OPEN ADOPTION IN VICTORIA, AUSTRALIA:

ADOPTIVE PARENTS' REPORTS OF CHILDREN'S EXPERIENCE

OF BIRTH FAMILY CONTACT IN RELATION TO CHILD

WELLBEING

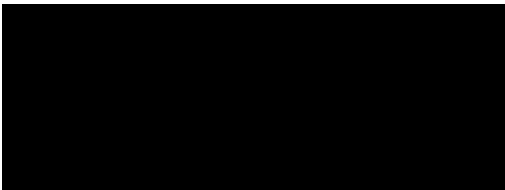## ROBYN BALL

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Declaration

This thesis does not incorporate without acknowledgment any material previously submitted for a degree in any University of other educational institution, and to the best of my knowledge it does not contain any material previously published or written by another person except where due reference is made in the text.

The ethical principles and procedure specified by the School of Psychology Research Ethics Committee of Victoria University have been adhered to in the preparation of this report.

Robyn Ball

Acknowledgments

Table of Contents

List of Appendicies

List of Tables

Abstract

Open Adoption, in which adopted children may have contact with their birth family, is a relatively new phenomenon in the adoption field. It was introduced in Victoria, Australia, in 1984, and no Australian research as to its nature and effectiveness has been published to date. Internationally, only two research programs, both in the United States, have been conducted to investigate the effectiveness of open adoption for children and adoptive families. These have found some advantages of open adoption for children and adoptive parents over traditional, closed adoption, but little evidence of enhanced emotional and behavioural adjustment of children. The experience of 60 children, aged 8-16 years, who were adopted in Victoria as healthy infants, was investigated in the present study through reports of their adoptive parents, and compared with those pertaining to 31 nonadopted children. Using both quantitative and qualitative methodologies, the study aimed to document patterns of post-placement contact occurring between children and their birth families, determine the relative level of wellbeing of adopted children in open adoption by comparing parent reports of adopted and nonadopted children, determine whether reports of children's wellbeing differed according to their pattern of contact, and explore children's reported experience of open adoption. Child wellbeing was measured by parent reports on the Child Behaviour Checklist (CBCL) and the Parent-Child Relationship Questionnaire (PCRQ), as well as a rating of Satisfaction with Pattern of Contact. Of the 60 adopted children, 37 had experienced some post-placement contact with their birth family, with only one of these never having had in-person contact. Visiting was the primary form of contact when it did occur. Three broad patterns of post-placement contact were found: 29 children had no contact with the birth family at all (the no-contact group); 19 children had regular, ongoing, in-person contact (the ongoing-contact group); 12 children had received some contact, but it was either limited in frequency or mode, or had ceased to occur (the limited-contact group). As hypothesised, adoptive parents reported higher quality parent-child relationships than nonadoptive parents, but contrary to the hypothesis, no important differences were found between the reports of adoptive parents of children having different patterns of contact with birth families. Contrary to the hypotheses, no differences were found in the emotional and behavioural wellbeing of adopted and nonadopted children, nor of adopted children having different patterns of contact with birth families, although non-significant trends indicated that children having ongoing contact had the lowest CBCL problem scores, while boys with limited contact had higher scores than those having either no contact or ongoing contact. Greater Satisfaction with Pattern of Contact was significantly associated with lower

CBCL scores, but not with lower PCRQ scores. As hypothesised, children who had ongoing contact with their birth family were reported to be significantly more satisfied than children with no contact or limited contact. Qualitative analyses found that adoptive families' experience of open adoption was generally very positive, but that no matter what pattern of contact children had, a minority of them were reported to be troubled by their contact situation. Common experiences reported by parents of these children included emotional distress associated with feelings of rejection, missing the birth family, and concern for them. Any amount of contact with the birth family seemed to benefit children, particularly in terms of identity formation and countering feelings of rejection, but unpredictable, infrequent contact appeared to carry negative impacts for children that outweighed the benefits. Implications for theory, research and practice are discussed, including the need for researchers to categorise openness in terms of the frequency, continuity and mode of contact, and to make finer distinctions between groups having different patterns of contact, and the need for the encouragement and facilitation of ongoing, regular contact between birth and adoptive families.

Terminology

The focus of this thesis is the views of adoptive parents about the wellbeing of their adopted children. Therefore, where the terms "parent/s", or "family" are used, these refer to the adoptive parent/s, or the adoptive family, not to the birth parents or birth family, except where specified.

CHAPTER 1

THE PHENOMENON OF OPEN ADOPTION

This Chapter explores the phenomenon of open adoption, including the history of its practice in Australia and the English speaking world, models of classifying open adoption, and the risks and benefits of open adoption that were perceived by commentators when it was first being introduced.

Open adoption is the process by which adoptive and birth families can exchange information about themselves and have face-to-face contact, either as a one-off event at the beginning of the child's placement, or ongoing throughout the child's life. The level of openness varies from family to family, depending on their needs and the options available under the regulations governing adoption in different regions.

Since 1984, the State of Victoria, Australia, has had one of the most open systems in the world. From the beginning of any placement, it allows birth parents to choose to share information and have ongoing, face-to-face contact with their children, arranged directly by the families involved. In other Australian States and overseas, different open adoption arrangements are available, but at a minimum they allow the initial exchange of information between the adoptive and birth families, including information about the backgrounds of the parents. This is in direct contrast to the traditional system of closed adoption that was practised in Australia and most English speaking countries throughout most of the 20th century, in which no information was shared between adoptive and birth families, and birth parents and their children were denied the possibility of having any contact after relinquishment.

1.1   History of the practice of open adoption

Prior to the introduction of adoption legislation in most English speaking countries in the early 1900s, adoptions were generally open (Baran & Pannor, 1990; Baumann, 1997; Boss, 1992; Triseliotis, 1991) in that adoptive and birth parents often knew each other prior to the adoption and sometimes continued to have contact afterwards. Legislation formed in the first half of the 20th century in these countries introduced the practice of anonymous and confidential adoptions to give protection to adoptees from the "shame" of illegitimacy, and to adoptive parents from the stigma of infertility (Baran & Pannor; Baumann; Boss, 1992; Triseliotis). Closed adoptions became the norm, and adoptive parents were encouraged to act

as if the child was their own biological child, and adoptees were often not informed of their adoption, at least until adulthood (Baran & Pannor; Baumann).

Social changes beginning in the 1960s brought about the conditions that ultimately led to the introduction of open adoption in the English speaking world during the 1980s (Baran & Pannor 1990; Baumann, 1997; Belbas, 1987; Demick & Wapner, 1988; Siegal, 1993). Significant among these was a dramatic decline in the number of infants available for adoption in the late 1970s due to the increasing acceptance of single parenthood and abortion (Baran & Pannor; Baumann; Belbas; Boss, 1992; Demick & Wapner; Marshall & McDonald 2001; Siegel). Further, the acceptance of the rights of the child which grew out of the civil rights movement of the 1960s (Belbas), as well as the growing popularity of genealogy in the general community, lead to greater acceptance of the needs and wishes of adoptees for information and contact with their birth families A rise in the number of adult adoptees and birth parents seeking information and reunion, and the associated media coverage this attracted, also meant that governments were under greater pressure to change the closed adoption system that supported secrecy (Baran & Pannor; Baumann; Belbas; Demick & Wapner; Siegel). Finally, the emergence of evidence of the detrimental psychological effects of the closed adoption system for both birth parents and adoptees meant that the arguments for change could no longer be ignored (Hughes, 1995; Marshall & McDonald; Siegel; Triseliotis, 1991). Factors such as these meant that adoption agencies had to reconsider their practices (Baran & Pannor; Belbas). In particular, they had to listen to, and take account of, the needs expressed by birth mothers for more information and control over the adoption process (Baran & Pannor; Baumann; Belbas), and the needs expressed by adult adoptees for more information about their biological histories.

Informal arrangements for open adoption began to be made in isolated cases where it met the needs of the individuals involved (Baran & Pannor, 1990; Belbas,1987; Caplan, 1990; Iwanek, 1987; Marshall & McDonald 2001; McRoy & Grotevant, 1988). The practice became more widespread, and was followed by legislation in a number of countries in the 1980s and 90s, allowing varying levels of information exchange and contact between birth and adoptive families.

Open adoption is now practised to varying degrees in many countries including Australia, New Zealand, the United Kingdom, and the United States. In the United States, adoption practices vary from agency to agency, with some allowing only traditional, closed adoption, others permitting limited forms of open adoption such as nonidentifying information exchange, and others allowing full openness (Belbas, 1987). These different practices have led

researchers to devise various models of classifying levels of openness. The main classification models that have been used in open adoption research are described below, as an understanding of them is required for interpreting the findings of that research.

1.2   Models of open adoption classification

Demick and Wapner (1988) recognised four forms of open adoption evident in United States practice. "Restricted open" adoption involves birth parents receiving information (including photographs and letters) from the adoptive parents periodically, via a third party (usually the adoption agency). In "semi-open" adoption birth and adoptive parents meet once or twice around the time of placement, but no identifying information is exchanged. "Full-open" adoption is the same as semi-open, but identifying information is exchanged. Finally, in "continuing open" adoption birth and adoptive families have ongoing contact throughout the child's life.

McRoy and Grotevant (1988) initially grouped Demick and Wapner's (1988) divisions into two levels of openness, namely "semi-open" adoption which encompassed the first two levels, and "fully-disclosed" adoption which was the same as the "continuing open" category above. Later, Grotevant (2001) and his colleagues replaced the "semi-open" category with one they called "mediated". In this form of open adoption there is communication between the birth and adoptive families, which may or may not be ongoing, but it is mediated through a third party with no exchange of identifying information. The "fully-disclosed" category then included any situations in which identifying information was exchanged and the parties made direct contact with each other. Contact could be in-person, or via letters and telephone calls, and it may or may not be ongoing.

In the United Kingdom, Triesliotis (1991) and Hughes (1995) each described two main levels of openness. Triesliotis described "semi-open" adoption in which nonidentifying information is given to the birth and adoptive parents by the agency at the beginning of the placement, and birth parents may have a role in selecting the adoptive parents from profiles. A variant of semi-open adoption that commonly occurs in Britain was also noted, in which there is one meeting between the birth and adoptive parents shortly after the birth, but no identifying information is exchanged. In "fully open" adoption, identifying information is exchanged and the parties may have ongoing contact. Similarly to Grotevant (2001), Hughes also used two models

of openness in her research about open adoption in the United Kingdom, namely, "the mediated 'information only' model", and "the 'direct contact' model" (p.734).

It can be seen from these descriptions of open adoption that the primary emphasis in categorising levels of openness has been on whether contact is direct or mediated, and whether or not identifying information is exchanged. Lesser emphasis has been placed on the form of contact (that is, in-person, letters, reports, or telephone calls) and whether or not contact is ongoing, or on the direction of the information flow (that is, whether it is one-way, from the birth family to the adoptive family or vice versa, or two-way (where information flows between both families). The appropriateness of these models of categorisation to other situations than those in which they were developed is a critical matter for research in this area. In particular, the validity of these models in Victoria, Australia, will be considered in the present study.

1.3   Introduction of open adoption legislation in Australia

According to Boss (1992), adoption in Australia has been through four distinct phases beginning with a "pre-legislative" phase in 1788, the first year of colonization by the British, and continuing until the first adoption laws were passed in the first half of the 20th century (1928 in Victoria). In the "early legislative period", from the beginning of the first adoption legislation until 1964, the practice of secrecy and confidentiality in adoptions was an important component. The Model Uniform Act phase, which began in 1964, introduced some uniformity to aspects of adoption across all States and Territories, and continued the practice of secrecy and confidentiality. The fourth phase commenced in 1984 when first Victoria, and then most other States, rewrote their adoption laws to reflect societal changes. Boss notes that the primary change introduced then was to make openness possible in adoptions. Specifically, in most Australian States and Territories, parties to an adoption can now obtain information about the child and the birth family, and birth families and children can have ongoing contact with each other. It is important to note that all adoptions in Australia are arranged through government, community, or church based adoption agencies. There are no private adoption agencies operating and it is illegal to arrange adoptions without the involvement of an adoption agency.

As noted above, Victoria was the first Australian State to enact legislation with provision for open adoption, doing so in 1984 (Marshall & McDonald, 2001). Under the Victorian Adoption Act, birth parents have the right to have the arrangements for information and contact that have been agreed with the adoptive parents included in the adoption order (Allen & Kane,

1987; Rice & Powell, 2000). Birth parents can request that information be provided by the adoptive parents every six or twelve months, or at other intervals as agreed. They can also request that the child be placed with a family who agrees to allow contact with the child. Contact can be at three or six monthly intervals, or other points as agreed (Allen & Kane). Other birth relatives to be involved in contact can also be named in the order. In addition to the above provisions, relating to adoptions taking place after the enactment of the Act in 1984, the Act also allows for information provision to any party to any adoption in Victoria upon application. That is, it retrospectively opens all adoptions in Victoria, including those prior to 1984.

Under the Victorian Adoption Act (1984), identifying and nonidentifying information can be provided to parties to an adoption under certain conditions, which vary according to whether the adopted person involved is over 18 years of age. Further, parties to any adoption can request that other members of the adoption triad be approached regarding possible contact and meetings (Allen & Kane, 1987). For example, an adopted child, with the consent of the adoptive parents, may request the adoption agency to make contact with the birth parents regarding establishing contact. These provisions have had the effect of making many pre-1984 adoptions open (Allen & Kane).

According to Allen and Kane (1987), some of those in the adoption field assumed at the time the new Act was proposed that only a minority of Victorian adoptions would be open, believing that most birth parents would choose the traditional closed arrangements. However, this has not been the case. Most adoptions since 1984, and many pre-1984 adoptions, have taken on some level of openness (Allen & Kane). The degree of openness can range from the initial provision of information about the birth family to the adoptive parents, which sometimes includes a photograph or a letter from the birthmother, to regular meetings between the birth family and the child and their adoptive family throughout the child's life.

Social workers from one Victorian adoption agency, Centacare Catholic Family Services, noted that their normal practice was to provide information and education about open adoption to prospective adoptive parents from the beginning of the adoption process so that most applicants are open to the idea of contact (Allen & Kane, 1987). Birth parents are encouraged by that agency to request a minimum level of contact in the adoption order, which usually includes two to four meetings a year, as well as provision of regular written reports about the child from the adoptive family. Adoptive parents are shortlisted by the agency in part on the basis of their willingness to accept the level and type of contact requested by the birth parents. Birth parents can participate in the final selection of adoptive parents by choosing one couple

from a shortlist of profiles of three adoptive parents. About half of all birth parents from this particular agency choose to participate in this way. Birth parents can also choose to meet the selected adoptive parents prior to placement, without the baby present, to begin the process of establishing a relationship.

Victorian adoption agencies generally make a practice of holding the first meeting between the birth and adoptive families at the agency or other neutral venue, with a social worker present (Allen & Kane, 1987; Rice & Powell, 2000). This arrangement may continue for as long as the parties require it, until legalisation of the adoption approximately one year after placement. After that time, social workers gradually withdraw from the meetings but can support the placement in other ways (Rice & Powell). In practice, agencies have found that most families who initiate contact quickly develop rapport and trust and arrange meetings themselves without the agency's involvement (Allen & Kane).

Three issues regarding adoption practice under the 1984 Act in Victoria need to be emphasised. These issues were highlighted by Allen (1999) from her experience of open adoption practice in one particular agency: Centacare Catholic Family Services. First, while the contact arrangements agreed to in the adoption order are legally enforceable, in practice they rely on the goodwill of the parties involved to be carried out. If birth family members do not keep the commitments made, there is little that children or adoptive parents can do to enforce them. On the other hand, anecdotal evidence suggests that adoptive parents generally fulfil contact agreements where birth families insist upon them. This is probably due to the careful selection and matching that is done by agencies at the beginning, to ensure birth and adoptive families have similar views and wishes about contact. This is not to say, however, that adoptive parents cannot make it difficult or uncomfortable for birth families to stay in contact, with the result that contact may cease or greatly diminish over time. Secondly, agency practice with regard to making agreements about contact in the adoption order and supporting early contact, as described above, evolved over time from 1984 as agencies gained experience of the new system (Allen & Kane, 1987). In the immediate post open adoption legislation period, the system of educating and selecting prospective adoptive parents with regard to open adoption was not well developed, nor were processes for matching families on the basis of their attitudes and wishes with regard to contact. According to Allen, it was only after a period of experience that agencies became more adept at negotiating clear agreements between the parties about future contact, and ensuring these were clearly articulated in adoption orders. Finally, in the period leading up to the passage of the Act, agencies anticipated its introduction and often discussed the possibility of future contact with new adoptive parents and birth parents.

Because of this a number of families established contact, or at least exchanged some information, even though there was no legal basis to do so at that time.

According to the classification models of contact described in Section 1.2, open adoption legislation in Victoria allows for fully open, or fully disclosed adoptions, but in practice the full spectrum of contact situations from mediated, semi-open, to fully disclosed are experienced. At both ends of this continuum, contact may be time limited, or ongoing.

1.4. Initial perceived risks and benefits of open adoption

When open adoption was first proposed and practised, theorists, researchers, adoption organisations and individuals put forward a wide range of views about how open adoption might affect the individuals involved. Forceful arguments were made for the potential benefits of open adoption which were opposed by equally forceful arguments about the potential risks. Rarely were the arguments supported by evidence from empirical research. Rather, they tended to be "abstract and value laden" (Curtis, 1986, p.442).

1.4.1 Perceived risks of open adoption

Potential risks have been proposed for each of the parties involved in open adoption, for birth parents, adoptive parents, and adoptees. The main arguments put forward for the potential risks to each party are presented below.

Firstly, it was argued that the psychological task of birth parents to accept and mourn the loss of their child may be hindered by ongoing contact, which could allow them to deny the reality and finality of the loss (Berry,1991; Kraft, Palombo, Mitchell, Woods, Schmidt & Tucker, 1985a). Additionally, assuming that the birth mother's pregnancy was associated with unconscious psychic conflict (Kraft et al.), it was feared that, in open adoption, the birth mother may "play out her pathology with the adoptive parents" (Baumann, 1997).

Secondly, it was argued that the role and effectiveness of adoptive parents may be compromised by open adoption. Some commentators wrongly assumed that open adoption legislation would give birth parents the legal right to participate in decisions about the child and his or her parenting, which would effectively reduce the role of adoptive parents to that of foster carer (Belbas, 1987). Others believed that even if birth parents had no legal rights, they could still intrude on the adoptive family and perhaps become dependent on them emotionally and

7

practically (Allen & Kane, 1987; Berry, 1991; Demick & Wapner,1988). Importantly, it was feared that the continued involvement of the birth parents could interfere with the development of a secure attachment between the child and their adoptive parents (Berry; Kraft, Palombo, Mitchell, Woods, Schmidt & Tucker, 1985b). It was argued that adoptive parents could feel threatened by the birth parents, fearing that they might reclaim the child or that the child would feel greater loyalty and attachment to the birth parents. This heightened anxiety in the adoptive parents could interfere with their development of a sense of permanence of the relationship, and their entitlement to a parental relationship with the child, and may therefore negatively affect their ability to engender the child's secure attachment (Kraft et al.).

Thirdly, open adoption was thought to present risks to adopted children themselves. It was argued that children would be confused and overwhelmed as, developmentally, they could not cope with the complexities of integrating birth and adoptive family relationships (Allen & Kane, 1987; Berry,1991; Kraft, Palombo, Mitchell, Woods, Schmidt & Tucker, 1985c). It was feared that this could lead to distress in the child and difficulties with regard to his or her identity formation (Berry). It was also argued that, for young children who could not understand the legal status of adoption, continuing contact with the birth family could make children feel insecure as they might fear that the birth parents could take them away (Berry; Demick & Wapner, 1988). From a psychoanalytic perspective, it was argued that contact with birth families would make the child's psychological task of dealing with ambivalence more difficult to negotiate, as children could play out the splitting inherent in this phase to a greater extent than normal (Kraft et al.). That is, they could characterise one set of parents as being all good and the other as being all bad, and this splitting could continue unabated without the child ever integrating love and hate for each parent.

