian National University
Acton ACT 0200
Telephone: 02 61253427
Email: human.ethics.officer@anu.edu.au

**Chief Investigator:** Anne Webster

**Contact Details:** email: anne.webster@anu.edu.au
Telephone: 0407 873 291

**Supervisor:** Dr Joanna Sikora

**Contact Details:** School of Sociology
CASS Research School of Social Sciences
Haydon Allen Building No 22
Room 2167 College of Arts and Social Sciences
Australian National University Canberra,
ACT 0200 Australia
email: Joanna.Sikora@anu.edu.au
telephone: +61261254574
fax: +61261252222
CONSENT FORM – BIRTH MOTHER INTERVIEWEE

By signing below, I confirm that I have read and understood the attached information sheet and in particular that:

- I understand that my involvement in this research will include participation in an in-depth interview to discuss my views about adopting-out as an option in pregnancy
- I have had any questions answered to my satisfaction
- I understand the risks involved are low
- I understand that all the responses that I provide will remain confidential and will be used for the purposes of establishing key issues, barriers and challenges for birth mothers to legitimately choose adopting out as an option in pregnancy when they do not wish to parent.
- I understand I will not be identified as the source of any comments or opinions in any report, presentation, or publication of these research results
- I understand that the researcher (Anne Webster) will take notes on my comments during the interview, and that these notes will be stored in a locked cabinet and not be accessed by anyone apart from the research team
- I understand that there will be no direct benefit to me from my participation in this research
- I understand that my participation in this research is voluntary
- I understand that if I have any additional questions I can contact the research team
- I understand that I am free to withdraw up to four weeks following the interview through use of the withdrawal form.
- I understand that I can contact the Secretary, Faculty Human Ethics Committee, human.ethics.officer@anu.edu.au if I have any concerns about the ethical conduct of the project
- I agree to participate in the in-depth interview.

Name ___________________________________________ (Participant)

Signature ________________________________________

Date: _______/_____/______

Name Anne Webster (Researcher)

Signature ____________________________

Date: 06/02/13
By signing below, I confirm that I have read and understood the attached information sheet and in particular that:

- I understand that my involvement in this research will include participation in a focus group to discuss my views about adopting-out as an option in pregnancy.
- I have had any questions answered to my satisfaction
- I understand the risks involved are low
- I understand that all the responses that I provide in the focus group will remain confidential and will be used for the purposes of establishing key issues, barriers and challenges for birth mothers to legitimately choose adopting out as an option in pregnancy when they do not wish to parent.
- I understand I will not be identified as the source of any comments or opinions in any report, presentation, or publication of these research results
- I understand that the researcher (Anne Webster) will take notes on my comments during the focus group, and that these notes will be stored in a locked cabinet and not be accessed by anyone apart from the research team
- I understand that there will be no direct benefit to me from my participation in this research
- I understand that my participation in this research is voluntary
- I understand that if I have any additional questions I can contact the research team
- I understand that I am free to withdraw up to four weeks following the focus group through use of the withdrawal form.
- I understand that I can contact the Secretary, Faculty Human Ethics Committee, human.ethics.officer@anu.edu.au if I have any concerns about the ethical conduct of the project
- I agree to participate in the focus group.

Name  ___________________________ (Participant)

Signature  ___________________________

Date:  ________/______/_______

Name  Anne Webster (Researcher)

Signature  ___________________________

Date:  06/02/13
APPENDIX III WITHDRAWAL OF CONSENT

WITHDRAWAL OF CONSENT FOR USE OF DATA FORM

This form is to be used by participants who wish to withdraw consent for the use of unprocessed research data until four weeks after their interview, focus group or survey return.

PROJECT TITLE: IS ADOPTING OUT THE ‘UNCHOICE’ IN CONTEMPORARY AUSTRALIA?

I, ..................................................... (the participant), wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Participant’s name (printed):

..............................................................

Signature:

..............................................................

Date: ..............................

Please mail the completed form to the Chief Investigator: Anne Webster, PO Box 5074, Mildura, 3502. Any concerns to Dr Joanna Sikora, Email: Joanna.Sikora@anu.edu.au; Telephone: +61261254574; Fax: +61261252222

Date Received: ..............................

Signature: ..............................................................
APPENDIX IV BIRTH MOTHER INTERVIEW PROTOCOL

PART A: BIOGRAPHICAL PART – INDIVIDUAL BIOGRAPHY

A 1: NARRATION STIMULUS FOR BIOGRAPHICAL NARRATION.

I want to thank you for your willingness to participate in this research. And to begin with would like to know about your own life. What interests me is your life situation, your life story, the way you see it and what is important to you.

I will take notes so that when I next interview you I will have some basis to the work we have done.

Tell me your story please, as it appears sensible to you. Simply start how and where you think best – I am listening.

A 2: NARRATION-GENERATING FURTHER INQUIRY PART

Only questions about issues that have already been raised by the participant will be asked about here for further inquiry.

PART B: MAIN SUBJECTS

CHOICE

Was the child you placed for adoption your first pregnancy?

What was your reaction to discovering you were pregnant?

Were you single, married, in a partnership? Would you consider yourself to be religious? Do you think this influenced your choice?

What was the reaction of others to finding out you were pregnant?

Can you tell me about your experience of adopting-out?

Whose idea was it to adopt out?

How much did you feel this was your choice? As opposed to what everyone else wanted?

Can you describe why you to made the decision to adopt-out?

Do you think there are any financial pressures on pregnant women when they are not ready or do not want to parent to make particular choices?

Why would you say you were ‘not coerced’ into deciding to adopt-out?

Were you aware of pressures to make any other decision?

How empowered did you feel in the decision to adopt-out?
How do you think and feel about your decision now?

Can you tell me about the process of choosing or deciding what you were going to do? What pressures do you think are brought on young women facing an unplanned pregnancy today to make particular choices?

Do you think there are equal challenges and or support for the pregnant woman in adopting-out or terminating?

At the time you made your decision to adopt out, how easy or difficult did you think it was to terminate? You did not choose this option, why was that?

If you had your time over again would you adopt-out?

What factors contributed to you deciding you did not want to parent?

**RELATIONSHIPS OF SIGNIFICANT OTHERS**

What was your reaction to discovering you were pregnant?

How did people respond to the news of your pregnancy?

Were you concerned about your friends, family or teachers attitudes to you being pregnant or adopting out?

What kinds of things did people say to you at the time?

How did people respond to the news you were going to adopt-out? Or had adopted out?

Was the father of your child supportive of your decision to adopt out?

Who would you say supported you the most? Why do you think they did that?

Who would you say supported you the least? Why?

Did you worry about what others thought at the time?

How would you describe your relationship with the father of your baby at the time of the adoption? And now?

Did you choose the adoptive parents for your child? If so, what did that mean to you?

How would you describe your relationship with the adoptive parents now?

Did you think about abortion? What were your thoughts at the time? What do you think now?

How would you describe the experience of adopting-out your baby compared to other choices you might have made?

If you had your time over again would you adopt-out?

**PROFESSIONALS**

Were you concerned about other people’s attitudes towards your pregnancy?
How did people respond to the news you were adopting-out? Or had adopted out?

How easy or difficult did you find accessing professional support in terms of health care or welfare support?

How would you rate the kind of counselling you had prior to adopting out? Very supportive, supportive, not very supportive or not at all? Can you explain why?

How easy was it to access professional support for your decision to adopt-out?

Can you tell me about your case worker and what she/he thought about your decision? How did that impact you?

What about the counselling process to ensure your decision was one you really wanted? How helpful was that for you?

Did you have any sense of concern or anxiety from professionals about your decision or making your decision?

COMMUNITY

Were you concerned about others in your community about you adopting out?

When you were visibly pregnant, how did you feel about yourself? Carrying a baby? Being in public spaces?

How did your school or workplace support you in your pregnancy and decision to adopt-out?

Were you concerned about others in your community about you adopting out?

What was the reaction of others to finding out you were pregnant?

LEGISLATION AND RULES

How complex was the legal process to adopt-out?

Do you remember signing the adoption papers? What were your feelings at that time?

What was your experience of the law through the experience?