1.4.2 Perceived benefits of open adoption

Proponents of open adoption have argued that it addresses the perceived problems of closed adoption (Baran & Pannor, 1990; Demick, 1993; Demick & Wapner, 1988; Triseliotis, 1991), particularly the three issues of "unresolved losses by both adoptees and birthparents, denial of the adopted child's dual family ties, and diminished self-esteem of adoptees and birthparents" (Baumann, 1997, p.333). As with the risks, potential benefits were perceived for each party to the adoption, and often these were in direct contrast to the arguments put forward for the perceived risks.

Early arguments for open adoption held that birth parents would be more inclined to choose to relinquish their child for adoption if they knew they could have more control and information about the child's ongoing wellbeing (Baran, Pannor & Sorosky, 1976). They would be likely to feel less guilt over their decision if they knew who the child was going to and that they were well cared for (Baran, et al.; Triseliotis, 1991). It was also suggested that birth parents may feel a greater sense of control if they were able to participate in the adoption process by choosing the adoptive parents (Berry,1991). However, the main benefit of open adoption foreseen for birth parents was that they would experience less grief, and be better able to cope with their loss by having ongoing contact (Pannor & Baran, 1982). This was in direct contrast to the arguments of those who believed contact would interfere with the birth parents' mourning process. Rather, it was proposed that the reassurance provided by information and contact would allow the birth mother to accept the reality of the relinquishment (Curtis, 1986) and "move forward" (Baran & Pannor, 1990, p.328).

It was proposed that open adoption would allay the fears and fantasies that adoptive parents often held about the birth parents and the child's unknown background (Baran et al., 1976; Baumann, 1997). Contrary to the views put forward by those who perceived risks for adoptive parents in open adoption, supporters argued that knowledge of, and contact with, the birth family would reassure adoptive parents that the birth parents accepted the relinquishment and were not going to try to reclaim the child (Baumann; Chapman, Dorner, Silber & Winterberg, 1987a). The birth parents' acceptance of the adoptive parents would also reinforce the latter's sense of entitlement to be parents to the child (Chapman et al.), and assuage any guilt they may feel about taking another person's child (Baumann). It was argued that contact was likely to engender more empathy for the birth parents from adoptive parents, which would have benefits for the child (Belbas, 1987). Contrary to the arguments of those against open adoption, it was argued that, together, these probable effects of open adoption would enhance the development of a secure attachment between the adoptive parents and their children (Baumann; Chapman et al.). Openness would also make it impossible for adoptive parents to deny the child's adoption (Curtis, 1986), and difficult for them to deny the differences between themselves and nonadoptive families (Berry,1991; Triseliotis, 1991). It was argued, therefore, that openness would enhance communication between adoptive parents and their children (Chapman et al.), thus enabling their relationship to be "more natural and honest" (Baran et al., p.100).

Finally, supporters of open adoption argued that it would benefit adoptees, primarily with regard to diminishing their sense of grief and rejection, and enhancing their identity formation.

Proponents argued that openness would allow adoptees to understand the reasons for their relinquishment realistically, and to feel less of a sense of rejection by their birth parents (Baran et al., 1976; Baumann, 1997; Caplan, 1990; Chapman et al., 1987b; Triseliotis, 1991). Children with ongoing contact would not hold unrealistic fantasies of their birth parents (Baumann; Berry, 1991; Chapman et al.), which would enhance their self-esteem (Baumann; Demick & Wapner, 1988) and their sense of security and permanency (Baran et al., 1976). It was argued that knowing their birth family would give adopted children the genealogical knowledge necessary for their full identity development (Berry, 1991; Chapman et al.; Pannor & Baran, 1982; Triseliotis), and they would be likely to form a more positive self-identity if they and their adoptive parents had a positive view of their background (Belbas, 1987; Demick & Wapner; Triseliotis). Contrary to the arguments of those against open adoption, some supporters contended that ongoing contact would make it easier for children to resolve the developmental challenge of tolerance of ambivalence, because any splitting could be addressed openly by the adoptive and birth families (Baumann; Belbas, 1987).

1.4.3   Status of claims concerning risks and benefits

Most of these earlier arguments for the perceived risks and benefits of open adoption were put forward simply from the theoretical or ideological positions of the proponents as there was little or no empirical evidence available to support them. Over time, agencies and individuals involved in open adoption began to report their experiences of the approach (eg. Allen & Kane, 1987; Baumann, 1997). They largely expressed support of open adoption. However, until recently, there were few empirical studies reported which attempted to test this anecdotal evidence. There is now a small and growing body of research into the outcomes and effects of open adoption for children, adoptive families and birth parents, and these literature are reviewed below. First, however, it is important to summarise the factors considered, or found, to mediate outcomes for children in closed adoption. This is the subject of the next chapter.

CHAPTER 2

MEDIATORS OF OUTCOMES FOR CHILDREN IN CLOSED ADOPTION

In this Chapter, the empirical evidence about outcomes for children in closed adoption is summarized as a way of establishing a point of comparison for open adoption. The focus then shifts to factors that have been considered, or have been found to mediate outcomes for children in closed adoption, including biological factors, psychodynamic factors, factors associated with the parent-child relationship, in particular, attachment, and factors associated with identity. The Chapter concludes by considering two models that have been proposed to integrate the various explanations of children's adjustment in closed adoption. The next Chapter will then consider how these models and explanations may apply to open adoption.

2.1. Research on outcomes for children in closed adoption

An extensive body of empirical research into the psychosocial adjustment of children in closed adoption has been accumulated over the past 50 years. Research has examined the prevalence of adoptees in clinical populations, such as adolescent psychiatric inpatient and outpatient services, the types of psychological problems most commonly seen in adoptees, and the psychological adjustment of adoptees in the general, or nonclinical, population. The latter research has included both longitudinal and cross-sectional studies. The quality of this research has varied considerably and many methodological problems have plagued the field, such as small sample sizes, inappropriate or absent comparison groups, heterogeneous samples (for example, including individuals adopted as infants as well as those adopted at a later age), and inadequate measures of adjustment (Bagley, Young & Scully, 1993; Haugaard, 1998; Hoksbergen, 1999; Sharma et al., 1996; and Wierzbicki, 1993). However, sufficient good quality research has been carried out across a number of countries for conclusions to be drawn about the adjustment of children in closed adoption. Several excellent reviews of this research are available (Bagley et al., 1993; Berry, 1992; Brodzinsky, 1993; Brodzinsky, Smith & Brodzinsky 1998; Haugaard; Hoksbergen; Hoopes, 1990; Ingersoll, 1997; Samuels, 1990; and Sharma et al., 1996) and therefore, as the focus of the present study is on the adjustment of children in open adoption, this section will not review individual studies, but rather, will summarise the findings of these reviews as well those of one meta-analytic study (Weirzbicki, 1993).

Conclusions about the adjustment of children in closed adoption vary according to whether clinical or nonclinical samples were studied. Therefore, these two types of studies are examined separately below, along with an overview of the research into the type of problems seen in adoptees. Two issues need to be considered when examining this research. First, there have been conflicting findings about the association between adjustment and certain sample characteristics, such as age at placement, pre-adoption experiences, and whether the adoption was domestic or international. Some studies have found negative associations between these factors and adjustment, while others have found no associations (Bagley et al., 1993; Berry, 1992; Haugaard, 1998; Hoksbergen, 1999; Samuels, 1990; Wierzbicki, 1993). Therefore, it is unclear to what extent, if any, the use of heterogeneous samples has affected the findings of research, or how applicable findings based on one sample are to others. Secondly, it should be noted that the comparison sample used in research makes a considerable difference to the conclusions drawn. Specifically, when adoptees have been compared to children who are in similar circumstances to that which the adoptees would have been in had they not been adopted, such as institutional care or living in poor, single parent households, the findings from research have been overwhelmingly in the direction of better outcomes for adopted children in terms of social and emotional adjustment, cognitive ability and academic achievement (Bagley et al.; Hoksbergen). However, when the comparison group is of a similar background to the adoptive families, the picture tends to be less positive for adopted children. Most studies have used the latter type of comparison group, and it is this group that will be used in the present study, but it should be noted that, in general, adoption has been found to result in better outcomes for children than the alternative that would have been available to them had they not been adopted.

2.1.1 Overview of findings from clinical studies

The consistent finding from clinical studies has been that adoptees are over-represented in samples of patients receiving psychiatric treatment (Brodzinsky, 1993; Brodzinsky et al., 1998; Haugaard, 1998; Ingersoll, 1997; Samuels, 1990; Wierzbicki, 1993). The proportion of adopted children in the general population has been estimated at between 1-2% when adoptions by relatives are excluded (Brodzinsky; Brodzinsky at al; Haugaard), and yet adopted children have been found to represent between 5% - 21% of patients in inpatient and residential services (Brodzinsky; Brodzinsky et al.; Haugaard; Ingersoll), and between 3% -

13% of patients in outpatient services (Brodzinsky; Brodzinsky et al.; Haugaard; Ingersoll). These figures suggest that adoptees have between two and six times the incidence of referral to psychiatric treatment compared to nonadoptees (Brodzinsky et al.; Ingersoll, Samuels).

These findings from clinical studies suggest that adopted children are at much greater risk for maladjustment than the general population, and not simply for minor maladjustment, but for conditions serious enough to warrant psychiatric treatment (Brodzinsky et al.,1998; Haugaard, 1998). However, most reviewers have urged caution in considering these findings (Bagley et al., 1993; Brodzinsky, 1993; Brodzinsky et al.; Haugaard; Hoksbergen, 1999; Ingersoll, 1997). They have argued that there may be referral biases operating that result in adoptees being referred more frequently for treatment than nonadoptees when in fact there may be no difference between the two groups in the incidence or severity of problems (Brodzinsky; Brodzinsky et al.; Haugaard; Ingersoll; Samuels, 1990; Wierzbicki, 1993).

Referral biases may be the result of parent factors such as anxiety, over-vigilance, higher socio-economic status allowing better awareness and access to treatment, and familiarity and comfort with using social services (Brodzinsky, 1993; Brodzinsky et al., 1998; Ingersoll, 1997; Samuels, 1990). They may also be the result of biases on the part of professionals who may falsely attribute more maladjustment to adopted children than nonadopted children (Brodzinsky et al.; Samuels). Ingersoll, however, argued that there is not sufficient evidence to conclude that these factors account for most of the variance in referral rates. Rather, she argued that the variance may be explained by the type and severity of problems experienced by adoptees. That is, adoptees appear to experience a higher rate of externalising disorders than the general population and such disorders have a greater negative impact on parents and professionals than internalising disorders. This may result in parents and professionals being more inclined to seek treatment for adopted children than they would be for other children.

2.1.2 Overview of findings from nonclinical studies

The findings of research into the adjustment of adopted children in the general population have been more mixed. Most studies have used adoptive parent reports of children to assess their emotional and behavioural wellbeing, using standardised instruments such as the Child Behaviour Checklist (Achenbach & Edelbrock, 1991). Some have relied on teacher or school reports. A number of these studies have found no differences between adopted and nonadopted children in terms of their social and emotional adjustment or academic achievement. Many others have found differences, but generally they have been small and not

13

clinically significant (Bagley et al., 1993; Berry, 1992; Brodzinsky, 1993; Brodzinsky et al., 1998; Haugaard, 1998; Samuels, 1990).

Longitudinal studies have provided some insight into the pattern of adjustment of adopted children over time, which may help to explain some of the varied results of cross-sectional studies. In particular, a pattern has emerged from these studies of children beginning to experience problems in their early elementary years, which peak in early adolescence and then largely disappear by late adolescence (Bagley et al., 1993; Brodzinsky, 1993; Brodzinsky et al., 1998; Haugaard, 1998). Therefore, the age of subjects studied in cross-sectional research may influence the results found, with studies focussing on very young children or older adolescents being less likely to find differences between adopted and nonadopted children, and those focussing on the middle childhood years being more likely to find differences. Additionally, as is the case for nonadopted samples, adopted boys have generally been found to experience more difficulties than adopted girls (Brodzinsky, 1993; Wierzbicki, 1993), and therefore the gender mix of studies may also impact on their findings.

2.1.3 Type of difficulties experienced by adopted children

Researchers have examined the type of difficulties experienced by adopted children. In a number of studies, a pattern has been found of a greater incidence of externalising behaviours in adopted children compared to nonadopted children, and of more externalising problems than internalising (Bagley et al., 1993; Berry, 1992; Brodzinsky, 1993; Brodzinsky et al., 1998; Haugaard, 1998; Ingersoll, 1997; Samuels, 1990; Sharma et al., 1996; Wierzbicki, 1993). Externalising problems have included conduct disorders, encompassing aggressive and acting out behaviours; oppositional and defiant behaviours, delinquency, hyperactivity and attentional problems, and anti-social behaviour (Bagley et al.; Berry; Brodzinsky; Brodzinsky et al.; Haugaard; Ingersoll; Samuels; Sharma et al.; Wierzbicki,). Some studies have found higher incidences of internalising problems including anxiety and depression (Bagley et al.; Berry; Brodzinsky, 1993), but there has not been as consistent a pattern of findings for these disorders as there has been for externalising problems. Another common finding has been a higher incidence of learning problems amongst adopted children than in the general population (Berry; Brodzinsky; Brodzinsky et al.; Wierzbicki).

As noted above, these problems have been found particularly for adopted boys, although this has not been a consistent finding in the research (Bagley et al., 1993; Brodzinsky, 1993; Brodzinsky et al., 1998; Sharma et al., 1996). While some studies have found a higher

incidence of emotional, behavioural and academic problems in adopted boys as compared to adopted girls, others have found no differences (Bagley et al.; Brodzinsky; Brodzinsky et al.; Sharma et al.). Further, a few studies have found greater differences between adopted and nonadopted girls than between adopted and nonadopted boys with regard to certain problems, including conduct disorder (Haugaard, 1998). However, in general, reviewers have concluded that adopted boys tend to be more at risk of maladjustment than adopted girls (Bagley et al.; Brodzinsky; Brodzinsky et al.; Sharma et al.).

2.1.4 Explanations for the different findings of clinical and nonclinical studies

A few reviewers have attempted to explain and reconcile the different findings of clinical and nonclinical studies. That is, clinical studies finding a marked over-representation of adoptees in samples of patients receiving psychiatric treatment, and nonclinical studies generally finding only minor differences, if any, between adopted and nonadopted children. A number of writers have discussed the influence of referral biases on the over-representation of adoptees in clinical samples (Brodzinsky, 1993; Brodzinsky et al., 1998; Haugaard, 1998; Ingersoll, 1997; Samuels, 1990; Wierzbicki, 1993). However, as discussed in Section 2.1.1, it has been argued that these cannot account for most of the variance in referral rates (Ingersoll, 1997).

Another proposal has been that the disparate findings might be explained by the distribution of maladjustment in the adoptive population (Haugaard, 1998; Brodzinsky et al., 1998). Using data modelling techniques, Haugaard has shown that if a small minority of adoptees are severely maladjusted, while most adoptees are either well adjusted or only mildly maladjusted, this would result in only minor group differences being found between adoptees and nonadoptees in the general population, as well as a higher rate of adoptees receiving psychiatric treatment. Haugaard proposed that factors that may adversely affect the adjustment of adopted children include some that are not directly related to the child's adoption, such as genetic and biological factors, and preplacement factors including maternal deprivation or abuse, and having multiple carers, and some that are directly related to adoption such as grief and loss issues, identity issues and the quality of the adoptive parent-child relationship (Bagley et al., 1993; Brodzinsky, 1993; Brodzinsky et al.; Samuels, 1990; Sharma et al., 1996; Wierzbicki, 1993).

2.1.5 Summary and conclusions regarding outcomes for children in closed adoption

In summary, reviewers have generally agreed with Haugaard's (1998) conclusion that there are some differences between adopted and nonadopted children with regard to their psychological adjustment, and although these differences are generally minor, some adopted children do experience more severe disturbance (Bagley et al., 1993; Brodzinsky, 1993; Brodzinsky et al., 1998; Samuels, 1990; Sharma et al., 1996; Wierzbicki, 1993). Difficulties that are experienced are often of an externalising nature but they are usually subclinical, and have normally resolved by the time adoptees reach adulthood.

It is unclear whether these conclusions apply equally to all members of the heterogeneous population of adoptees, or whether they differ according to such factors as age at adoption, preplacement experiences, and cultural similarity of the child and their adoptive parents. Haugaard (1998) has suggested the higher mean maladjustment scores of adopted children compared to nonadopted children that have been found in nonclinical populations, may be caused by a few severely maladjusted adopted children whose high scores skew the results for the whole sample. It may indeed be that most children are not adversely affected by adoption, but "there may be subgroups of children who are at risk of development of adjustment problems" (Haugaard, p.68).

Brodzinsky (1993) has summarised his review of the closed adoption research as follows:

Taken as a whole, the research literature generally supports the view that adoptees are at increased risk for various behavioural, psychological, and academic problems compared with nonadopted individuals. However, the majority of adoptees are well within the normal range of adjustment. Furthermore, adoptees show substantial variability in patterns of adjustment, much of which is tied to such factors as age, gender, family structure and dynamics, and preplacement history (p.157).

This introduces the question of what factors influence, or mediate the adjustment of adopted children. The factors that have been proposed by theorists over the past 40 years are reviewed in the following section, along with research that has been conducted to test them.

2.2 Explanations of adopted children's adjustment: Mediators of outcome

Theorists from a number of perspectives have offered different explanations for the empirical finding of somewhat poorer adjustment among children in closed adoption. These can be broadly grouped into five main categories of explanatory factors which are interlinked and

overlapping, namely, biological and pre-placement factors, factors associated with the adoptive parents or the parent-child relationship, attachment issues, psychodynamic issues, and, issues associated with adolescent identity formation. These categories are each discussed below, along with a review of relevant empirical evidence. This section is followed by a presentation of two comprehensive explanatory models of adoption adjustment.

2.2.1 Biological and pre-placement factors

Biological theorists contend that many of the adjustment problems found in adopted children, particularly in clinical samples, are the result of biological factors that are either inherited from birth parents or were caused by inadequate care in the pre or post natal period (Cadoret, 1990). According to this theory, adopted children are often born to parents who themselves had psychological problems that have a biological or genetic basis. These problems, including substance abuse, mental illness, intellectual disability, and antisocial or risk taking personalities, may have contributed to the parent either conceiving in less than ideal circumstances, or reduced the parents' ability to adequately care for the child. Cadoret argued that adopted children are more likely, therefore, to be subject to genetic or biological effects that make them vulnerable to adjustment problems.

Additionally, due to their young age, negative or ambivalent feelings about the pregnancy, or lack of support from partner or family, birth mothers may experience higher levels of stress than non-relinquishing mothers, and they may not receive adequate health care during the pregnancy and birth (Brodzinsky et al., 1998). They may also engage in behaviours that put the foetus at risk, such as drug or alcohol abuse or poor nutrition (Brodzinsky et al.). Certainly, there is substantial evidence that maternal stress or poor maternal health care can significantly impact on children's later psychological well-being (Kopp, 1983). For example, children's problem solving capacity may be impaired due to maternal drug abuse or malnutrition, and this could reduce the child's capacity to cope with the psychological complexities of growing up as an adopted child.

In general, those who have reviewed the research evidence in this field agree that there is substantial evidence from both adopted and non-adopted population studies that there is a genetic contribution to behaviour, personality and many forms of psychopathology (Brodzinsky et al., 1998; McRoy, Grotevant & Zurcher, 1988; Plomin, 1989). Therefore it is possible, and likely, that some maladjustment in adopted children can be accounted for by their biological inheritance. But what has not been demonstrated conclusively is that birth parents as a group

have a higher incidence of psychological disorders than non-relinquishing parents, or that they are more likely to engage in behaviours that might put children at greater risk than children who are raised by their biological parents (Brodzinsky et al.; Ingersoll, 1997; McRoy et al.; Peters, Atkins & McKay, 1999). If they do not, then biology could not account for the higher rate of maladjustment found in adopted samples.

Further, there is strong evidence that the rearing environment can counteract or compensate for initial biological disadvantages (Brodzinsky et al., 1998; Scarr & Weinberg, 1983; Smyer, Gatz, Simi & Pedersen, 1998). Therefore, even if adopted children were initially at greater risk of maladjustment due to their biology, adoptive parents may be able to provide an environment that compensates for this, with the result that adopted children are at no greater risk. Support for this hypothesis has come from studies that have compared children, sometimes twins, raised either by adoptive parents or by birth parents, who were in a similar position at the time of the birth to those who relinquished (Bohman & Sigvardsson, 1990; Hoksbergen, 1999; Smyer et al.). These studies have found that children who were adopted have better outcomes than those who remained with their birth parent, including for conditions that have been found to have a genetic basis, such as alcohol abuse (Smyer et al.). Furthermore, researchers who have examined the incidence of maladjustment in the children of birth parents who were known to have a psychiatric diagnosis, have found that these children were only at greater risk when there was also disturbance in the adoptive family (Peters et al., 1999; Tienari, Wynne, Moring, Wahlberg, Sorri, Naarala & Lahti, 1993). This suggests that biology may make children more vulnerable to maladjustment, but environmental factors determine whether it manifests or not.

2.2.2   Issues associated with parental factors and parent-child relationships

Two important environmental factors affecting adopted children are the nature of relationships in adoptive families, and the mental health of adoptive parents. This is an area that has attracted much research and theorising, beginning with the publication of "Shared Fate" by Kirk in 1964. Kirk (1964; 1984) argued that adoptive parenting involves many "role handicaps" (Kirk, 1984, p.13), or factors and situations that make it difficult to fulfill the culturally scripted role of parent, and that the way in which adoptive parents handle these handicaps can affect the wellbeing of the children.

According to Kirk (1964; 1984), parents can implement one of two strategies in response to the role handicaps of adoptive parenting. They can either accept that adoptive parenting and adoptive families are different, and deal with these differences, a strategy he termed "acknowledgement-of-differences" (Kirk, 1984, p.58), or they can pretend that they are the same as biological families, and not encourage family members to deal with the differences, an approach termed "rejection-of-differences" (Kirk, 1984, p.58). Adoptive families generally do not use one or other strategy exclusively, but, rather, have a predominant style which affects their communication and relationships. According to Kirk, acknowledgment-of-differences is more likely to facilitate better adjustment in family members. However, Brodzinsky (1987) has argued that there is a third position which he called "insistence-of-differences" (p.42), in which the differences become the main focus and are often seen as the cause of family problems. Brodzinsky argued that adjustment problems may occur when families take either extreme position of rejection-of-differences or insistence-of-differences.

While Kirk's theory has been very influential in the adoption field, empirical support for it has been limited. For example, Kaye and Warren (1988) tested Kirk's theory in a study of 40 adoptive families and found that, amongst parents, acknowledgment versus rejection of differences was not a unidimensional continuum (although it was amongst children). They also found that children who acknowledged differences were more likely to come from families that had experienced more family problems. Children in these families had lower self-esteem and were more interested in their biological families than children in families that had experienced fewer problems. The researchers concluded that low acknowledgment of differences may simply reflect reality for those families, and that higher acknowledgment may be a coping strategy for adolescents who have experienced family difficulties. This research suggests that acknowledgment or rejection of differences may not be a cause of mental health problems in adopted children, but rather a response to family difficulties.

Another theory that has been advanced to explain the development of emotional disturbance in adoptive families is goodness-of-fit theory, as advanced by Grotevant, McRoy & Jenkins (1988). According to this theory, children's development is optimized when there is a good match between their own characteristics and the characteristics or demands of their environment (McRoy, Grotevant & White, 1988). Thus, if the temperament and behaviour of the child fits well with those of the parents, the child's healthy emotional development will be maximised. There is some evidence that there are more likely to be mismatches between adopted children and their adoptive parents than there are between nonadopted children and their parents, and therefore that adopted children may be more at risk for development of

emotional disturbance. For example, greater dissimilarity has been found between parents' and children's IQ and personality characteristics in adoptive families compared to nonadoptive families (Horn, 1983; Scarr & Weinberg, 1983). In one study of emotionally disturbed adolescents (Grotevant et al.), adoptive parents were more likely to perceive dissimilarity or incompatibility with their children than were nonadoptive parents. On the basis of interviews with parents, the authors theorised that if parents take the "insistence-of-differences" position they are likely to attribute the child's behaviour or temperament to their heredity and not take responsibility themselves for resolving problems. They may also see the child as not fitting with the family, resulting in the child feeling rejected by the adoptive family as well as by the birth family. These processes can sow the seeds for the development of emotional disturbance in the child. Evidence that this is the case was provided by Grotevant, Wrobel, van Dulmen & McRoy (2001) who found that greater compatibility between adopted children and parents, as perceived by adoptive parents, was associated with greater adolescent psychosocial engagement and lower levels of problem behaviour.

Other processes have been identified in adoptive families that might affect the psychological wellbeing of adopted children. For example, two reviews have concluded that there is some evidence that adoptive parents may be more likely to have unrealistic expectations of their children, particularly in terms of academic achievement, and that this can have a negative impact on children's adjustment (Berry, 1992; Peters et al., 1999). It is likely that these expectations are associated with the higher than average socio-economic status of adoptive parents compared to nonadoptive parents.

Investigations of adoptive parent-child relationships in clinical samples have also often reported a pattern of over-involvement of the adoptive mother and disengagement of the adoptive father (Goldberg & Wolkind, 1992; Talen & Lehr, 1984). Talen and Lehr made the point that this pattern is reinforced by the way in which adoption agencies relate to adoptive families. However, it may be that this pattern is prevalent only in clinical populations, as one study of a non-clinical sample found that adoptive fathers were actually closer to their adolescent children than were biological fathers (Rosnati & Marta, 1997). Another non-clinical study (Golombok, Cook, Bish & Murray, 1995) found that adoptive mothers showed greater "emotional involvement" with their child than did biological mothers, but there were no differences in emotional and behavioural problems between adopted and biological children. It is likely that 'emotional involvement' is a continuous dimension that manifests as over-involvement only at the extreme end. This over-involvement may be pathological for children,

but it is unknown whether it is any more likely to occur in adoptive families than it is in nonadoptive families.

A number of factors associated with the adoptive parents themselves have been found to be related to child outcomes. For example, positive psychological outcomes for adopted children have been found to be related to adoptive parents' self-acceptance (DiGiulio, 1988), self-reflexiveness (Priel, Melamed-Hass & Kantor, 2000; Lahti, 1993), and absence of psychopathology (Lahti). Adopted children's adjustment has also been found to be affected by their parent's marital satisfaction or discord (Brodzinsky, Hitt & Smith, 1993; Hoopes, Sherman, Lawder, Andrews & Lower, 1970), but it seems this is no more the case for adopted children than it is for nonadopted children (Brodzinsky et al.).

In reviewing the evidence about adoptive family dynamics, Levine and Sallee (1990) concluded that, "In general,...research indicates that many family problems, that would have existed whether the child was biological or adopted, became more complex and intense due to the adoption." (p.219). Another review of empirical research (O'Brien & Zamostny, 2003) found there were either no differences, or small differences between adoptive and nonadoptive families on most variables concerning family relationships, and in some cases results supported better quality relationships in adoptive families. These results were found in studies that used child self-reports as well as ones that used parent self-reports.

The foregoing review suggested that there are many factors related to parents and the parent-child relationship that affect the psychological wellbeing of adopted children. But it seems that these are the same factors and dynamics that might affect any parent or parent-child relationship, and hence the adjustment of the child. What is not clear is whether these factors and dynamics are any more or less prevalent in adoptive families than they are in non-adoptive families, and therefore whether they can explain the higher incidence of maladjustment of adopted children in the overall population. The weight of evidence suggests there is little difference between adoptive and nonadoptive families with regard to family relationships.

A number of theorists (for example, Brodzinsky, 1987; Hajal & Rosenberg, 1991; Levine & Sallee 1990), have proposed that the challenges and tasks required of adoptive families differ according to the phases of the family lifecycle, and that families and children are most vulnerable to dysfunction at times of transition between phases when old strategies have to be abandoned and new ones developed to meet new challenges. Brodzinsky's view of this theory is elaborated further below, but for the present it must be acknowledged that adoptive families may not be dysfunctional overall, but some may become dysfunctional at certain phases of the

family lifecycle. This theory may be supported by the often reported finding of higher levels of maladjustment of adopted children compared to nonadopted children in the middle childhood and early adolescent years. It may be that the needs and tasks faced by adoptive families in those years are more challenging than those at other phases of children's development, and therefore that family dysfunction, and hence maladjustment in children, is more likely to occur in those years.

2.2.3   Attachment issues

An important aspect of the parent-child relationship that may be associated with the adjustment of adopted children is attachment. Attachment theory was developed by Bowlby (1969) who described the feelings of safety and security experienced by children in their relationships with parents or other caregivers. Attachment behaviours, such as clinging, crying and vocalising, serve to bring the child into close proximity with the attachment figure at times of perceived threat. When not in a threatening situation, the child's experience of attachment to caregivers serves as a secure base from which the child can explore the environment.

Through the experience of their primary attachment relationship, young children are believed to develop enduring "internal working models" of themselves and other people that guide their relationships with others throughout life (Holmes, 1993). For example, children may develop a model of others as being caring and supportive, or dismissive and untrustworthy. They may also develop models of themselves as being loveable and worthy of protection and nurturance, or as being unworthy and unloveable. Children then use these models to guide how they relate to others, causing them to optimistically embrace the world and relationships, or to withdraw, cling, or interact in other ways that might adversely affect their interactions with others. According to attachment theory, these styles of interacting, that develop from the earliest days of life, are reinforced and built upon during childhood, so that they continue into adulthood and consequently determine life long social and psychological adjustment.

A substantial body of research has shown that early attachment status is indeed a strong predictor of later psychological adjustment in children and adults. For example, children who were rated as being securely attached as infants have later been found to be more flexible and curious (Arend, Gove & Sroufe, 1979), more confident and empathic (Bretherton, 1985) and more socially skillful (Grossman & Grossman, 1991), and to have significantly lower behaviour problem scores than children who were rated as less securely attached (Booth, Rose-Krasnor,

McKinnon & Rubin, 1994; Smith, Howard & Monroe, 2000). Young adults who were classified as more secure were rated by peers as having greater ego-resilience, being less anxious and hostile, and having greater social support than less secure young adults (Kobak & Sceery, 1988).

Given these findings and the possibility that adoption involves the disruption of early attachment relationships, it is possible that attachment plays a major role in the adjustment of adopted children. However, there is no consistent empirical evidence that adopted children as a group differ significantly from nonadopted children in their level of attachment security. The limited research that has been conducted has suffered from methodological and conceptual limitations (Edens & Cavell, 1999; Portello, 1993), but the existing evidence suggests there are no significant group differences in attachment status between nonadopted children and children who were adopted under six months of age (Morgan, 1984; Singer, Brodzinsky & Ramsay, 1985; Ternay, Wilborn & Day, 1985; Yarrow & Goodwin, 1973). Such differences have been found, however, between nonadopted children and children who were adopted when older than six months of age, children who have been institutionalised, and interracially adopted children (Schmidt, Rosenthal & Bombeck, 1988; Singer et al.; Tizard & Rees, 1975; Yarrow & Goodwin). These studies have found less secure attachment in the adopted children. Groza and Rosenberg (1998) have suggested that it is not simply age at placement that is the determining factor, but that a range of factors combine to put children at greater or lesser risk of attachment problems. These factors include genetic predisposition, quality of parenting prior to two years of age, placement history (such as multiple foster care placements prior to adoption), and adoptive parents' own attachment histories.

It seems, therefore, that while security of attachment may explain the adjustment of particular adopted children, it does not explain the somewhat higher level of maladjustment in the population of infant adopted children compared to nonadopted children. It may, however, account for some of the variance in adjustment of children who were adopted when older.

2.2.4   Psychodynamic theories

Psychodynamic theorists have identified a number of issues that may impact on the adjustment of adopted children. These include unconscious conflicts in adoptive parents, special difficulties for adopted children in integrating ambivalent feelings, and issues of loss and mourning for both the child and the adoptive parents. These issues are each outlined below.

According to psychodynamic commentators in this area, many adoptive parents have unresolved, unconscious conflicts about parenthood and their own sexuality that are expressed in, and distort, their relationship with the child. Schechter (1970), for example, argued that adoptive parents must rework their mental self-representation after finding out they are infertile. They often feel defective and are left with a sense of anger and envy about other people's fertility and sexuality. This anger and envy could distort the relationship between the adoptive parent and adopted child, particularly at critical times when these feelings are likely to be heightened, such as when the child begins to explore relationships with the birth family, or when adolescence is reached (Brodzinsky et al., 1998). Other theorists have identified hostility between the adoptive parents over their childlessness, which is projected onto the child, as the cause of problems in some adopted children (Wegar, 1995). The adoptive mother's "guilt" about taking another woman's child has also been identified as a factor that might distort the relationship between parent and child (McRoy, Grotevant & Zurcher, 1988).

Some psychodynamic theorists (Brinich, 1990 & 1995; Samuels, 1990; Wieder, 1977) have argued that the existence of the 'adoptive triad' of child, birth parents and adoptive parents, makes it more difficult for adopted children to successfully resolve the 'family romance' fantasy (Brinich, 1990). According to this idea, when children begin to separate from their parents around the age of eight, they become critical of them and begin to fantasise that their parents are not their real parents. In this way they can experience loving and hateful feelings towards their parents simultaneously, by keeping these feelings separated. Eventually children accept the reality that they have only one set of parents toward whom they feel both love and hate. In this way they bring together their ambivalent feelings, and develop mature object relations and stable ego identity. The adopted child, however, really does have two sets of parents, and therefore can possibly more easily keep their loving and hateful feelings separate. They do not have the same pressure of reality to reconcile these feelings, and therefore they may not learn to tolerate ambivalence, and instead may become over-reliant on the defence of splitting in their relationships with others. Similarly, adoptive parents may disown certain aspects of the child, such as sexuality or aggressiveness, seeing these as belonging not to them but to the "bad" birth parents. This can leave the adopted child with the dilemma of having to either disown those aspects of self (that is, to deny them, or to see them as not part of self) or otherwise to disown their relationship with the adoptive parents (Brinich, 1990).

In addition to these challenges to the healthy psychological development of adopted children, psychodynamic theorists have also emphasised the losses associated with adoption. If unmourned, these losses may adversely affect the relationship between adoptive parents and

their children (Brinich, 1990; Brodzinsky, 1987 & 1990). For the child, adoption involves the loss of the birth parents and the biological family, the "shaming rejection" (Wieder, 1977, p.188) of having been relinquished, and the loss of identity associated with not knowing one's biological inheritance. Adoptive parents, on the other hand, face the loss associated with infertility and the biological children they did not have. Brodzinsky (1987; 1990) argued that the emotional and behavioural problems found in adopted children are actually an expression of the child's grief associated with these losses. As adopted children develop in their understanding of the implications of adoption in middle childhood and into adolescence, they are vulnerable to grief. Many adopted children move through this period successfully and eventually come to terms with their loss, but some are unable to mourn appropriately, with a resulting negative impact on their longer term psychological health.

While these psychodynamic hypotheses were often derived from clinical material, there has been little empirical research to support them (Brodzinsky et al., 1998). There is some evidence that maladjustment in adopted children often occurs in the context of psychopathology in the adoptive family (Peters et al., 1999; Tienari et al., 1993), but whether this is due to the psychodynamic processes discussed above is yet unknown.

2.2.5 Identity issues

Issues related to identity have been seen as central to the adjustment of adoptees, and much of the literature on adoption adjustment has been devoted to this issue. This literature has its origins in the work of Erikson (1959; 1968) who described optimal identity as being "experienced merely as a sense of psychosocial well-being. Its most obvious concomitants are a feeling of being at home in one's body, a sense of 'knowing where one is going', and an inner assuredness of anticipated recognition from those who count" (1968,p.165). Individuals who have formed an optimal identity manifest it by being committed to an occupation, a sexual orientation, and a set of values (Kroger, 1989).

Erikson (1968) and others (eg. Grotevant, 1997a) have stressed that identity formation is a process that begins in infancy and continues throughout the life cycle, which takes on special significance during the developmental phases of late adolescence and early adulthood due to the combination of physical, cognitive, psychological and social developments that occur in the individual during these phases. According to Erikson (1959), identity formation is the primary developmental task of adolescence, and its resolution determines the individual's future psychosocial functioning and development. The problems that can result from unresolved identity in older adolescents and adults include feelings of alienation and isolation, difficulty

forming intimate relationships, seeing oneself negatively, feeling different, and not having a sense of belonging (Groza & Rosenberg, 1998).

Investigators have identified a number of factors that can aid or hinder the process of identity formation. Erikson (1959) maintained that the development of optimal identity is predicated on there being continuity between one's past, present and future, and, hence, those lacking this continuity, such as adoptees, will have difficulty resolving the identity crisis. The quality of parenting and family relationships have also been identified as important factors in the identity formation process, with more satisfactory relationships being more conducive to optimal identity formation (Hoopes,1990).

Harper (1984) has argued that the success with which individuals handle the developmental tasks of adolescence, including identity formation, depends on the ego strength of the adolescent, internal and external stresses, and the adolescent's support structures. Harper noted that adoption can be an additional stress factor for adopted adolescents, making them more vulnerable than nonadoptees to difficulties with identity resolution.

Other factors that can affect the identity formation process include ways in which the individual is "different" within his or her family or societal context, such as personality differences, racial differences and differences in the process of their family's formation (for example, being in a family formed by adoption rather than reproduction). Grotevant (1997a) contended that the more "layers of differentness" (p.4) there are, the more complex the identity formation process becomes.

Gender differences in identity development have been observed that suggest that girls are able to explore and integrate multiple aspects of identity simultaneously, including vocational, relational and social aspects, while boys tend to be focused primarily on their vocational identity (Grotevant, Dunbar, Kohler & Esau, 2000). Therefore, girls may be better placed than boys to integrate different aspects of identity when there are additional complexities, such as being adopted, because they have more experience in dealing with these other aspects of identity.

Grotevant (1992; 1993; 1997a; 1998) has noted that there are assigned and chosen aspects of identity that must all be integrated into the individual's overall identity. How the individual "comes to terms with" (Grotevant, 1997a, p.9) assigned aspects, such as gender and adoptive status, influences the integration of chosen aspects of identity, such as vocation or relationship values. Indeed, Grotevant (1992; 1998) has argued that individuals may need to resolve the assigned aspects of identity before they are able to resolve the aspects over which they have choice.

Empirical investigation of identity has been largely based on the work of Marcia (1966) who introduced the concept of "identity status". Marcia differentiated the status of identity resolution on the basis of whether the individual had experienced a crisis of identity, or a period of exploration or decision making, and whether they had made a commitment to an identity or not. Higher levels of identity resolution were characterised by greater commitment, with the highest being "identity achieved", in which commitment follows a crisis or period of decision making, rather than an unquestioning adoption of the roles and values of others.

On the basis of this classification system, much research has been conducted into the psychosocial correlates of different identity resolution statuses. This research has found, for example, that young adults with more resolved identity showed greater solidarity and less antagonism towards their peers (Slugoski, Marcia & Koopman, 1984), and that they have more mature interactional styles (Read, Adams & Dobson, 1984). Other studies have found that adolescents with more lower levels of identity resolution had a higher incidence of substance abuse (Jones & Hartman, 1988) and were more likely to engage in other risk taking behaviours (Hernandez & DiClemente, 1992).

It can be seen from the above that identity formation is a crucial issue for all adolescents, as it has important implications for psychosocial health. Many writers have argued that the process of identity formation is more complex and challenging for adopted adolescents (eg. Grotevant, 1997a; Harper, 1984; Hoopes, 1990; Sorosky, Baran & Pannor, 1975) because they often lack information about their genealogical heritage, and hence do not have the continuity between past, present and future that has been seen as important for optimal identity development. It has been noted that this "genealogical bewilderment" (Sants, 1964), often leaves adoptees with a sense of missing an essential part of themselves (Kornitzer, 1971), and hence, the task of determining who they are is more difficult for adoptees (Harper).

Adoptees also have more work to do in the identity formation process than nonadoptees as they have to integrate their adoptive status and, often, other differences from their family (such as personality or race), as well as deal with the normal challenges of identity formation (Grotevant, 1997a). Grotevant (1997a; Grotevant et al., 2000) has described this process as the formation of an "adoptive identity" in which the adoptee "constructs meaning about his/her adoption" (1997a, p.5). The extent to which an individual resolves, or comes to terms with, adoptive identity may determine the extent to which he or she develops an integrated overall identity.