Do you think the government both state and federal do enough to support women who adopt-out their babies?

How easy or difficult was it to go through the legal process of adopting out?

Were you aware of research about Australia’s past practice of adoption? If so, what did you think about this?

What do you feel about the recent apologies for forced adoption practice being made by institutions around Australia? Can you relate to those stories?
PERSONAL GOALS

How much did your study or career impact your choice to adopt out?

What factors contributed to you deciding you did not want to parent?

THE BABY

At what point in your pregnancy did you consider you were carrying a baby?

At what point in your pregnancy do you think others considered or talked about you carrying a baby?

Did you see and/or hold your baby after s/he was born? How often? What does this mean to you now?

What concerns did you have about your child’s wellbeing in making your adoption plan?

How often do you see your child now? How does that work for you?

How would you describe your relationship with your child now?

ANXIETY AND LOSS

Did you feel in control of your decision to adopt-out?

What things did you feel were out of your control?

Did you waver at all?

What level of anxiety do you feel about your decision now?

Did you worry about what others might think?

MEDIA AND TEXT

Are you aware of any media stories about adoption? If so, how do they influence how you feel about your decision?

Are you aware of any programs on TV or articles in magazines about adoption? Can you tell me about them?

If you look back on sex education at school what messages did you hear about unplanned pregnancy?

OTHER THOUGHTS

What do you think about surrogacy? How do you think women who carry a baby for another couple think about relinquishing the child? Do you think there might be similarities in their experience to yours?
What are your thoughts on mothers being able to legally abandon babies at hospitals or other safe places when they are pregnant but do not wish to or cannot parent?
APPENDIX V INVITATION TO PARTICIPATE

Dear friends and associates,

Anne Webster, a PhD candidate at the Australian National University, is conducting focus groups for her research project surrounding the topic *Why is adopting out the 'unchoice' in contemporary Australia?* The aim of her study is to address three broad questions:

- How do the negative and positive portrayals of adoption and adopting-out influence a pregnant woman who does not wish to parent?
- What conditions are required for a pregnant woman, who does not wish to parent, to consider adopting-out as an acceptable option?
- What influence does the government have on people when the choice is made to adopt out?

She is looking to run a focus group, discussing these issues, with a group of Christian young women who are tertiary qualified and are aged under 35 years, on ................. at 2pm at ................. Adelaide SA 5000.

She needs 9 participants to participate in the focus group - it will go for around 2 hours. She will be showing clips from the film *Juno* to generate discussion. If you haven't seen the film, it's a comedy based around a young teenager who is faced with an unplanned pregnancy, see the trailer at this link [http://www.youtube.com/watch?v=QuN0Z6Sp5c](http://www.youtube.com/watch?v=QuN0Z6Sp5c)

If you have never participated in a focus group before, you may be interested - it's a fascinating and enjoyable experience and considering this interesting topic, the conversation will be surely very thought-provoking!

Please read over the attachments for more information about the research project.

Please note:

- **You do not** have had to have had any experiences in adoption to participate. We are merely looking at your opinions, so nothing you say in the focus group will be considered ‘wrong’ or ‘stupid’!
- All the responses that you provide will remain confidential.

If you are interested in participating, please get in contact with Anne Webster directly on anne.webster@anu.edu.au or 0407 873 291.

Please don't hesitate to contact Anne (her details are on the attachment), if you have any questions.

I look forward to hearing from some eager participants! If you could please forward around your networks, I would really appreciate it!

Thank you!

Kind regards,
APPENDIX VI SOCIODEMOGRAPHIC QUESTIONS

For the purpose of understanding the socio-demographics of this respondent group, could you please spend a few moments answering the following questions? Please place an X in the box or circle the answer that is most relevant to you.

Please leave blank any questions you do not wish to answer.

1. What is your sex? (please place an X in the appropriate box)
   □ Female      □ Male

2. Are you an Australian citizen? (Please place an X in the appropriate box)
   □ Yes         □ No

3. If not in which country were you born?
   ........................................................................................................