Given the additional challenges to optimal identity formation that have been identified, it has often been assumed that adoptees are more at risk than others of developing mental

health problems associated with unresolved identity (Harper; Grotevant, 1997a; Groza & Rosenberg, 1998; Samuels, 1990). It has also been assumed that this might explain the greater incidence of maladjustment that has been found in adoptees compared to nonadoptees.

The work of Grotevant (1997a; 1997b) has shown that the identity formation process can indeed be more complex for adopted adolescents, but there is little empirical evidence to support the hypothesis that adoptees as a group have less well resolved identity than nonadopted individuals. In a review of the literature on adoption and identity, Grotevant (1997a) showed that while the topic of adoption is very salient to many adopted adolescents, with some being quite preoccupied by it, this does not necessarily negatively affect their self-esteem or sense of identity. One study did find that adoptees were significantly less well socialised, more impulsive and demanding, and had lower self-esteem than nonadoptees (Simmons, 1980), but most researchers have found no differences between adoptees and nonadoptees on various dimensions of identity (Benson, Sharma & Roehlkepartain, 1994; Kelly, Towner-Thyrum, Rigby & Martin, 1998; Norvell & Guy, 1977; Shireman, 1988; Stein & Hoopes, 1985). Furthermore, a review of research literature relevant to the topic of genealogical bewilderment (Humphrey & Humphrey, 1986), found that lack of knowledge of genealogical heritage did not necessarily have "untoward implications for mental health" (p.139), including identity development. These findings lead to the conclusion that while identity formation may be more complex for adopted adolescents, it does not necessarily result in psychopathology in relation to forming an identity (Grotevant et al., 2000).

2.3   Comprehensive models of adoption adjustment

The previous section reviewed various factors that may impact on the adjustment of adoptees. For most factors, it was concluded that while they may impact on individual adoptees, they do not, in isolation, explain the overall poorer adjustment of adoptees as a group, compared to nonadoptees. However, it may be that adoptees are more vulnerable than nonadoptees to experiencing a number of adverse factors, which may explain their greater incidence of adjustment problems.

Presented below are two models of adoption adjustment put forward by Brodzinsky (1987; 1990), Namely, the psychosocial-developmental model, and the stress and coping model. In both models, Brodzinsky incorporated many of the factors that have been outlined in Section 2.2 above, as potential influences on the adjustment of adoptees, and integrated them within a

broader theoretical framework, in one case a psychodynamic-developmental framework and in the other a cognitive-behavioural framework.

2.3.1   The psychosocial-developmental model

Brodzinsky's (1987) psychosocial-developmental model of adoption adjustment proposes an explanation for how adoptees may be more vulnerable than nonadoptees to experiencing a number of challenges to optimal psychological adjustment. This model was based on the premise that "the experience of adoption exposes parents and children to a unique set of psychosocial conflicts or tasks that interact with and complicate the more universal developmental tasks of family life described by Erikson" (Brodzinsky, p.25). Further, the model assumes that adoptive families' adjustment is largely determined by adoptive parents' response to the challenges of adoptive family life, that is, their acknowledgment of those challenges and their manner of coping with them.

At each stage of development, according to Erikson (1963), individuals are faced with a psychosocial task or crisis which must be resolved for optimal psychological development to occur. If crises are not resolved adequately during the appropriate phase, the individual will have difficulty resolving the crises of subsequent phases, and will therefore experience maladjustment of some form in later life. As an example, Erikson proposed that the psychological crisis of the stage of infancy was the development of a basic sense of trust versus a sense of mistrust. If infants receive loving, consistent care then they are likely to develop a sense of trust in themselves and others. If their care is highly inconsistent, rejecting or abusive, then the infant is likely to develop a sense of mistrust of self and others. Individuals who develop a basic sense of trust would be well equipped to meet the challenges of later phases of development, but those who develop a sense of mistrust are likely to experience social and emotional difficulties throughout their life. Erikson went so far as to suggest that the root cause of serious psychopathology, such as schizophrenia, was the development of an extreme sense of mistrust in infancy (Kroger, 1989).

Brodzinsky (1987) outlined additional challenges faced by adoptees and their parents at each stage of Erikson's (1963) model of development. During the phase of infancy, Brodzinsky proposed that the task of developing a sense of trust is made more complex for adoptees by factors associated with the parents' transition to adoptive parenthood. These include the need for adoptive parents to resolve feelings and issues around their infertility, to deal with the uncertainty and anxiety surrounding the adoption process, to find adequate role models and develop realistic expectations about adoptive parenthood, to deal with the social

stigma of adoption, and to establish a secure attachment relationship with a child who may have been placed with them several months after birth. Each of these factors complicate and provide additional challenges to the task of facilitating the adopted infant's sense of trust, thus potentially making them more vulnerable to developing a sense of mistrust.

According to Erikson's (1963) model, the crises of the next two phases of early childhood are the development of autonomy versus shame and doubt, and the development of initiative versus guilt. Brodzinsky (1987) argued that these tasks are complicated for adoptees by two factors faced by adoptive parents that are not faced by nonadoptive families. First, adoptive parents need to tell the young child of the fact of the adoption. This task usually comes at the time when parents are already experiencing ambivalent feelings, as their children begin the natural process of separating and becoming more independent from their parents, both physically and psychologically. In the eyes of adoptive parents, the separation between them and their child can be accentuated by telling the child of the adoption, and thus telling can accentuate their ambivalent feelings about their child's growing independence. This heightened ambivalence could mean that adoptive parents are more likely to meet the child's moves towards autonomy and initiative with anxiety and insecurity, thus making it more difficult for the child to positively resolve the crisis of these developmental phases (Brodzinsky).

In middle childhood, Erikson (1963) proposed that the crisis is the development of industry versus inferiority, or the development of a positive sense of self versus a sense of inadequacy. During this phase, children experience cognitive developmental changes that mean they are able to better understand and reflect on the meaning of adoption (Brodzinsky, Singer & Braff, 1984). Therefore, Brodzinsky (1987) has argued that during the primary school years, adoptive parents face another challenge when their children make active attempts to understand their adoption, and fantasise about the circumstances surrounding it. Their child's growing knowledge and exploration of adoption can often result in the child experiencing uncertainty and confusion, which may manifest in emotional or behavioural difficulties. This, in-turn, is likely to raise parent's anxiety about how they have handled their child's curiosity, and thereby affect how they respond to future interactions with the child about their adoption. This could make it difficult to promote a positive sense of self in the child by providing an atmosphere in which children can openly explore questions about adoption.

Brodzinsky (1987) argued that the confusion and uncertainty, and the emotional and behavioural difficulties, often found in adopted children during middle childhood actually represent the "beginning of the normal process of adoptive grieving" (p.36). Due to the cognitive development that occurs during this time, the birth family becomes more real to

adopted children, and hence they are, for the first time, confronted with the significance of their loss. This understanding, therefore, naturally results in the experience of grief which manifests as the emotional and behavioural problems often found in adopted children of school age. Hence, adoptive parents confront additional challenges, during this developmental phase, of helping their children to understand the meaning of adoption, and then helping them deal with their grief. How parents cope with these can affect the sense of self that the child develops.

The final phase that Brodzinsky (1987) addressed was that of adolescence, in which Erikson (1963) proposed the crisis was the development of ego identity versus role confusion. This challenge was discussed in the preceding section, but here it is important to reiterate that adoptees face extra challenges to the optimal development of identity, particularly when they lack information about their origins and are thereby exposed to a sense of loss of a part of self. During adolescence, therefore, Brodzinsky has argued that adoptees need support from others, particularly adoptive parents, to understand and deal with this potential sense of loss, and to be free to explore issues associated with identity. Again, this means that adoptive parents face additional challenges during the phase of adolescence that do not have to be faced by nonadoptive parents, and how they handle these challenges can have a major impact on their adolescent's identity development, and therefore on the overall psychological adjustment of that young person.

This psycho-social, developmental model incorporates many of the various factors that have been theorised to affect adopted children's development, and it helps to explain the variance in adjustment that has been observed in studies of adopted children. It does this by positing that all adopted children are more vulnerable to the development of adjustment problems due to the additional challenges they face at each developmental phase, but whether these problems occur or not, or the extent of them, is at least partially determined by how they and their adoptive parents handle these further challenges. Brodzinsky (1987) left unexplored the question of what determines how adoptive family members deal with the additional challenges of adoptive family life. His second model of adoption adjustment, described below, addressed this issue.

2.3.2 The stress and coping model

Brodzinsky's (1990) second model of adoption adjustment attempted to incorporate the various factors that have been theorised to affect adopted children's adjustment, and account for the way in which different adopted children cope with the additional challenges, or stress, of

adoption. The "stress and coping model" was based on a theory of stress and coping proposed by Lazarus (Lazarus, Delongis, Folkman & Gruen, 1985; Lazarus & Folkman, 1984). The core assumption is that the losses inherent in adoption, as well as the social stigma usually surrounding it, mean that adoption is a potentially stressful factor for children.

Stress and coping theory posits that individuals experience the negative emotions associated with stress when they appraise a situation as being meaningful to them and potentially threatening (Brodzinsky et al., 1998). According to this theory, individuals may use one of several coping strategies to deal with a stressor. These might include cognitive or behavioural strategies to solve the problem, such as taking direct action to resolve it, seeking help, or choosing to reappraise the meaning of the situation, or they might involve cognitive or behavioural avoidance strategies, such as minimising the problem or physically avoiding it. Brodzinsky has noted that overuse of avoidant strategies has been linked empirically with adjustment problems in the general population.

In applying this theory to adoption adjustment, Brodzinsky (1990) theorised that various individual, biological and environmental factors influence the extent to which particular adopted children appraise their adoption as a stressor, as well as the coping strategies they utilise to deal with it. These factors included those theorised to affect the adjustment of adopted children, as well as other factors that could affect the adjustment of any child. For example, Brodzinsky proposed that aspects of a child's personality, self-esteem, attachment style, and cognitive maturity all may influence stress appraisal and choice of coping strategy. Similarly, environmental factors such as the family's adoption coping style (acceptance versus rejection of differences), the child's pre-adoption history, and their level of social support, can also influence the child's stress appraisal and coping. The individual child's standing on all these and other variables combine to determine how they appraise the adoption situation, whether they see it as highly relevant or meaningful to them or not, and whether it is appraised positively or negatively. These factors also influence the strategy the child eventually uses to cope with the adoption situation, determining whether the child actively tries to deal with it by, perhaps, searching for their birth parents, or seeking emotional support from their adoptive family, or whether the child takes an avoidant stance, and cognitively minimises the adoption issue, or avoiding thinking or talking about it. Brodzinsky theorised that children's "adaptational outcomes" (p.11) would be directly linked to their appraisal of adoption and the strategy they used to cope with it.

Empirical support has been found for this model in various studies. Smith and Brodzinsky (1994) found that adoption was viewed as somewhat stressful by most adopted children aged 6

to 17 years in their sample, with the oldest children being the most ambivalent about it and the youngest reporting the most intrusive thoughts about it. The researchers found that the children who were most stressed about adoption, in the sense of feeling negatively and ambivalently about it, tended to use avoidant coping strategies. Those who reported having more intrusive thoughts about adoption tended to use more active strategies to cope with their situation, such as seeking support. In another study, the same researchers (Smith & Brodzinsky, 1997, cited in Brodzinsky et al., 1998) found that children aged 8 to 12 years often experienced distress regarding the loss of their birth parents, despite generally viewing their relinquishment positively. Those children who reported feeling more negatively about the loss of their birth parents reported greater depression and negative self-worth, while children who were more preoccupied and curious about their birth parents exhibited more externalising symptoms. Children who tended to use avoidant coping strategies tended to be more anxious and to display higher levels of externalising behaviours, while those who used problem-solving strategies were rated as being more socially competent.

Brodzinsky's (1990) second model of adoption adjustment provides an alternative view of how different factors may combine to affect adopted children's adjustment. Its focus is primarily on the adopted child, unlike the previous model which emphasised the role of adoptive parents in determining how children dealt with the additional tasks or stresses presented by adoption. While it is essentially a cognitive-behavioural model, the inclusion of various influences, both internal and external to the child, on the child's eventual "choice" of coping strategy mean that the model can accommodate possible unconscious forces and dynamics that may operate to affect children's coping style.

On initial reading of these two models it would seem that they present quite different views of the processes involved in adoption adjustment. However, the two models may be compatible and indeed complementary. In other words, it could be theorised that adoption presents both children and families with additional challenges at each stage of psychosocial development that children and families must cope with. The strategies they use to cope with these challenges may be determined by the processes outlined in the stress and coping model, which in turn influence the child's adjustment outcomes.

The following chapter will explore how these explanations and models of adoption adjustment may apply in open adoption.

CHAPTER 3

RESEARCH INTO THE OUTCOMES OF OPEN ADOPTION

Previous chapters have reviewed the outcomes for children of closed adoption and the theories that have been put forward to account for those outcomes. In this chapter, the research literature pertaining to the outcomes of open adoption are reviewed, with particular emphasis on research on the outcomes for children. Prior to that, the factors reviewed in the previous chapter as possible explanations for the adjustment of children in closed adoption, are considered in relation to open adoption in order to provide the basis of hypotheses about open adoption outcomes.

3.1   Implications for open adoption of theory and findings regarding mediators of closed adoption outcome

In the previous chapter there is discussion of various explanations for the empirical finding of somewhat poorer adjustment of children in closed adoption, compared to nonadopted children. Theory and research evidence are presented to show that five particular factors, namely, biological and pre-placement issues, the parent-child relationship, attachment issues, psychodynamic issues, and issues associated with adolescent identity formation, may have an impact on adopted children, or may operate in a way that is different from the situation for nonadopted children. In this section, the possible operation or impact of these factors is discussed in relation to children in open adoption. It is expected that this will contribute to the formulation of hypotheses about the outcomes of open adoption for children.

3.1.1   Biological and pre-placement factors in open adoption

In Section 2.2.1, evidence was presented that the wellbeing of adopted children may be subject to certain biological effects, but there is no consistent evidence that adopted children are any more likely to be subject to these effects than nonadopted children. Evidence was also presented that the rearing environment could counteract the effects of biological or pre-placement factors. To the extent that these biological or preplacement factors affect any adopted children, it could be argued that they would be likely to have the same effect in both open and closed adoption, that is, they would be randomly distributed, and independent of

openness. However, it is possible that some biological and pre-placement factors influence the willingness or ability of birth parents to have contact with the child post-placement. For instance, mental illness, substance abuse or intellectual disability of the birth parents could limit their capability of having contact, and thus, children of birth parents who are affected by these issues may be more likely to be in closed adoptions. These issues have been discussed in more detail by Neil (2000).

It is also possible that contact with birth parents could contribute to a positive or negative rearing environment that might compensate or exacerbate the effects of children's biology. However, open adoption could not itself change children's biological makeup.

3.1.2   Parent-child relationship issues in open adoption

In Section 2.2.2, it was shown that there is mixed evidence about parent-child relationships in adoptive families. Some research has shown more dysfunctional relationships in adoptive families compared to nonadopted, while other have found no differences, or better relationships for adoptive families. Kirk's (1964) theory about the effect of adoptive parents acknowledging or rejecting differences between adoptive and nonadoptive families was discussed in relation to closed adoption. In open adoption, it seems likely that having contact with the birth family would make it difficult for adoptive parents to deny that there were differences between themselves and biological families, and therefore families in open adoption may be more likely to adopt the healthier acceptance-of-difference position, thus leading to better adjustment of their adopted children. Research in the United States (Wrobel, Kohler, Grotevant & McRoy, 1998) has shown that communication about adoption intensifies in adoptive families when children have greater access to information about, and contact with, their birth families. This suggests that open adoption is likely to influence adoptive family relationships in a positive way by facilitating or prompting greater communication between adoptive parents and children.

The issue of whether openness may affect adoptive parents' sense of security of their relationship with the child, and hence the quality of their parenting, is discussed below.

3.1.3   Attachment issues in open adoption

In Section 2.2.3, evidence was presented about the importance for children's wellbeing of their attachment relationship with their primary carers. Theory suggested that if adoption

disrupted early attachment relationships then it would have an adverse effect on adopted children's wellbeing, but research evidence suggested that, at least for children adopted as infants, there is no difference in the attachment of adopted children to their adoptive parents and that of nonadopted children and parents.

One of the most important concerns when open adoption was first introduced was that it might interfere with the attachment between children and adoptive parents (Kraft et al., 1985c). It was feared that children might be confused about who their primary carer was, and therefore who their primary attachment figure was, and they might develop divided loyalties to the two sets of parents. There were also concerns that the involvement of the birth parents might make adoptive parents feel less secure and entitled to a parental relationship with the child, which could impair their ability to engender the child's secure attachment.

Research evidence to date has suggested that in fact the opposite is the case. The consistent finding of several studies has been that contact with birth families either does not affect adoptive parents' feelings of security and entitlement, or it actually enhances these feelings (Beek, 1994; Belbas, 1987; Grotevant, McRoy, Elde & Fravel, 1994; Iwanek, 1987; Siegal, 1993; Sykes, 2001). Further, most researchers have found that parents in open adoption felt that contact either did not interfere with attachment with their child or it helped to strengthen attachment or feelings of closeness (Beek; Belbas; Berry, Cavazos Dylla, Barth & Needell, 1998; Iwanek; Sykes). Given that attachment seems important for children's psychological wellbeing, on the basis of this research, it would be predicted, therefore, that children with more open adoptions would have higher levels of wellbeing than those with less open adoptions.

3.1.4   Psychodynamic factors in open adoption

The operation of various psychodynamic factors in closed adoption were discussed in Section 2.2.4. These included unconscious conflicts in adoptive parents, difficulties for children in integrating ambivalent feelings, and issues of loss and mourning for both the adopted child and the adoptive parents.

As noted in Section 1.4, theorists who opposed the introduction of open adoption have claimed that these psychodynamic issues will be made worse in open adoption, while those who supported open adoption claimed they would be improved. Proponents of open adoption have argued that contact with birth parents would help adoptive parents to accept the child for him or herself (Baran et al., 1976; Chapman et al., 1987a), and it would also help them to see

that they have not taken the child against the birth parents' wishes (Baumann, 1997; Chapman et al.). Opponents, on the other hand, claim that contact with birth parents could inflame adoptive parents' envy and anger associated with their infertility, and intensify feelings of guilt about taking the child (Kraft et al., 1985b). Opponents have also argued that contact with birth parents would make it even more difficult for the child to resolve their ambivalent feelings, and easier for them to engage in splitting their feelings between the adoptive and birth parents (Kraft et al., 1985c). Those in favour of open adoption, on the other hand, claim that contact would make it easier to identify and resolve any splitting that might occur (Baumann; Belbas, 1987).

Opponents of open adoption have mostly been silent on the issue of loss for adopted children. Proponents, on the other hand, have argued that contact with birth parents would diminish children's sense of grief and rejection. Theorists have claimed that openness would allow adoptees to realistically understand the reasons for their relinquishment, and to feel less of a sense of rejection by their birth parents (Baran et al., 1976; Baumann, 1997; Caplan, 1990; Chapman et al., 1987b; Triseliotis, 1991).

3.1.5   Identity issues in open adoption

In Section 2.2.5, theoretical and research evidence was presented about identity formation in adopted children, particularly the process of forming an adoptive identity. It was noted that the identity formation process may be more complex for adopted children than it is for nonadopted children, and that the process for children in closed adoption may, particularly, be adversely affected by a lack of genealogical knowledge.

Proponents of open adoption have argued that it would resolve the identity problems of adoptees by giving them access to information about their heritage, and a link with the past, and there is at least anecdotal evidence that access to genealogical information is of great value to adoptees (eg. Lifton, 1996). However, as discussed in Section 2.2.5, there are other issues related to identity formation for adoptees that may not be resolved simply by access to information, or contact with the birth family. Many of the additional challenges faced by adoptees in the identity formation process, would exist regardless of whether there was openness or not. For example, adoptees still need to come to terms with the fact of their adoption, and resolve their adoptive identity (Grotevant et al., 2000). The resolution, or integration, of other aspects of their identity may be stalled until this assigned aspect is integrated. It is possible that contact with the birth family may make the resolution of one's

adoptive identity easier (Grotevant, 1997a) by filling gaps in genealogical knowledge, but the additional challenges would still be present.