4. Are you of Aboriginal or Torres Strait Islander origin? (Please place an X in the appropriate box)
   □ Yes         □ No

5. What was your age at your last birthday? (please place an X in the appropriate box)

   | 15 - 19 |
   | 20 – 24 |
   | 25 – 29 |
   | 30 – 34 |
   | 35 – 39 |
   | 40 – 44 |
   | 45 – 49 |
   | 50 – 54 |
   | 55 – 59 |
   | 60 – 64 |
   | 65 and over |

6. Choose the best that applies to you (please place an X in the appropriate box)

   Married
   De facto
   Widowed
   Separated
   Divorced
   Single
   In a committed relationship
7. Have you any personal connection to adoption, such as (please circle yes or no);
   a. Are you adopted? Yes or No
   b. Is your partner adopted? Yes or No
   c. Are any of your children adopted? Yes or No
   d. Are any of your siblings adopted? Yes or No
   e. Were either of your parents adopted? Yes or No
   f. Did either of your parents place a child up for adoption? Yes or No

8. What is your highest level of education completed? (please place an X in the appropriate box)

   None
   Primary school
   Year 8
   Year 9
   Year 10
   Year 11
   Year 12
   Certificate or Diploma level
   University Bachelor degree
   Postgraduate degree

9. Did you mostly attend? (please place an X in the appropriate box)

   Public school
   Catholic school
   Other church-related school
   Private school

10. Where do you currently reside? (please place an X in the appropriate box)

   A farm, property
   A small town (under 1,000 people)
   A country town (up to 20,000 people)
   A regional city (up to 100,000 people)
   A city (up to 500,000 people)
   A metropolitan area (over 500,000 people)

11. Who resides in your house with you? (Please circle which is most appropriate to you)

   Husband, wife or de facto Yes No
   Children under 6 – how many? 0 1 2 3 4+
   Children aged 6 to 18 – how many? 0 1 2 3 4+
   Sons or daughters over 18 – how many? 0 1 2 3 4+
   Parents, parents-in-law or other adult relatives – how many? 0 1 2 3 4+
   Others who are not relatives – how many? 0 1 2 3 4+
   No one else Yes No

12. Do you have children who do not reside with you? (Please circle which is most appropriate to you)
13. Religion – Using key below, please circle the number that is most appropriate to you.

<table>
<thead>
<tr>
<th>1 – Catholic</th>
<th>2 – Anglican</th>
<th>3 – Orthodox</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 – Pentecostal</td>
<td>5 – Church of Christ</td>
<td>6 – Uniting Church</td>
</tr>
<tr>
<td>7 – Baptist</td>
<td>8 – No religion</td>
<td>9 – Other – please write</td>
</tr>
<tr>
<td>………………………………………….</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. In what religion were you raised?

1 2 3 4 5 6 7 8

b. What religion were you at age 25?

1 2 3 4 5 6 7 8

c. And now?

1 2 3 4 5 6 7 8

Using the key below, please circle the number that is most appropriate to you.

<table>
<thead>
<tr>
<th>0 – Never</th>
<th>1 – Less than once a year</th>
<th>2 – Once a year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 – Several times a year</td>
<td>4 – Monthly</td>
<td>5 – Nearly every week</td>
</tr>
<tr>
<td>6 – Weekly</td>
<td>7 – Daily</td>
<td></td>
</tr>
</tbody>
</table>

d. How often did you attend religious services when you were growing up?

1 2 3 4 5 6 7 8

e. And at age 25?

1 2 3 4 5 6 7 8

f. How often do you attend now?

1 2 3 4 5 6 7 8

14. Which comes closest to what you believe about God? (Please place an X in the appropriate box)

I know God really exists and I have no doubts about it
While I have doubts, I feel that I do believe in God
I find myself believing in God some of the time, but not at other times
I don’t believe in a personal God, but I do believe in a higher power
I don’t know whether there is a God and I don’t believe there is any way to find out
I don’t believe in God

15. At what point do you think a foetus is a human being whose life should be considered?
   a. Conception
   b. Sometime during pregnancy
   c. Birth
   d. After birth
   e. 12 months or later
### APPENDIX VII FOCUS GROUP DEMOGRAPHICS

#### GROUP | ADOPTIVE PARENTS

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Rural/Urban</th>
<th>Marital Status</th>
<th>Connection to Adoption</th>
<th>Current Religion (practising)</th>
<th>Highest Level of Education</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>45–49</td>
<td>Urban</td>
<td>Married</td>
<td>Adoptive Parent</td>
<td>Baptist</td>
<td>Bachelor Degree</td>
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<tr>
<td>2</td>
<td>Female</td>
<td>45–49</td>
<td>Urban</td>
<td>Married</td>
<td>Adoptive Parent</td>
<td>Anglican</td>
<td>Year 11</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
<td>45–49</td>
<td>Urban</td>
<td>Married</td>
<td>Adoptive Parent</td>
<td>None</td>
<td>Post Graduate</td>
</tr>
<tr>
<td>4</td>
<td>Male</td>
<td>40–44</td>
<td>Urban</td>
<td>Married</td>
<td>Adoptive Parent</td>
<td>None</td>
<td>Bachelor Degree</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>40–44</td>
<td>Urban</td>
<td>Married</td>
<td>Adoptive Parent</td>
<td>Uniting</td>
<td>Diploma</td>
</tr>
<tr>
<td>6</td>
<td>Female</td>
<td>50–54</td>
<td>Urban</td>
<td>De facto</td>
<td>Adoptive Parent</td>
<td>None</td>
<td>Post Graduate</td>
</tr>
<tr>
<td>7</td>
<td>Female</td>
<td>50–54</td>
<td>Urban</td>
<td>Married</td>
<td>Adoptive Parent</td>
<td>None</td>
<td>Year 11</td>
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#### GROUP | RELIGIOUS

<table>
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<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Rural/Urban</th>
<th>Marital Status</th>
<th>Connection to Adoption</th>
<th>Current Religion (practising)</th>
<th>Highest Level of Education</th>
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<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>25–29</td>
<td>Rural</td>
<td>Single</td>
<td>None</td>
<td>Anglican</td>
<td>Bachelor Degree</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>25–29</td>
<td>Urban</td>
<td>Committed relationship</td>
<td>None</td>
<td>Presbyterian</td>
<td>Bachelor Degree</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>25–29</td>
<td>Urban</td>
<td>Single</td>
<td>None</td>
<td>Pentecostal</td>
<td>Bachelor Degree</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>30–34</td>
<td>Urban</td>
<td>Single</td>
<td>Cousin adopted</td>
<td>Pentecostal</td>
<td>Bachelor Degree</td>
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<tr>
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<td>25–29</td>
<td>Urban</td>
<td>Married</td>
<td>None</td>
<td>Pentecostal</td>
<td>Bachelor Degree</td>
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<tr>
<td>6</td>
<td>Female</td>
<td>25–29</td>
<td>Rural</td>
<td>Married</td>
<td>None</td>
<td>Christian</td>
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#### GROUP | ADULT ADOPTEE ADVOCACY GROUP

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<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Rural/Urban</th>
<th>Marital Status</th>
<th>Connection to Adoption</th>
<th>Current Religion (practising)</th>
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<td>55–59</td>
<td>Urban</td>
<td>Single</td>
<td>Adoptee</td>
<td>None</td>
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<tr>
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<td>Urban</td>
<td>Married</td>
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<td>Married</td>
<td>Adoptee/sibling adopted</td>
<td>None</td>
<td>Diploma</td>
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<tr>
<td>4</td>
<td>Female</td>
<td>50–54</td>
<td>Urban</td>
<td>Single</td>
<td>Adoptee/sibling adopted</td>
<td>None</td>
<td>Bachelor Degree</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>25–29</td>
<td>Urban</td>
<td>Committed relationship</td>
<td>Adoptee</td>
<td>None</td>
<td>Post Graduate</td>
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<tr>
<td>6</td>
<td>Female</td>
<td>40–44</td>
<td>Urban</td>
<td>Married</td>
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#### GROUP | ADULT ADOPTEEs

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<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Rural/Urban</th>
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<th>Current Religion (practising)</th>
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<tr>
<td>1</td>
<td>Female</td>
<td>40–44</td>
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<tr>
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<td>Adoptee/and adopted out</td>
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</table>
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