Grotevant et al. (2000) have argued that openness does not give immunity to the identity concerns of adoptees, but rather "the different openness configurations present different relational contexts in which adoptive identity development occurs" (p.8), and "children with different openness arrangements have different issues with which to work in the identity development process" (p.11). It may be that particular openness arrangements assist the individual adoptee in their quest for identity more than other arrangements, but without further research it is impossible to know which these are. It is likely that the answer is highly complex and possibly specific to individuals.

3.1.6 Conclusions about the operation of these factors in open adoption

The evidence presented above suggests that some of the factors that have been theorised to mediate the outcomes of closed adoption may also operate in open adoption, particularly biological factors and pre-placement effects. It seems likely, though, that other factors may operate differently in open adoption, thus reducing their potential adverse effects on children's wellbeing. In particular, there is evidence that the quality of parent-child relationships, and particularly attachment, may be enhanced in families in open adoption, and that certain psychodynamic issues, particularly loss and mourning, may be resolved to a greater extent in open adoption. It also seems likely that, while the identity formation process may still be complex for adoptees in open adoption, it may be made somewhat easier by the access to genealogical knowledge that comes with contact with the birth family.

As discussed in Section 2.2, there was mixed evidence about the influence of these factors on the wellbeing of children in closed adoption. It is difficult to estimate, therefore, the extent to which a reduction in the effect of these factors in open adoption may affect children's wellbeing. It seems possible only to conclude that, to the extent that these factors do affect the wellbeing of adopted children, the wellbeing of children in open adoption should be enhanced as the effect of these factors may be somewhat reduced in open adoption compared to closed adoption.

3.2 Research into open adoption outcomes

The preceding section discussed the possible effects of various factors on the wellbeing of children in open adoption. However, there is actually very limited empirical evidence about the wellbeing of children in open adoption. In this section, therefore, the research that has been undertaken into the outcomes of open adoption for children and adoptive parents is reviewed. This will form the basis for hypothesis formulation in the present research.

The little empirical research into the outcomes of open adoption conducted to date has been plagued by methodological problems, including small samples, sampling biases, lack of use of standardised outcome measures, and heterogeneous samples that have included infant and older child placements, special needs and non-special needs adoptions, and international, transracial and domestic adoptions (Grotevant & McRoy, 1997). Most research has focussed on the attitudes and outcomes for adoptive parents and, to a lesser extent, birth parents. Only two studies have considered outcomes for children, and while both these studies are longitudinal and will report further results in future, one has so far only reported results from a few years after the children were adopted, and consequently most children in that study were very young (Berry, 1993).

For the purposes of the following review, a literature search was conducted of all published research into open adoption outcomes for children, excluding research that focussed only on older child placements, special needs adoptions, and transracial or international adoptions. This search revealed only two studies that assessed child outcomes in any way, published up until mid 2003. A comprehensive review and critique of these studies is provided below. All the other studies that included healthy infant, domestic adoptions, examined only adoptive parent or birth parent outcomes or experiences. While adoptive parent outcomes may impact upon outcomes for children, these studies were not considered directly relevant to the present research. Therefore, only a brief overview of the studies relating to adoptive parent outcomes is provided.

3.2.1 Research into open adoption outcomes for children

As noted above, only two published studies have examined the outcomes of open adoption for children, namely, the Minnesota/Texas Adoption Research Project (MTARP: Grotevant & McRoy, 1997 & 1998; Grotevant 2001), and the California Long-Range Adoption Study (CLRAS: Berry 1993; Berry et al., 1998). The MTARP, headed by principal researchers

Harold Grotevant from the University of Minnesota and Ruth McRoy from the University of Texas, began in 1987 and examined outcomes for children, adoptive parents and birth parents experiencing different levels of openness in adoption in the United States. The aim of the study was to examine "the consequences of variations in openness in adoption for all members of the adoption triad...and for the relationships within these family systems" (Grotevant & McRoy, 1997: p.170). Researchers have used the MTARP data to examine a variety of issues including adoption outcomes, identity formation, adoptive family dynamics, and birth mother's grief.

The CLRAS, headed by Marianne Berry from the University of Texas at Arlington and Richard Barth from the University of California, began collecting data in 1990. The aim of the first wave of the study was to "learn about correlates of openness in adoption and predictors of comfort with openness" (Berry, 1993, p.234). In the second wave of data collection, approximately two years after the first, the focus was on how openness had changed since the first wave, and the relationship over time between openness and adjustment of adopted children and families (Berry et al., 1998).

3.2.1.1 Methodologies of the two studies

Up until mid 2003, both these longitudinal studies had reported on two phases of data collection. Both entailed relatively large samples. The MTARP involved 171 children and 156 adolescents in the first and second phases respectively, while the CLRAS collected data on 1321 children in the first phase, and 764 in the second. Both attempted to use representative samples. The MTARP invited to participate all families who met specified selection criteria, and who had adopted via one of 35 agencies in the United States. The CLRAS invited all parents, via letters sent by adoption agencies, who had adopted a child in the state of California over a particular 12 month period.

There were important differences between the methodologies of the two studies. The MTARP involved face-to-face interviews with children, adoptive parents and birth parents, while the CLRAS collected data only from adoptive parents, via mailed questionnaires. The MTARP utilised a multi-level classification of openness (confidential, mediated time-limited, mediated ongoing, and fully-disclosed), and assessed openness from the perspective of both children and parents. In contrast, the CLRAS primarily used a dichotomous variable (contact/no contact), as reported by adoptive parents, in their data analysis. The MTARP targeted only domestic adoptions of healthy infants by non-relatives, whereas the CLRAS included all types of adoptions, excluding international ones, including placement of older children (often the

result of maltreatment of the child by birth parents), infants, and children with special needs, as well as transracial adoptions, adoptions by former foster carers, and adoptions by relatives. Consequently the two studies involved quite different age profiles of children. The MTARP children were aged 4-12 years in the first phase and 12-20 years in the second phase. The first phase of the CLRAS was conducted two years after adoption, so, with the older child adoptions, children were aged between 2 and 17 years. The second phase was conducted two years later.

Both studies used standardised, but not well known, protocols completed by adoptive parents for data on child adjustment outcomes. The MTARP measured psychosocial adjustment using the Child Adaptive Behaviour Inventory (CABI: Miller, 1987, cited in Grotevant & McRoy, 1998), while the CLRAS measured children's behavioural problems by using a brief, modified version of the Achenbach Child Behaviour Checklist (Achenbach & Edelbrock, 1981). The MTARP also utilised data from questionnaires, and interviews with children and adolescents, and investigated a number of child and parent outcomes, which are discussed in more detail below.

3.2.1.2 The Minnesota/Texas Adoption Research Project (MTARP)

The first phase of the MTARP examined a number of indicators of child outcomes, including satisfaction with the level of openness, level of curiosity about birth parents, self-esteem, understanding of adoption, and psychosocial adjustment (as reported by parents). The second phase examined, in addition, adolescents' views of their family, attachment to parents and peers, preoccupation with adoption, desire to search for birth parents, and pattern of adoptive identity. An important variable coded from interviews with adoptive parents was the degree of collaboration between adoptive parents and the birth family, or the adoptive kinship network. The findings of the MTARP are summarised below, as reported by Grotevant (2001), Grotevant and McRoy (1997), Grotevant and McRoy (1998), Grotevant, Ross, Marcel and McRoy (1999), Kohler, Grotevant and McRoy (2002), Wrobel, Ayers-Lopez Grotevant, McRoy and Friedrick (1996), and Wrobel, Grotevant, Berge, Mendenhall and McRoy (2003).

3.2.1.2.1   Findings of the MTARP regarding patterns of openness in adoption

Overall, the MTARP found that two thirds of the sample had some information sharing or contact with the birth family. Of that group, just under half had direct contact with the birth

family, which for most was ongoing (this was the "fully-disclosed" group). The remainder had mediated information sharing that had either ceased by the time of data collection ("time-limited mediated") or was ongoing. Only families in the fully disclosed group had in-person contact with the birth family, although not all of them did so, some had letters or telephone contact instead. It should also be noted that the researchers found discrepancies between the reports of children and adoptive parents about the level of openness experienced. This occurred because children had not necessarily been included in any information sharing or contact that had occurred between the adoptive parents and the birth family. Consequently, the researchers analysed outcomes on the basis of both the child's and the adoptive parents' perspective of the level of openness.

The level of openness did not change for most children between the first and second phases. Frequently, however, the degree of contact within the level changed. The researchers noted that the needs of birth parents, adoptive parents and adoptees for more or less contact at different times were often not the same. For example, birth parents often wanted more contact early in the adoption when adoptive parents were wanting less, and then when children were older and wanting more information and contact, birth parents had often moved on and were less interested or less available for contact.

3.2.1.2.2 Findings of the MTARP concerning outcomes for children

In the first phase, the MTARP researchers found that, as a group, the adopted children were generally well adjusted, with average self-esteem ratings indicating positive self-worth, and socioemotional adjustment ratings in the normal range. Children tended to be more satisfied than dissatisfied with their current openness situation, and most children simultaneously displayed curiosity about their birth parents.

When children in different openness groups were compared, and openness was measured from the perspective of adoptive parents, no major differences in outcomes were found between children in different levels of openness. But when openness was viewed from the perspective of children, greater levels of openness were generally associated with greater understanding of adoption and, for girls only, higher levels of curiosity about birth parents. Self-esteem, psychosocial adjustment and satisfaction with current openness situation were not related to level of openness, no matter how it was assessed.

In the second phase, the researchers again found little link between level of openness and outcomes for adoptees, except that children and adolescents who had higher levels of

openness tended to be more satisfied with openness than those with lower levels of openness. Other factors, particularly family relationships and the level of collaboration between the birth and adoptive families, were found to be more important than level of openness in predicting outcomes for adolescents. In an intensive analysis of a small subsample, Grotevant et al. (1999) found that children in highly collaborative networks had significantly lower scores on three problem behaviour scales (poor emotional control, social isolation and symptoms) than children in less collaborative networks.

The MTARP found the following results concerning specific outcome variables:

Curiosity about birth parents: In the first phase, the researchers found that all children exhibited curiosity, but girls were significantly more curious than boys, no matter the level of openness and from whichever perspective it was measured, and older girls were the most curious. A significant correlation was found between curiosity and understanding of adoption. The more understanding children had, the more curious they were about their birth parents. There was also a significant intercorrelation between curiosity and self-esteem; the greater children's self-esteem, the less curious they tended to be. Qualitatively, there were differences in what children with different levels of information were curious about. Those with less information were curious about the health, wellbeing and appearance of their birth parents. Those with more information were curious about either meeting their birth mother if they had not already done so, or about what she had been doing since they last had contact with her. These children were also curious about birth siblings.

Preoccupation with adoption: In the second phase, the MTARP examined the concept of preoccupation with adoption. They found that most adolescents thought about their adoption at least once a month, and often more. No differences were found in degree of preoccupation for adolescents reporting different levels of adoption openness, but girls were significantly more preoccupied than boys (87% of those categorised as having an extremely high level of preoccupation were girls). Children who were more preoccupied with adoption reported significantly higher levels of alienation from their adoptive fathers than did those who were less preoccupied, and those adolescents categorised as extremely preoccupied felt significantly more alienation and less trust for their adoptive mothers and fathers than did adolescents categorised as extremely low in preoccupation.

Satisfaction with openness: In the first phase, no differences were found between openness groups in their degree of satisfaction with openness level, but differences were found in the second phase. In the latter phase, those adolescents who had contact with a birth parent were more satisfied than those without contact (who tended to rate their satisfaction in the

neutral range). Adolescents aged 14-16 years were less satisfied with the level of openness than those in early or late adolescence. In the first phase, children in most groups were satisfied, but older children tended to be less satisfied than younger children, except children in fully-disclosed adoption who were satisfied and curious. In the first phase, there was a significant, positive correlation between satisfaction and self-esteem: children with higher levels of self-esteem tended to be more satisfied. In both phases, satisfaction was significantly, negatively correlated with curiosity: the more curious children were, the less satisfied they tended to be.

Family communication and general functioning: In the second phase, no significant differences were found in adolescents' perceptions of family communication or general family functioning for those in different groupings of preoccupation, openness or gender. These variables were not examined in the first phase of the study.

Identity: Adoptive identity was examined in the second phase and was found to be related to qualities of adoptive family relationships rather than to level of openness. In general, older adolescents and girls had more resolved identity patterns than younger adolescents and boys. Based on the MTARP research, Grotevant (2001) observed that the typical pattern of adoptive identity development includes a period of "intense reflection and emotional engagement, perhaps preoccupation" (p.4) during which adoption issues are highly salient. During this phase the adolescent may temporarily withdraw emotionally from the adoptive family.

Adjustment: Adolescent adjustment was associated with the quality of relationships within the adoptive family and the quality of the collaborative relationship between the birth and adoptive family (the adoptive kinship network). Compatibility of the child with the adoptive family, as perceived by the adoptive parents, emerged as an important factor in adolescent adjustment: those who were perceived as more compatible had lower levels of problem behaviour, greater attachment to parents, and higher psychosocial engagement. With regard to the association between adjustment and openness, Grotevant (2001) concluded, "in general the degree of openness in the adoption was less predictive of outcomes for children or adolescents than was the quality of the child's relationships within the adoptive family and across the adoptive kinship network" (p. 3).

The MTARP researchers concluded that their results did not support the concerns of critics of open adoption, but they also did not support those who contended that openness in adoption would enhance psychological outcomes for children (Wrobel et al., 1996). Commenting on the MTARP as a whole body of research, Wrobel et al. (2003) concluded that,

Contact is a complex issue and should not be perceived as a panacea that eliminates the additional, normative life tasks adoption brings. For example, while contact in adoption can answer questions an adopted person might have about his or her adoption history and birth family, it does not eliminate the need to incorporate adoption into one's identity. (p.65)

3.2.1.2.3   Comments on the MTARP

The MTARP has made a major contribution towards understanding outcomes for children and families involved in open adoption, as well as providing insight into processes that occur in relation to adoptive family functioning, relationships between birth and adoptive families, and the development of identity in adopted adolescents. The study employed a large enough sample, that was probably as close to randomly selected as is possible in this type of research, to enable the researchers to find significant relationships where they existed and to draw valid conclusions. The sample was also not confounded by factors that could affect outcomes differentially, such as a mixture of international and domestic adoptions, and older and younger child placements. While this means that the results cannot be generalised to other groups of children, it does provide confidence that the findings are likely to be related to openness and not to other factors. Further strengths of the study are that it examined outcomes and processes for all members of the adoption triad, it used multiple measures of outcomes, some derived via standardised inventories and others by more qualitative methodologies, and, it tested, for the first time, hypotheses arising from the debate about the risks and benefits of open adoption. The study is also unique to date in directly consulting children and adolescents, rather than simply using parents' reports about adopted children.

From the point of view of the present study, however, the MTARP research was limited in terms of the model of classifying openness, the measures used to evaluate children's adjustment, and the lack of reporting of children's experience of open adoption.

The model developed by the MTARP researchers to classify level of openness was based on whether contact with birth families was mediated or direct. This model is relevant to the United States situation where it seems that mediated information sharing is far more common than it is in Victoria, Australia. In Victoria, mediated contact is offered by agencies at the beginning of placement, but families are encouraged and supported to have early direct contact if they want it to be ongoing (Rice & Powell, 2000). Therefore, in the Australian, or at least Victorian context, it would seem that the amount and nature of contact are more relevant

dimensions, than whether contact is mediated or direct. Unfortunately, due to the MTARP's somewhat restricted model of classifying contact, the effect of varying amounts and types of contact on children's wellbeing is still unknown. It may well be that even in the United States context, the amount and nature of contact do influence outcomes, even though the MTARP researchers and others have found that the simple fact of having contact or not is generally not differentially associated with outcomes.

A second limitation of the first phase of the MTARP was that the primary measure of children's adjustment (the CABI) is one that is not well-known or widely used in previous adoption adjustment research. Consequently, it is difficult to compare the results of this phase of the study with other research or to gain a good understanding of the adjustment profile of the child sample. The second phase did use a well known and widely used measure of adjustment (the Achenbach Child Behaviour Checklist: Achenbach & Edelbrock, 1991) but at the time of writing this report, no data have been published regarding the relationship between adolescent adjustment outcomes and level of openness. Until results from the second phase are published, therefore, it remains unknown what the relationship is between openness and adjustment outcomes for adolescents.

Finally, it seems a pity that with such a large and comprehensive study in this new area of inquiry, that the researchers did not explore (or at least, report) children's qualitative experiences of open adoption. A qualitative analysis of adoptive family communication in different openness situations was reported (Wrobel, Kohler, Grotevant & McRoy, 2003), but this did not focus on the issues under investigation in the present study: that is, children's experience of contact itself. Such an exploration would provide valuable insight into such issues as quality of relationships between children and birth families, children's response to having varying types of contact, factors associated with satisfaction with contact, and the ways in which children conceptualise their adoptive kinship relationships. These insights would not only have been valuable for understanding the area of open adoption but they could also have been used to formulate future research hypotheses and provide new dimensions and variables for testing them.

3.2.1.3 The California Long-Range Adoption Study (CLRAS)

3.2.1.3.1 Findings of the CLRAS regarding patterns of contact

The CLRAS (Berry, 1993; Berry et al., 1998) found that fewer adoptive families had post-placement contact with the birth family than had planned to have contact at the time of placement. In total, 68% had planned for contact, but 55% actually had contact. Boys and girls were equally likely to have had post-placement contact.

Important differences were found in the practice of openness between groups of adoptive parents. That is, contact with birth families was more likely for those who had adopted younger children (two thirds of these adoptive parents had at least one post-placement contact with the birth family, compared to one third of those who had adopted older children), children without a history of maltreatment, and for adoptive parents who were relatives of the birth family.

By the time of the second wave, the proportion of the sample having contact had reduced to 54%. Of those still in contact, many had experienced a reduction in the frequency of contact (30% had less frequent contact and 14% had ceased contact, while only 4% had more frequent contact than two years previously). Those who adopted infants were far more likely to have had some contact in the past two years than those who adopted older children (58% compared to 26%). Most contact was by mail or telephone, with only 37% of those who had any contact between the first and second phases, having in-person contact. There was a large extent of contact with birth family members other than a birth parent, with over half of those who reported having post-placement contact having contact with birth grandparents, a quarter having contact with a birth aunt or uncle, and a fifth having contact with birth siblings.

3.2.1.3.2 Findings of the CLRAS concerning outcomes for children

In the first phase, Berry (1993) found that those adoptive parents who had post-placement contact with the birth family had children with significantly lower behaviour problem scores than those who did not have contact. However, as children with contact were more likely to be Caucasians who were adopted as infants, and had no history of maltreatment or drug exposure, they might therefore be expected to have lower behaviour problem scores. It is likely that history of maltreatment, and being adopted when older, are the more pertinent factors with regard to child outcomes, affecting both behaviour problem scores and whether the adoption is open or not.

In the second phase, Berry et al. (1998) found no differences in behaviour problem scores between those children in contact with birth parents at the time of data collection and those not in contact. This suggests that other factors were influencing behaviour problem scores in the first phase that were not present by the time of the second phase. For example, it may be that the adverse behavioural effects of previous maltreatment had reduced.

Despite this finding of no differences in behaviour problem scores, children in contact with their birth family at the time of the second phase were significantly less likely than those not in contact to be having individual counselling or family therapy, or to be in a special education class. This suggests that the group that was not in contact were different from the group that was in contact. It is possible that these children had a greater need for counselling and special education due to past abuse or drug exposure, but it is surprising that this did not translate into higher behaviour problem scores. This may cast doubt on the validity of the inventory used to measure behaviour problems in the CLRAS, as it does not seem to correlate well with other indicators of psychological problems. However, it is possible that there was something about the no contact families that made them more likely to seek help, even when problems were no worse than for children who were in contact. Such a factor may be the high proportion of former foster carers in the no contact group who may have been more familiar and comfortable with professional support services than other adoptive parents.

No results were reported from the first phase of the CLRAS study about parent-child relationship outcomes, even though aspects of this relationship were measured. For the second phase, Berry et al. (1998) reported no significant differences in any measured aspects of the parent-child relationship between those children who were in contact with the birth family at the time of the second phase of data collection and those who were not in contact.

3.2.1.3.3. Comments on the CLRAS

The CLRAS is the largest study of open adoption conducted to date, covering a wide range of issues. It has provided valuable information about the extent and practice of open adoption in the USA that can be generalised to all types of adoptions because of the heterogeneity of the sample. The longitudinal design means that further insight into the practice and outcomes of open adoption will be provided by this study over the next decade, which are likely to be of great interest and value to the adoption field.

Unfortunately, however, there are many limitations and weaknesses in the design and analysis of the study that make it difficult to draw conclusions from it about outcomes for

children or adoptive parents, or even to understand the practice and extent of open adoption amongst different groups of adopters.

Weaknesses are apparent in the design of the study: particularly that it entirely relied upon data from mailed questionnaires, which the researchers acknowledged are a weak form of data collection for the subject matter, particularly for such a complex, and new, area of research. It is unlikely that such a large sample could have been surveyed by any other means, but this design may have detracted from the reliability and validity of the data.

Another design issue was the diversity of the sample. While it is admirable that the researchers attempted to include all types of adoptions in the study, the resulting heterogeneous sample, and the lack of analysis by adoption type, makes it very difficult to draw conclusions about open adoption for any one group. One cannot say that open adoption benefits children placed as infants, even if the overall results might support this conclusion for the whole sample, as outcomes for this group were not analysed separately. Further, the diverse nature of the sample meant there were many variables that were likely to confound results and invalidate conclusions that might have been drawn about the outcomes of open adoption. Confounding factors included age at placement, special needs of children, history of maltreatment, pre-placement history, cultural background, and cultural dissimilarity of children and adoptive parents. These factors were likely to have their own effects on outcomes, independent of openness, but for the most part the data analysis did not attempt to control for them. Therefore, no strong conclusions can be drawn from this study about the outcomes for children, or parents, of different degrees of openness.

It is also unfortunate that the design did not include standardised scales for either of the principal measures of outcomes for children: that is, of behavioural problems or the parent-child relationship. The modified version of the Achenbach scale that was used to measure behavioural problems may have been a reliable and valid measure, but limited information was provided about its psychometric properties. The use of this instrument also makes it difficult to compare the findings of this study with previous research or the proposed study. Similarly, Berry et al. (1998) provided no information about the psychometric properties of the family closeness scale, limiting the conclusions about parent-child relationship outcomes. It is unfortunate the researchers did not use a standardised measure of the parent-child relationship, a number of which are available for the age group of children concerned.

Further weaknesses pertain to the analysis and reporting of the data. This was a large, broad and complex study and therefore it is not surprising that the researchers might struggle to find a clear framework in which to analyse and present the results. This struggle is apparent

in the published reports of the study, which are often confusing and contradictory. Little description was provided of the data analysis procedure. Results were often quoted as being significant with no statement about what tests were actually performed, or what data were used in the tests. Some basic descriptive data were not reported, such as the mean age of children at the time of the study. Further, results for a number of variables were not reported (such as results for the family closeness scale in the first wave).

Perhaps the most important problem of the analysis was the model used for categorising openness. Both Berry (1993) and Berry et al. (1998) stated that they would not use one summary variable for openness and they would analyse data according to a number of indicators of openness, but they then went on to present most of the outcome results according to a single dichotomous variable: contact or no contact. Such a simple indicator of openness is clearly inadequate for assessing outcomes associated with openness for a large sample that varied so greatly in the practice of open adoption. Intuition and previous research suggest that factors such as the mode, frequency, consistency and continuity of contact could have major bearings on outcomes for children and parents and it is a great pity that the opportunity of such a large sample was not used to test this. As it stands, the value of the results for understanding the effects of openness for children and adoptive parents is not clear.

3.2.1.4 Overall conclusions about outcomes of open adoption for children

Due to the methodological limitations of these two research projects, and the fact that no other investigations of children's outcomes in open adoption have been published, it is very difficult to draw any conclusions about how openness affects children. Together, the results of the MTARP and CLRAS research have suggested that there may be some advantage of openness in adoption for children, such as enhanced satisfaction with adoption and understanding of adoption, but open adoption seems to have little effect on the overall emotional and behavioural adjustment of adopted children as a group.

3.2.2 Outcomes for adoptive parents

Most of the open adoption research that has been conducted to date has examined the experiences or outcomes of adoptive parents, rather than those of children or birth parents. The bulk of this research has focussed on adoptive parents' feelings or attitudes about openness, rather than on specific outcomes related to aspects of parenting or other

psychological factors. Other research, not reviewed here, has been conducted about attitudes to open adoption with adoptive parents or others who had not actually experienced open adoption.

Thirteen studies are reviewed below that focussed on outcomes and experiences of adoptive parents, in which some members of each sample had experienced open adoption. A brief overview of the findings of this group of studies is presented.

The studies reviewed here were published between 1993 and 2001. Ten were conducted in the United States, two in the United Kingdom and one in New Zealand. Most involved quite small samples of adoptive parents as only five studies had more than 100 participants and most had fewer than 30. Only studies of parents who had adopted healthy infants are included here, although four samples included parents in other types of adoptions as well, mainly adoptions of older children. The children in all but five of the studies were under six years of age, with most studies being conducted within two to three years of the child's adoption. Six of the studies were primarily qualitative, and many did not compare groups of parents experiencing different levels of openness, but rather, described the experiences of adoptive parents who had any amount or type of contact with their child's birth family. Where researchers did compare groups, they mainly used the dichotomous variable of contact versus no contact. Only four studies analysed results according to level of openness, two distinguishing between groups on the basis of frequency and type of contact (in-person or written), and two basing the division on whether contact was mediated or not.

Due to these methodological limitations of small sample sizes, young age of children and lack of differentiation between types and levels of openness, these studies individually may not provide reliable information about the outcomes of openness for adoptive parents. However, when viewed together, consistent patterns of experiences and outcomes have emerged, and these are now presented.

Most of the studies reviewed in this area considered adoptive parents' attitudes to, experiences of, or satisfaction with openness. Researchers found that adoptive parents generally had positive attitudes about open adoption, particularly when they had experienced it for some time (Gross, 1993; Iwanek, 1987). In all studies that examined adoptive parents' satisfaction with their particular type or level of openness, high levels of satisfaction were found for the majority of parents, no matter the degree of contact (Etter, 1993; Gross; Iwanek; McRoy, Grotevant & White, 1988). However, the CLRAS study (Berry, 1993; Berry et al., 1998) found that those with more direct forms of contact (that is, visits) were the most comfortable with openness. In the CLRAS study, comfort with openness and satisfaction with adoption overall

51

were associated with the degree of control adoptive parents felt they had over contact. Greater degrees of control were associated with higher levels of comfort and satisfaction, with the lowest level of comfort and satisfaction being found in those who had contact with birth parents when it had not been expected at the start, or had more contact than expected. This finding probably reflected the characteristics of the sample which included many adoptions of older and maltreated children, where relations between birth and adoptive parents may have been strained. In her study of mostly older child open adoptions, Sykes (2001) found that only adoptive parents who had indirect contact felt they were not in control of contact, while Grotevant et al. (1994) found no difference by level of openness in adoptive parents' satisfaction with their perceived degree of control.

A number of researchers have examined the impact of open adoption on certain aspects of parenting, with most finding that contact either made no difference to outcomes or it enhanced them. One study (Berry et al., 1998), found that adoptive parents who had contact with their child's birth family were more likely to acknowledge the differences between biological and adoptive parenting, but others have found no differences on this variable between adopters with contact and those without (Demick, 1993; Grotevant et al., 1994). Adoptive parents' feelings of entitlement to parent, as well as their feelings of security and permanence of the adoption, have been found to be either not adversely affected by contact, or enhanced by contact (Beek, 1994; Belbas, 1987; Grotevant, et al.; Iwanek, 1987; Siegal, 1993; Sykes, 2001). Similarly, parents with contact were reported in most studies to feel that contact either did not interfere with attachment with their child, or it helped to strengthen attachment or feelings of closeness (Beek; Belbas; Berry et al., 1998; Iwanek; Sykes). Adoptive parents with contact have also been found to be more communicative (Grotevant et al.; Lee & Twaite, 1997), empathic (Grotevant et al.; Sykes), and positive (Demick; Lee & Twaite) about or towards the child, than adoptive parents without contact.

In general, researchers have found little or no differences amongst adoptive parents in their relationships or attitudes towards children in open and closed adoptions, although where differences have been found, they have tended to indicate that parents in higher levels of openness have more positive relationships with their children than those in closed or less open adoptions. Berry et al. (1998) found no difference in feeling of, or satisfaction with, closeness to the child between parents in open and closed adoptions. One study (Demick, 1993) found no differences in perceptions of the child between parents in open and closed adoptions, while another (Lee & Twaite, 1997) found that adoptive mothers who had contact with their child's birth family saw their child as significantly more competent and less threatening than did

mothers who did not have contact. Belbas (1987) found that adoptive parents in different levels of openness (minimum, moderate and maximum) all showed positive empathy for their child's feelings about adoption, while the MTARP study (Grotevant et al., 1994) found greater empathy amongst adoptive parents in higher levels of openness (ongoing mediated and fully-disclosed, compared to confidential or time-limited mediated).

A number of researchers have examined adoptive parents' feelings and attitudes towards birth parents in open and closed adoptions. Most studies have found that adoptive parents' fear of the child being reclaimed by the birth mother decreases over time in open adoption (Gross, 1993; Grotevant et al., 1994; Iwanek, 1987; Siegel, 1993), and is lowest, or even non-existent, for adoptive parents who have greater openness, particularly direct, in-person contact, compared to those who have no contact or indirect forms of contact (Belbas, 1987; Grotevant et al.; McRoy & Grotevant, 1988). Adoptive parents in open adoptions have also been found to have a high level of empathy with the birth mother (Beek, 1994; Belbas; Sykes, 2001), and some researchers have found that empathy is greater in those who have a higher degree of contact compared to those with no contact or lower levels of openness (Grotevant et al.; McRoy & Grotevant; Lee & Twaite, 1997).

Together, the results of these studies have suggested that open adoption, at least where it involves adoption of healthy infants, does not have the adverse consequences for adoptive parents that were predicted by critics of open adoption, and it may even have some positive effects. The empirical evidence has indicated that adoptive parents in open adoption are well satisfied with openness, their fears about birth mothers reclaiming the child are relieved by direct contact, they have a strong sense of permanence of the adoptive relationship and their entitlement to parent, they are more likely to acknowledge differences between themselves and biological families, and importantly, they form equally strong attachments to their children. Whether it is a cause or an effect of openness, adoptive parents in open adoptions may also be more empathic towards birth mothers, which may help to ensure positive, or collaborative relationships in the adoptive kinship network which in turn affect outcomes for children (Grotevant et al., 1999).

3.2.3 Overview and conclusions about the outcomes of open adoption

The studies reviewed here have found remarkably consistent results that can be summarised as follows. Openness in adoption seems either to make no difference to outcomes, or it enhances them, particularly for adoptive parents. Further, there is no consistent

evidence that open adoption generally puts children or adoptive parents at greater risk of poor outcomes than closed adoption. Brodzinsky et al. (1998) commented that the findings of open adoption research,

> *support neither the grave warnings of adjustment problems in adoptees raised by open adoption critics, nor the hopeful expectations of open adoption supporters that greater openness will readily offset the adjustment difficulties often found in children in more closed placements.* (p. 87)

However, these findings, particularly with regard to outcomes for children, can only be viewed as inconclusive and preliminary due to the small number of studies conducted and some serious methodological problems in those that have been conducted. These problems included small sample sizes, sampling biases, lack of a no-contact comparison group, lack of use of standardised outcome measures, and often, limited data analysis.

Perhaps the most important issues, however, that compromise the validity or usefulness of the studies, are the two that were discussed in Section 3.2.1 above, on outcomes for children. These are the problem of heterogeneous samples, and the use of a dichotomous openness of adoption variable. These two issues affected most of the studies reviewed here, and they mean that little is known about how open adoption affects family members of children who were adopted as infants, as opposed to other groups of adoptees, nor about the effect of different degrees and types of openness. The frequent finding of no differences in outcomes between open and closed adoption may well be due to the lack of differentiation in degree and type of openness that has occurred in these studies.

Many of the hypotheses about the risks and benefits of open adoption for children have not been tested, although there has been some testing of the hypotheses concerning adoptive parents. Therefore, until there is more sophisticated research, which examines degrees of openness and characteristics of participants that might mediate outcomes, and tests the hypotheses about the risks and benefits of open adoption, a conclusive evaluation of open adoption cannot be made, and the question of what type of adoption works well, and for whom, cannot be fully answered.

CHAPTER 4

CONCEPTUALISATION AND DESIGN OF THE PRESENT STUDY

Based on the findings of previous research on outcomes for children in closed and open adoption, the present study was designed to investigate the psychosocial wellbeing, as reported by adoptive parents, for children adopted domestically as healthy infants, and the relationship between wellbeing and children's contact with birth families. The study encompassed both quantitative and qualitative components. This chapter outlines the rationale for the present study, its aims and overall design, and the hypotheses and expectations relating to the quantitative and qualitative components of the study respectively.

4.1 Rationale for the present study

As presented in Chapter 1, there is conflicting evidence about psychological outcomes for children in closed adoption, and very little evidence about outcomes for children in open adoption. No published research to date has compared children in open adoption with nonadopted children on standardised protocols, and there has been no research at all published on open adoption outcomes in Australia, nor even any systematic documentation of the practice of open adoption in this country. Therefore, it is unknown how children in open adoption in Australia are faring, and whether and how contact with birth families may impact on their psychological wellbeing. The present study aimed to begin to address these gaps in our understanding of open adoption.

As presented in Chapters 2 and 3, the small body of international research into open adoption outcomes for children has suggested that children in open and closed adoptions may not differ in terms of their psychological adjustment, but research into closed adoption has often found that adopted children as a group have poorer outcomes than nonadopted children. A number of factors have been theorised to mediate outcomes in closed adoption, but these may not be relevant to the open adoption situation, or they may operate differently. There is a need to understand the impact of open adoption on children and whether it can ameliorate some of the factors that might contribute to poorer outcomes for adopted children. The practice of open adoption also provides an opportunity to test the influence of these factors on outcomes for all adopted children by providing a situation in which certain factors are controlled. For example,

the purported damaging effects of "genealogical bewilderment" (Sants, 1964) would be eliminated or greatly reduced for children in open adoption, and therefore, if outcomes for children in open and closed adoptions do not differ then this may provide evidence that genealogical bewilderment is not an important mediator of adoption adjustment.

Understanding of these matters could inform professional practice of open adoption, could contribute to a better understanding of the factors that influence psychosocial outcomes for adopted children generally, and hence further contribute to a better understanding of factors associated with healthy psychosocial development of children in the broader population. Further, an understanding of these issues may also be important for children in other nontraditional family situations such as those conceived through new reproductive technologies, for whom similar issues are now arising about identity, knowledge of genetic history and desire for contact with the biological family. The present study was designed within this context to explore the outcomes of open adoption in Victoria, Australia, from the perspective of adoptive parents, for a group of children who were adopted domestically as healthy infants through one adoption agency.

4.2   Aims and design of the present study

4.2.1   Overall aims of the study

A number of questions guided this research. They were:

1. What sort of contact are adopted children in Victoria having with their birth families, in terms of who is having contact with whom, the mode, frequency and consistency of contact, and the overall incidence of contact?

2. What is the level of wellbeing of adopted children in open adoption in Victoria, and how does this compare to nonadopted children?

3. Is the wellbeing of adopted children related to the pattern of contact they have with their birth family?

4. How do adopted children experience having contact, or no contact, with their birth family?

In consideration of these research questions, the study had four aims. The first was to document patterns of post-placement contact occurring between children and their birth families, as reported by adoptive parents of children adopted under open adoption legislation in

Victoria. The second aim was to determine the relative level of reported wellbeing of adopted children in open adoption, by comparing parent reports of adopted children with parent reports of demographically similar, nonadopted children on measures of wellbeing, that is, emotional and behavioural adjustment and the quality of the parent-child relationship. The third aim was to determine whether parent reports of children's wellbeing differed according to their pattern of contact, in terms of the same measures of wellbeing stated above, as well as in their satisfaction with contact. The final aim was to explore adoptive families' experience of open adoption, particularly the experience of children, as perceived and reported by their adoptive parents, and the perceived impact of contact or lack of contact on children's psychological wellbeing.

4.2.1.1 Rationale for inclusion of the nonadoptive comparison sample

As indicated above, a nonadopted comparison sample would be included in the present research to establish the relative level of psychological wellbeing of adopted children as a group, before analysing the relationship between wellbeing and contact with birth families. Data about nonadopted children would provide a benchmark with which to compare the data about the adopted children on the quantitative measures of children's wellbeing, especially where norms for such measures may be lacking.

Arguments could be posed about the validity of the comparison sample used (nonadoptive families referred by adoptive families and from the researcher's own networks), but nonadoptive families would be matched as closely as possible to adoptive families in terms of demographic characteristics of children and parents. It was also assumed that referred nonadoptive families would be likely to be of a similar socioeconomic status to the referrer.

4.2.2 Complementary quantitative and qualitative components

The study was designed with quantitative and qualitative components to provide a complementary approach to understanding the wellbeing of children in open adoption. The first three research questions would be examined using quantitative methodologies. The first question, regarding patterns of contact, would be addressed using descriptive statistics derived from parent interviews about children's contact and adoption situations. The second two questions, regarding the wellbeing of adopted children, would involve the administration of two questionnaires to be completed by parents. One would be a standardised measure that has

been used in previous adoption research, and a measure adapted specifically for this study. These would measure constructs hypothesised to relate to psychosocial outcome, including emotional and behavioural adjustment and the quality of the parent-child relationship respectively. A third measure, satisfaction with contact, would be coded from adoptive parent interview data. To address the question about the relationship between wellbeing and pattern of contact with birth families, a variable to define particular patterns of contact would need to be developed after an analysis of existing patterns was undertaken.

The fourth research question, regarding children's experience of open adoption, would be addressed by using a qualitative methodology. This would involve a semi-structured interview with parents, eliciting the expression of their experiences and reflections about children's wellbeing, and about the open adoption experience overall. A grounded theory approach to data analysis, as articulated by Glaser and Strauss (1967), would be used for the qualitative component as there is no theory, at this time, to guide exploration of this area of inquiry.

At the time of the design of the study, there was no published research into outcomes for children in open adoption in Australia, nor into children's experience of open adoption. It therefore seemed important to conduct a qualitative analysis so that the findings could be used to inform future research and professional practice in the adoption field. The qualitative component of the research would provide concurrent validity, and allow for further investigation, of the findings of the quantitative research, as well as enabling the exploration of the phenomena and experience of families in open adoption.

According to Miles and Huberman (1994), qualitative research is "the best strategy for exploring a new area" (p.10), and one of its primary contributions is to help generate conceptual frameworks for future research (Henwood & Pidgeon, 1995). Further, qualitative analysis can answer questions about "why?" and "how?" that cannot be answered by quantitative analysis, which focuses on "what"?, and "how much?" (Miles & Huberman). With regard to the present study, the quantitative data would provide information about how much contact children were having with their birth families and whether the level of contact was related to children's reported psychological wellbeing. It seemed that a qualitative component could supplement and elaborate this by providing insight into how and why contact with birth families may affect children's psychological wellbeing. Additionally, a qualitative component could help validate the quantitative findings by providing triangulation of the data (Miles & Huberman).

In line with the overall aim of the study, the focus of the qualitative data analysis would be on the child's experience of open adoption, as reported by their parents, rather than the experience of other family members.

4.3   Hypotheses of the quantitative component of the study

A total of seven hypotheses, in two subgroups, were constructed to aid investigation of research questions two and three, regarding the wellbeing of adopted children. Child wellbeing was to be determined by parent reported measures, and hence, they would reflect the parents' view of children, rather than independently observed or measured wellbeing. The two subgroups of hypotheses were:

1. Hypotheses concerning the relative wellbeing of adopted and nonadopted children;

2. Hypotheses concerning the relative wellbeing of adopted children having different patterns of post-placement contact with birth families.

The two groups of hypotheses are presented in turn below, with the rationale for each hypothesis preceding the actual presentation of the hypothesis. The rationale underlying individual hypotheses was sometimes grounded in past research findings about closed or open adoption, and sometimes in theoretical considerations.

4.3.1   Comparison of parents' reports of adopted and nonadopted children

Two hypotheses were proposed to determine the relative level of parent reported wellbeing of the adopted children. In these hypotheses, it was proposed that adopted children would be compared as a group (that is, combining children having varying patterns of post-placement contact) with a group of nonadopted children, on parent reported measures of emotional and behavioural adjustment and the quality of the parent-child relationship.

4.3.1.1 Emotional and behavioural functioning

The review presented in Chapter 2 of research into outcomes for children in closed adoption concluded that, as a group, adopted children experience greater maladjustment than nonadopted children, but most adopted children are within the normal range. It is difficult to predict how children in open adoption would compare to nonadopted children as there has been very little research into outcomes for children in open adoption which has used

standardised measures of adjustment, and none to date that has compared open adopted children with nonadopted children. However, this comparison is critical in order to determine the relative level of adjustment of children in open adoption. Based on the findings of closed adoption research, it was predicted that, according to parent reports, adopted children would show higher levels of emotional and behavioural problems than their nonadopted peers.

Hypothesis 1: Adopted children would experience significantly more emotional and behavioural problems than nonadopted children, as reported by the parents of each group.

4.3.1.2 Parent-child relationship

Research presented in Chapter 2 showed that there has been conflicting evidence about the quality of parent-child relationships of children and their adoptive parents. Researchers have often found there to be higher quality parent-child relationships in adoptive families than in nonadoptive families, but other researchers have found patterns of dysfunction that result in poorer outcomes for adopted children. The limited body of research into open adoption has suggested that open adoption may result in better quality parent-child relationships than closed adoption. Therefore, on the balance of evidence, it was hypothesised in the present study that, based on parents' reports, the adopted children would have higher quality parent-child relationships than the nonadopted children.

Hypothesis 2: The parent-child relationship of adopted children and parents would be of a higher quality than that of non-adopted children and parents, as reported by parents of each group.

4.3.2 Comparisons of adoptive parents' reports of children having different patterns of contact with birth families

4.3.2.1 Emotional and behavioural functioning

As presented in Chapter 3, the limited research into outcomes for children in open adoption has suggested that there is little difference between children in open and closed adoption in terms of their psychological adjustment, although there have been some indications

that children in higher levels of openness may experience improved outcomes. Further, it was argued in Chapter 1 that a number of factors that have been theorised to mediate closed adoption outcome should be nonexistent or significantly improved in open adoption, which should result in better outcomes for those children who have contact with their birth family compared to those without contact. Based on these two rationales, it was expected that children who have contact with their birth family would be better adjusted than those without contact, according to adoptive parents' reports.

Hypothesis 3: Adopted children who do not have contact with their birth family would experience more emotional and behavioural problems, as reported by their adoptive parents, than adopted children who do have contact.

4.3.2.2 Parent-child relationship

As outlined above there has been some evidence that families in open adoption may experience better quality parent-child relationships than families in closed adoptions due to improved senses of security and permanence of the relationship, and better communication about adoption and family relationships. Based on this limited evidence, it was hypothesised in the present study that the children who have contact with their birth family would be reported to have higher quality parent-child relationships than those who do not have contact.

Hypothesis 4: The parent-child relationship of parents and adopted children who have contact with the child's birth family would be reported to be of a higher quality than that of adopted children and parents who do not have contact with the birth family.

4.3.2.3 Interactions of gender and contact pattern

It is expected that there would be differences between adopted boys and girls in the association between the pattern of contact with birth families and wellbeing, due to social differences that have been observed between boys and girls in the general population. Feminist theorists including Gilligan (1993) have found that a primary need and interest of girls is "connectedness" and contact with others, while boys tend to be more oriented towards autonomy and independence. Based on these findings, it was expected that, according to parents' reports, adopted girls would be more adversely affected by a lack of contact with their

birth family than adopted boys, and conversely, that girls would benefit more from having contact than would boys.

Hypothesis 5: There would be an interaction between contact and children's gender in their association with parent reported emotional and behavioural problems and quality of the parent-child relationship: girls with contact would be reported to experience fewer emotional and behavioural problems and to have higher quality parent-child relationships than girls without contact, while boys with and without contact would not differ in their level of parent reported problems or quality of relationships.

4.3.2.4 Satisfaction with contact

Chapter 1 presented findings of one study that examined children's satisfaction with openness which found that adolescents with contact were more satisfied than those without contact (Wrobel et al, 2003). Apart from that study, no researchers have examined the association between satisfaction with openness and wellbeing. Based on this very limited evidence, therefore, it was predicted that, according to adoptive parents' reports, children with ongoing, regular contact, would be more satisfied than those without contact, and that children's reported satisfaction with the pattern of contact they have with their birth family would be a significant predictor of wellbeing.

Hypothesis 6: Adopted children who have contact with their birth family would be reported to be more satisfied with the pattern of contact they have than those who do not have contact.

Hypothesis 7: Adopted children who are reported to be more satisfied with the pattern of contact with their birth family would be reported to experience fewer emotional and behavioural problems and to have higher quality parent-child relationships than those who are reported to be less satisfied, regardless of the pattern of contact they actually have.

4.4   Expectations of the qualitative component of the study

As already noted, there has been very little research internationally, and none to date in Australia, into the experiences of families in open adoption, and in particular, the impact of

open adoption on children. It was expected that the grounded theory analysis of the qualitative data would reveal factors associated with adopted children's wellbeing that had not been considered in previous research. More specific expectations were not considered to be appropriate in this exploratory component of the present research.

CHAPTER 5
METHODOLOGY

In the present study, data about adopted children's wellbeing and experience of open adoption was collected from parents of adopted children. Parents participated in an interview and completed inventories about their children's wellbeing. The adoptive sample data were compared with similar data collected from parents of nonadopted children. This chapter presents the methodology of the study, including the characteristics of the parent participants and their children, the instruments that were used for data collection, and the procedure for data collection.

5.1 Participants

In this section, the characteristics of the participants in the research are described. Prior to that, the criteria for inclusion of both the adoptive and nonadoptive samples are explicated.

5.1.1 Criteria for inclusion in the samples

5.1.1.1 Inclusion criteria for the adoptive sample

As the focus of the present study was on the wellbeing of children in open adoption, only domestic adoptions of "healthy babies" were included in the study. That is, all adoptive parents who were to be invited to participate in the research were to have adopted children who had been born in Victoria, and placement occurred before the child was 12 months of age. Further, at the time of placement, the children were deemed "healthy babies", that is, they did not have any known ongoing, serious health concerns or other special needs. The classification of "healthy baby" is given by adoption agencies in Victoria when there are no evident factors that may compromise infants' wellbeing, such as parental mental health problems or substance abuse, or parental or child intellectual disability. The sample was restricted to this group of adoptive parents because research literature indicated that special needs, older child and intercountry adoptees experience different, complex issues that may affect adjustment in different ways.

The adoptive sample was further restricted to adoptive parents who had adopted between the years 1984 and 1992, and therefore had children aged between 8 and 16 years at the time

of data collection. The upper age limit was based on the age of the oldest children adopted under the open adoption legislation in Victoria at the time of data collection (that is, children adopted in 1984). The lower age limit was based on Brodzinsky, Singer and Braff's (1984) finding that it is not until about eight years of age that children begin to understand the concept of adoption. The final inclusion criteria was that families lived within two hours drive from Melbourne, to accommodate the time and budget restrictions of the researcher.

All eligible adoptive parents who had adopted through one Victorian adoption agency, Centacare-Catholic Family Services (Centacare-CFS), were to be randomly sampled until parents of 60 children had agreed to participate. The sample was to include both adoptive parents of each child where possible, but if this was not possible, then adoptive mothers were to be included as their responses were required on one particular inventory (the Parent-Child Relationship Questionnaire: PCRQ).

5.1.1.2 Inclusion criteria for the nonadoptive sample

The nonadoptive sample was to include parents and children who were demographically similar to the adoptive parents and children. That is, the sample of nonadoptive parents were to have children aged between 8 and16 years, and to have a similar socioeconomic profile to the adoptive parent sample. The biological parents were to be in a permanent relationship with each other, and to both be living with the child or children on whom the interview would focus. Potential eligible nonadoptive parents would be identified by adoptive parents and the researcher, and would therefore not be a random sample.

5.1.2 Characteristics of the adoptive sample

In total, parents of 60 adopted children, from 43 families participated in the study. The 60 children included 29 boys and 31 girls. The characteristics of the parents and their children are reported below.

5.1.2.1 Age of children in adoptive families

The adopted children about whom data was collected from parents, were aged 8 to 16 years, with a mean age of 11.10 years (SD = 2.10 years). The mean age for girls was 11.00 years (SD=1.93 years), and for boys 11.21 years (SD= 2.31 years). Three quarters of the adopted children were aged between 8 and 12 years. The skew towards younger children may

have been due to two factors. First, the increased likelihood of families having moved addresses the older their children were, and thus not receiving the invitation letter. Second, the possibility that parents who adopted in the first few years after the introduction of open adoption may not have considered their children's adoptions to be open if they did not have contact with the birth family, and therefore they may have believed they were ineligible to participate in the study. This issue is discussed further in Section 5.3.

5.1.2.2 Family type, family size and sibling position of children in adoptive families

Of the 43 adoptive families, 31 had only adopted children, and data were collected about 48 children (24 boys, 24 girls) from these families (adopted only families). The remainder, had both adopted and nonadopted children, and data were collected about 12 children (7 girls, 5 boys) from these families (mixed families). Of the children from mixed families, seven were the first child in their family, while five were adopted after the birth of a nonadopted child. Of the children from adopted only families, three were the only child, 24 were the first child, three were the middle child, and 18 were the youngest child in their family (usually the second child, sometimes the third or later child).

The majority of adoptive only and mixed families had two children (data were collected about 44 children from two child families). The remainder had either only one child (data collected about three such children) or three children (data collected about 10 such children), or they were larger families who had adopted or fostered several children (data collected about three such children).

5.1.2.3 Age, marital status and socioeconomic status of adoptive parents

The mean age of adoptive mothers was 44 years ($\underline{SD}$=3.52 years), ranging from 33 to 52 years. The mean age for fathers was 45.8 years ($\underline{SD}$=3.59 years), with a range of 37 to 55 years.

Only one of the adoptive parents was divorced. This mother lived alone with her adopted daughter. All other adoptive parents were married to the person with whom they had adopted the child who was the subject of the data collection.

The sample of adoptive parents was overwhelmingly middle class with the majority having tertiary or post-graduate education (60% of mothers and 62% of fathers), working in white collar or professional occupations (58% of mothers and 71% of fathers) and having family incomes above $60,000 (52%). Fifty-five percent of mothers had incomes under $20,000,

reflecting the fact that 25% were not in the workforce, and the majority who did work, worked part-time.

5.1.3   Comparison of adoptive and nonadoptive samples

Eighteen nonadoptive families, with 31 children, were recruited for the study as a comparison group. In this section, data about these nonadoptive parents and children are compared with those for the adoptive parents and children.

5.1.3.1 Comparison of data about children in adoptive and nonadoptive families

Table 1 shows comparisons between adopted and nonadopted children on a number of variables.

Table 1

Characteristics of children in Adoptive and Nonadoptive families

Group	Number and proportion of Girls	Mean Age of Boys	Mean Age of Girls	No. of Children In Family	% First Child in Family
Adopted (N=60)	31 (51.7%)	11.21	11.00	5% one 73% two 22% 3 or >	52%
Nonadopted (N=31)	14 (45.2%)	11.12	10.71	0% one 35% two 65% 3 or >	45%

Amongst the interviews with nonadoptive parents, girls were slightly under represented compared to the adoptive group: 45.2% nonadopted girls, compared to 51.7% nonadopted boys. On average, the nonadopted group was a few months younger than the adopted group, with the mean age for nonadopted girls being 10.71 years (SD=years), and for boys 11.12 years (SD= years). Nonadoptive families also tended to be larger than adoptive families, with 65% of nonadopted families having three or more children, and none with an only child. Amongst the nonadoptive family interviews, a smaller proportion were about the first child in the family than was the case amongst the adoptive family interviews (45% compared to 52% of adopted children).

5.1.3.2 Comparison of adoptive and nonadoptive parents

Table 2 shows comparisons between adoptive and nonadoptive parents on a number of variables.

Table 2

Characteristics of Adoptive and Nonadoptive Parents

Characteristic	Adoptive Parents	Nonadoptive Parents
Mean Age Mothers (in years)	44.00	42.55
Mean Age Fathers (in years)	45.77	44.39
Mothers Tertiary Educated	60%	58%
Fathers Tertiary Educated	62%	39%
Mothers in Workforce	75%	84%
Fathers in Workforce	95%	100%
Mothers in White Collar or Professional Occupations	58%	68%
Fathers in White Collar or Professional Occupations	71%	58%
Family Income > $60,000	52%	81%
Married	98%	100%

Nonadoptive parents tended to be about a year younger on average than the adoptive parents and all nonadoptive families were intact. Nonadoptive mothers had a similar rate of tertiary education as adoptive mothers, but they had a somewhat higher workforce participation rate (84% compared to 75%). Adoptive and nonadoptive mothers had similar rates of employment in professional and white-collar occupations when adoptive mothers' lower overall workforce participation rate was taken into account. Nonadoptive fathers, on the other hand, tended to be less likely than adoptive fathers to be tertiary educated and to work in white collar or professional occupations. A substantially higher proportion of nonadoptive families had incomes over $60000 compared to adoptive families (81% compared to 52%), partially reflecting the higher workforce participation rate of nonadoptive mothers. All but one adoptive parent were married, while all of the nonadoptive parents were married.

5.2 Data collection instruments

Information about characteristics of families, the background of children's adoptions, patterns of contact with birth families, and children's experience of contact was collected via interviews with parents. Structured questionnaires completed by parents also provided data about children's emotional and behavioural wellbeing, and quality of parent-child relationships. In this section, the instruments used to collect these data are described.

5.2.1 Adoption information

Information about the child's adoption was gained via a semi-structured interview with the adoptive parents (see Appendix 1). The interview comprised the following areas: the age of the child at placement; where the child was before placement (eg. in foster care); birth family health concerns; initial agreements regarding contact with the birth family; changes to contact arrangements from the initial agreement; initial information, letters and gifts given to the child or parents at placement; and contact with the birth family after placement.

If families had contact with the birth family after placement they were also asked to rate the quality of the contact from their own perspective and from their view of the child's perspective, in terms of two percentage scores, with 100% being 'perfect' and 0% being 'nothing good at all'. An open question was included at the end of this section of the interview which asked, "How has contact (or lack of contact) with the birth family been for you and your child". This question was designed to elicit more qualitative comments about the experience of contact (or lack of it) and its psychological impact.

5.2.2 General family information

Information was collected about the family and the child who was the focus of the interview, via a brief structured interview. This comprised information about the age and adoptive status of each family member; negative life events that might have affected the child's wellbeing; medications taken regularly by the child, and health or wellbeing concerns of each family member, including physical and mental health concerns.

Parents were also asked to make written responses to further questions about their relationship and socio-economic profile. This included information about the length of the parents' relationship (de-facto or married) when the child arrived; a rating of their marriage quality (on a five point likert scale where 1= 'very unhappy', 2= 'unhappy', 3= 'neither happy nor

unhappy', 4= 'happy', and 5= 'very happy'); and their education, participation in the workforce, occupation, and income bracket (ranging from 1= 'less than $20,000' to 4= '$60,000 plus'). The structured interview schedule and parent questionnaire are attached as Appendix 2. Appendix 3 shows the coding system used for each of the demographic and descriptive variables.

5.2.3 Emotional and behavioural adjustment: The Achenbach Child Behaviour Checklist

The Achenbach Child Behaviour Checklist: Parent Report Form (CBCL: Achenbach & Edelbrock, 1991) was used to assess children's psychological wellbeing or adjustment. The CBCL is a questionnaire completed by parents that assesses children's emotional and behavioural competencies and problems.

The CBCL has been widely used in studies of children's psychological adjustment and, in particular, it has been used in many previous studies of adoption and adjustment (for example, Barth & Berry, 1988; Brodzinski, Schechter, Braff & Singer 1984; Brodzinski, Radice, Huffman & Merkler, 1987; Lipman, Offord, Racine & Boyle, 1992; Verhulst, Althaus & Bieman, 1995).

The CBCL comprises two parts. The first part asks about the child's interests and activities, their relationships with peers and siblings, and their performance at school. Parents' ratings on this section are used to produce a "Total Competence" score which gives a measure of the child's competencies in the arenas of leisure activities, social relationships, and schooling. The second part requires parents to complete a 113 item checklist of various emotional and behavioural problems children might exhibit such as "disobedient at home" or "trouble sleeping". Parents rate the extent to which their child has exhibited the problem in the last six months, on a three point scale where 0 = "not true or never", 1 = "somewhat or sometimes true" and 2 = "very true or often true". Item scores are summed to produce a "Total Problem" score.

Two sub-scales, detected by principal factor analysis (Achenbach & Edelbrock, 1991), are also calculated from the problem scale items producing an "Externalising" score, measuring undercontrolled, or antisocial behaviour; and an "Internalising" score measuring overcontrolled or inhibited behaviour. Both the competence and problem scales provide raw scores and T-scores, with separate T-scores for boys and girls. T-scores are used in the present data analysis, as recommended by Achenbach and Edelbrock, as analyses will span sex and age groups. T-scores represent the deviation of the raw score from the mean of the relevant normative group, and allow meaningful comparisons to be made across age and sex groups.

Achenbach and Edelbrock (1991) reported test-retest reliability over 7-day and 1-year periods. Average correlations for the problem scales over these periods were r=.89 and r=.75 respectively, and for the competence scales r=.87 and r=.62 respectively. Good internal consistency was also reported with Cronbach's alphas for the problem scales ranging from .89 to .96, and for the competence scale from .57 to .64. Achenbach and Edelbrock also provided evidence of the scale's sound validity. Clinical norms are available for comparison.

5.2.4   Parent-child relationship: The Parent-Child Relationship Questionnaire

Initially it was intended that a standardised measure of attachment between parents and children would be used, but a literature search did not reveal any measures that were appropriate for the age range of children included in the present study that could be completed by parents rather than children. Therefore, a measure of the parent-child relationship was developed for this study that adapted a number of existing measures (see in particular, Parker, Tupling & Brown, 1979, and Armsden & Greenberg, 1987).

The Parent-Child Relationship Questionnaire (PCRQ: Ball, Dean & Rice, 1998) is a two-part questionnaire completed by one parent (see Appendix 4). Mothers were chosen as the respondents for the sake of consistency, as fathers were not always present at the interview. In the first part, mothers are asked to rate themselves or their child on seven criteria, that is: 'accepting', 'critical', 'understanding', 'caring', 'warm', 'respecting' and 'close'. Two ratings are made, one for how the mother feels she acts towards her child, and the other for how she feels the child acts towards her. Ratings are made on a six point likert scale where 0 = 'not at all' and 5 = 'to a great extent'.

The second part asked mothers the extent to which they agreed with nine statements about their child and their relationship with him or her. Statements aimed to measure the mothers' understanding of and closeness to the child, their encouragement of the child's autonomy, and the child's peer attachments. Examples of statements included 'I can usually sense when my child is troubled by something', 'I allow my child a lot of freedom to do the things he/she wants to do' and 'my child easily makes new friends'.

Face validity for this scale was strong, but as it was a new scale developed especially for the present research, no other tests of validity were available. Scoring for this scale was determined after performing factor analysis and measures of internal consistency, or reliability, as part of the preliminary analyses. The results of these analyses are reported in Section 7.1.1.

5.2.5 Child's satisfaction with contact rating

Adoptive parents' reports of children's satisfaction with the pattern of contact they had with their birth families were rated by the researcher, based on the transcripts of interviews with adoptive parents. Ratings were made on a five point scale, where 0=very dissatisfied, 1=somewhat dissatisfied, 2=neither satisfied nor dissatisfied or neutral, 3=somewhat satisfied, and 4=very satisfied. Ratings were validated by a second researcher, who rated 10% of cases chosen randomly. There was 100% correspondence between the two sets of ratings. Satisfaction was rated on the basis of parents' comments about the child's response to their pattern of contact or noncontact, including reports of comments children had made about the situation, as well as their emotional response. One case was excluded from any further analysis of satisfaction as it was rated as showing both satisfaction and dissatisfaction, which was considered to be qualitatively different from feeling neither satisfied nor dissatisfied or neutral.

Given that satisfaction ratings took the child's response to the pattern of contact into account, it was expected that satisfaction ratings would correlate with the CBCL problem scales, that is, there would be a negative correlation between satisfaction ratings and CBCL problem scores because both took into account children's emotional reactions. In order to show the basis on which satisfaction rating decisions were made, Table 3 on the following page, gives examples of comments made by parents of children rated in the different levels of satisfaction.

5.3   Procedure

In this section the procedure that was undertaken in the present study is described, including the procedure for the recruitment of the adoptive and nonadoptive samples, and the procedure followed for interviews with adoptive and nonadoptive parents.

5.3.1   Procedure for recruitment of participants

5.3.1.1 Adoptive sample

The sample of adoptive families was recruited through one of the major adoption agencies in Victoria: Centacare Catholic Family Services (Centacare-CFS). Approval for the study was

gained from Centacare-CFS adoption service, as well as the Victorian Association of Adoption and Permanent Care Agencies (VAAPCA).

Table 3

Examples of Comments Made by Parents About Their Child's Satisfaction with Contact.

Satisfaction Level	Parent's Comments
Very Dissatisfied N=3	• "she cries at night, 'I want to see (the birth mother)". "she'd want more contact" (parents of child with limited contact) • "she basically hasn't felt wanted", she is "annoyed and hurt" that birth parents have not contacted her (parents of child with no contact) • "she really wants to know who she is…and I think that has worried her" (parents of child with no contact)
Dissatisfied N=10	• Non-contact "does concern him…at times….He gets concerned that there aren't any letters, 'Doesn't she care?'" (parents of child with no contact) • "I think (child) is very disappointed that she can't have contact ….For some time (she) went through some disappointment but now she says not having contact doesn't bother her" (parents of child with no contact)
Neither/Neutral N=14	• "He doesn't show that it worries him….but you wouldn't know" (Parents of child with no contact) • "he's not aware that that's something that should be considered" (i.e. contact) (parents of child with no contact) • "she used to say she was interested in meeting the birth mother but now says she doesn't want to" (parents of child with no contact)
Satisfied N=16	• "she loves the meetings" with her birth mother but "she would like to have contact with her birth father" (parents of child with ongoing contact) • "He's very well informed, he knows what he can do, and he knows that we would support him (to contact his birth mother)….So I honestly don't think at this stage he has felt that need" (parents of child with no contact)
Very Satisfied N=16	• "She chooses how much contact. If she wants to see her, she'll ring her and she'll come" (parents of child with ongoing contact) • "He's really happy and it's really easy going….It's enough for him. I think he feels confident that she's there for him. He doesn't need any more at this point from her." (Parents of child with ongoing contact) • "He knows what he needs to know and at this stage there's no more that he needs to know….It doesn't seem to be of any concern" (parent's of child with no contact)

Participants were recruited by Centacare-CFS sending letters provided by the researcher to all eligible adoptive parents. Adoptive parents returned a form to the researcher, using a pre-paid envelope, to indicate whether they wished to participate or not. A copy of the letter and return form sent to adoptive parents is included as Appendix 5. To facilitate random sampling, letters were initially sent only to every second eligible family on the books of the agency. However, as this did not yield sufficient numbers of adoptive parents agreeing to participate, letters were eventually sent to every family.

Given that adoptive parents chose whether to participate or not, this method of recruitment resulted in the adoptive sample being self-selected, and, therefore, perhaps being biased towards families who were not experiencing significant adjustment problems. However, there did not appear to be an alternative way of recruiting adoptive families. This is a design problem faced by all cross-sectional research (and some longitudinal research) in this area. It could equally be argued that families who were experiencing significant adjustment problems may also have been likely to participate because they wanted to talk about their difficulties or hoped to gain some understanding of them.

5.3.1.2 Nonadoptive sample

Nonadopted families were recruited by referrals from adoptive families' networks and from the researcher's own networks. Families were contacted initially by letter (see Appendix 6), via the referring person (usually an adoptive family). Nonadoptive parents replied in the same way as adoptive parents if they wished to participate in the study.

5.3.1.3 Letters inviting parents to participate in the research.

Letters inviting adoptive families to participate in the research were sent in four rounds beginning in May 1998 and ending in June 2000. Parents of 23 children were interviewed from the first round in which 40 letters were sent, while the second round in which 20 letters were sent, produced interviews about 9 children. Each of the final two rounds of 40 letters yielded interviews about 14 children. In total, parents of 60 children from 43 families responded and were interviewed. All but one family who sent a reply to the invitation letter were subsequently interviewed. The family who withdrew did so due to unexpected family difficulties.

The wording of the invitation letter was changed after the first round of interviews to make it more clear that families of children who did not have any post-placement contact with the birth family were to be included. This change was made following feedback from the adoption agency and participants that some families may have excluded themselves from the study because the original letter talked about "open adoption". Feedback suggested that if families did not have any contact with the birth family, they may not have considered themselves to be in open adoption.

After the third round of letters to adoptive parents, it was apparent that more parents of boys than parents of girls had responded to the invitation to participate in the research. In

particular, there were a disproportionate number of parents of boys with no contact with their birth family, and parents of girls who did have contact, in the sample at that point. The final round of letters, therefore, included an extra paragraph especially encouraging parents of girls who had no contact, and parents of boys who did have contact, to participate. This resulted in an increase in the number of interviews about children in these categories in the final sample.

5.3.2 Interview procedure for adoptive families

Interviews of parents of adopted children were conducted over two years from June 1998. The researcher made telephone contact with the parents to arrange interview times. Interviews were held in the family's home or at another mutually convenient location. Interviews were conducted with the adoptive mother, and fathers could also choose to participate. Children were not present during the interview. Written consent to the interview was gained from the parent or parents being interviewed before the interview commenced. At the same time, written consent was gained for the audio-taping of the section of the interview relating to the child's adoption. One interview, concerning two children, was conducted by telephone and questionnaires were mailed due to time and travelling constraints. This interview was not audio-taped but the researcher took notes during and after the interview which were used in the data analysis.

Interviews with adoptive parents took approximately 60 to 90 minutes if only one child from the family was the subject, and an additional 30 to 45 minutes for each subsequent child subject. During the interview, parents were asked to focus on the child included in the research. If more than one child in the family was to be included, parents completed the entire interview schedule and questionnaires for the oldest child before going on to complete them for each subsequent child.

At the end of the interview parents were given the opportunity to discuss any concerns that may have arisen during the interview and to say anything they felt they had not had an opportunity to say during the interview. Following this, parents were thanked for their participation and offered a brief report of the findings of the study to be sent to them when it was completed.

5.3.3   Nonadoptive sample procedure

Interviews of nonadoptive parents were arranged and conducted in the same way as for the adoptive families, but the section on the child's adoption was omitted. Nonadoptive parent interviews took approximately 20-30 minutes for each child about whom data was collected.

5.4   Planned data analysis

In the present study, both quantitative and qualitative analyses of data were planned to answer the research questions that were presented in Section 4.2.1. The data analysis was planned in four stages. These were:

1. Descriptive analysis of data regarding patterns of contact with birth families;
2. Development of a model of classifying openness or patterns of contact;
3. Hypothesis testing; and,
4. Qualitative analysis.

A brief overview of these stages is given below,

5.4.1   Stage 1: Descriptive analysis of patterns of contact with birth families

Information from interviews with adoptive parents about contact with birth families would be analysed to provide statistical descriptions of patterns of contact that were occurring. Descriptive statistics, including total numbers and proportions of cases, would be obtained about the nature of contact. This would cover such factors as frequency and regularity of contact, mode of contact, birth family members involved in contact, changes in the nature of contact over time, and quality of contact. The data analysis for this stage is described in Chapter 6.

5.4.2   Stage 2: Development of a model of classifying openness or patterns of contact

Based on the patterns of contact found in Stage 1 of the data analysis, a model of classifying contact patterns would be developed that would be used as a grouping variable in the hypothesis tests to be undertaken in Stage 3. In particular, the contact grouping variable would be required in the hypotheses concerning differences in the relative wellbeing of children

having different pattern of contact with birth families. The analysis for this stage is described in Chapter 6.

This step was to be undertaken as it could not be assumed that the model of classifying contact that has been used in previous research in the United States, that is, the mediated/fully-disclosed model of the MTARP (Grotevant, 2001), fitted the situation in Victoria, Australia. The model, also, could not be developed until after data collection and descriptive analysis had taken place, because until then the patterns of contact occurring in Victoria would not be known.

5.4.3   Stage 3: Hypothesis testing

Data from the questionnaires (the CBCL and the PCRQ), the interview about family details, and the interview about the adoption and contact with birth families would be used in the hypothesis testing. These data would be entered into a database and inferential statistical analyses would be performed using the Statistical Packages for the Social Sciences version 10.0 (SPSS). There would be two parts to this stage of the data analysis. First, various preliminary analyses would be conducted about the variables to be used in the hypothesis tests. The second part would be divided into two steps, the first involving comparisons of reports of the wellbeing of adopted and nonadopted children, and the second involving comparisons of reports of the wellbeing of children having different patterns of contact with birth families. The data analysis for this stage is described in Chapter 7.

5.4.4   Stage 4: Qualitative analysis

The material from the audio-taped interviews with parents about the child's adoption and contact with birth families would be used to conduct a qualitative, grounded theory analysis of parent reports of children's experience of open adoption. This analysis would be aimed at exploring the very general expectations that are outlined in Section 4.4 above.

CHAPTER 6

FINDINGS: CIRCUMSTANCES OF ADOPTION AND PATTERNS OF CONTACT WITH BIRTH FAMILIES

This chapter describes the patterns of contact of adopted children with their birth families that were reported by the parents of 60 adopted children, including mode, frequency and consistency of contact. Prior to this, a brief description is given of children's backgrounds relevant to their adoptions, as recounted by the adoptive parents. The chapter concludes with a discussion about appropriate models of classifying contact arrangements, and presentation of the classification model finally arrived at for this study.

6.1   Circumstances of adoption

All adoptive parents in this study adopted Australian born children, who were classified as "healthy infants" at the time of adoption, as defined in Section 5.1.1.1. All adoptions were made via Centacare – Catholic Family Services in the State of Victoria, between the years 1984 and 1992.

6.1.1   Age of adoption

The mean age at which the children were placed with their adoptive parents was 11 weeks, but there was a substantial range from 6 to 32 weeks. The longer times were primarily due to some children having a medical condition that required treatment before placement.

6.1.2   Care prior to placement

Parents reported that most babies (49 children) had been placed in foster care for the whole time between their discharge from the maternity hospital and their placement with the adoptive family. Eleven children had been in a combination of foster care and other care – primarily either spending a significant amount of time with their birth mother, or being in hospital having medical treatment.

6.1.3 Health concerns in birth families

Many adoptive parents were aware of health concerns in their child's birth family, but parents of only eight children noted significant health concerns in the birth family including mental health problems and serious medical conditions that may have affected the child.

6.2 Patterns of contact with birth families

Adoptive parents generally spoke highly of the supportiveness of the adoption agency in facilitating some form of contact in their open adoption situation, even when that contact did not eventuate. The Centacare-CFS agency policy of promoting the conditions of open adoption is outlined in Section 1.3. Below are described the patterns of contact between adopted children and their birth families that were reported by the adoptive parents. These are described in terms of pre-placement contact, items received at time of placement, expected contact and changes from expectations, actual contact post-placement, birth family members involved in contact, mode and frequency of contact, changes in frequency of contact, and adoptive parents' ratings of the quality of contact.

6.2.1 Pre-placement contact and written reports to birth parents

Under the Victorian open adoption legislation all adoptions can be open, and it is up to the parties to the adoption to agree on the degree of openness to be practised in each particular adoption. The minimum degree is the exchange of non-identifying, written information between the birth parents and the prospective adoptive parents, via the adoption agency, prior to placement. According to Allen and Kane (1997), some birth parents choose to have a role in selecting the adoptive family from a shortlist of profiles, while some also choose to meet the adoptive parents before or at placement. Birth parents may also elect to have regular written reports sent to them, via the agency, about the child's progress.

As the focus of the present study was on the parents' view of the child's experience of open adoption, information about this pre-placement contact or information exchange was not systematically collected. However, it is important to note that all adoptive families included in the study had at least the minimum degree of openness, that is, exchange of non-identifying information at the time of placement. The families that had this minimal level of openness would be classed as practising 'mediated open adoption" as described in Section 1.2. A

number of adoptive parents mentioned that they had met the birth mother before or at placement, but some did not have any further contact after this. Most adoptive parents also reported that they were expected to send regular written reports about the child to the birth family, via the adoption agency. In this sense, all adoptions were open, but there were varying degrees of openness amongst the sample. The focus of descriptions of openness in following sections will be on contact <u>after</u> placement, and on two way contact between birth and adoptive families. A table summarising the situation of each child with regard to contact and information received from the birth family, as reported by their adoptive parents, is attached as Appendix 7.

6.2.2   Information, gifts and letters received at time of placement

Adoptive parents were asked about the sort of information they received about the child and his or her background, when they adopted the child, and also whether the birth family had given the child a letter or gift at the time of placement. The results are shown in Table 4.

Table 4

Number of Children Receiving Reports, Gifts and Letters at Placement.

Report Type		Total No. of children	Gifts or Letters from Birth Families at Placement		
			Gift	Letter	Gift & Letter
Basic	Girls (n=31)	19	2	3	3
	Boys (n=29)	16	3	4	1
Personal	Girls (n=31)	12	2	6	-
	Boys (n=29)	13	1	7	2
Total		**60**	**8**	**20**	**6**

Parents of over half the children (35 children) received a report from the adoption agency that contained only basic information, and seemed to have minimal personal input from the birth family. The others (25 children) received more personal reports in which it was apparent the birth family had made substantial input. For example, they contained detail about the birth mother's situation and why she chose to relinquish the child, and often a personal message of best wishes to the child.

Thirty-four of the 60 adopted children were also given a gift or letter by the birth family (almost always a birth mother) when they were placed with the adoptive family. Twenty-six children were not given either a gift or a letter. Gifts were given to 14 children, including six who also received a letter. Letters, which usually gave the birth mother's reason for relinquishing the child and her hopes for the child's future, as well as describing her feelings for the child, were given to 26 children. There were no major differences between boys and girls in their rate of receipt of gifts and letters.

Nineteen children received only a basic agency report and no gift or letter. Ten of these children subsequently had contact with the birth family, but nine children, or 15%, had no information or contact from their birth family after placement other than the basic profile about their birth family.

6.2.3   Expectations about contact mode and frequency, and changes over time

In the Victorian open adoption system, provision is made for contact arrangements to be agreed between the parties before children are placed with adoptive families: that is, the mode and frequency of contact, and which birth family members to be involved in contact. In the present research, anecdotal reports from parents who adopted a child in the first few years after open adoption was introduced suggested that there was often a lack of clarity about contact arrangements at that stage. Future contact arrangements were often negotiated in a vague way and possibly not written into the agreement. As the agency became more experienced with open adoption, it seemed that these processes were tightened and agreements were more likely to clearly stipulate the level of contact expected.

Adoptive parents who were expected to send written reports about the child to the birth family reported that they did so for some time after the adoption, but most stopped either when they were having direct contact with the birth family or when they discovered, after several years, that reports had never been collected by the birth family. The information about contact with birth families reported below includes only situations where there was two way contact between the adoptive and birth families after placement. It does not include situations where only the adoptive family communicated with the birth family through a written report.

Table 5 shows the type of contact adoptive families expected from or with the birth family at the start of the adoption, based on the arrangements agreed with the birth family, and whether those expectations had changed over time.

Table 5

Adoptive Parent Expectations at the Start of Placement About Type of Future Contact with the Birth Family and Changes in Actual Contact.

Expectation at start re: future contact		Total No. children	Number of children reported to have experienced change in actual contact from expectations		
			No Change	More Contact	Less Contact
No contact	Girls	8	7	1	-
	Boys	12	12	-	-
Not specified	Girls	3	-	2	1
	Boys	4	1	-	3
Letters only	Girls	3	-	2	1
	Boys	2	-	1	1
Letters, maybe visits	Girls	1	-	1	-
	Boys	1	-	-	1
Maybe visits	Girls	4	-	3	1
	Boys	2	-	-	2
Visits – timing specified	Girls	10	2	1	7
	Boys	6	1	-	5
Visits – timing unspecified	Girls	2	-	1	1
	Boys	2	2	-	-
Total		**60**	**25**	**12**	**23**

It can be seen that adoptive parents of one third of the children (20 children) expected no contact with the birth family. Only one of these children subsequently had contact. For another seven children, contact arrangements were not specified at the beginning, but two of these children later went on to have contact. For a further six children, arrangements had been left open with the expectation that there may be meetings in future, however these only occurred for three of the children. Parents of five children expected only contact by letter from the birth family, but for two of them this contact never eventuated. Parents of 20 children expected meetings with the birth family, the frequency of which was either specified or unspecified, but nearly two thirds of these children did not end up having as much of this contact as expected.

Differences reported between boys and girls with regard to agreements about future contact are of interest. At the time of placement, parents of girls were more likely to expect some contact, and particularly in-person contact, than were parents of boys. Furthermore, girls were more likely than boys to receive more contact than had originally been expected. Only one boy had more contact than expected, compared to 11 girls, while a similar number of boys and girls received less contact than expected.

6.2.4 Numbers having contact with birth families

Table 6 shows that 23 children (9 girls and 14 boys) were reported to have never had any contact at all from the birth family after placement, whereas 22 girls and 15 boys had received some post-placement contact. Note that some adoptive families met the birth family prior to placement, but then had no further contact. This would be categorised as "no contact". Contact ranged from one letter, once, from the birth mother, to regular visits from the extended birth family throughout the child's life (See Section 6.2.7 below for detail on frequency of contact).

Table 6

Number of Children Reported to Have had any Contact with the Birth Family After Placement.

	Girls (N=31)	Boys (N=29)	Total (N=60)
No contact	9 (29%)	14 (48%)	23 (38%)
Some contact	22 (71%)	15 (52%)	37 (62%)

Note: Percentages represent the distribution of girls or boys across the two contact categories.

6.2.5 Birth family members involved in contact

Table 7 on the following page shows that while adoptive parents reported that the primary contact for both boys and girls was most likely to be the birth mother, children who had any post-placement contact at all were likely to also have contact with other birth family members, usually grandparents, but sometimes also aunts, uncles, cousins and siblings.

Of the 37 children who were reported to have had any post-placement contact with the birth family, 12 children had contact solely with the birth mother and one further girl had contact with the birth mother and father only. The remaining 24 children were reported to have had contact with the extended birth family. For two boys this was reported to be their primary contact. In one case, a boy apparently had substantial contact with his grandparents but very limited contact with his birth parents. In another case a girl's adoptive parents reported that the birth mother had died after having significant contact by letter, but the birth mother's twin sister had maintained regular contact. Two boys in separate families had never had any contact with their birth families, but their adoptive parents kept in contact with the adoptive parents of their biological siblings.

Only eight children were reported to have had significant contact with the birth father, while another two had limited contact. The rest apparently had no post-placement contact at all with the birth father and in most cases they knew nothing, or little about him. In only one case was the main contact reported to be with the birth father rather than the birth mother.

Table 7

Primary and Secondary Birth Family Members with Whom Children Were Reported to Have had Contact at Some Stage After Placement.

Main Birth Family Member Involved in Contact		No. of Children	Other birth family members with whom children had contact					
			None	Mother	Father	Extended family	Other parent & extended family	Siblings only
None	Girls	9	9	-	-	-	-	-
	Boys	14	12	-	-	-	-	2
Mother	Girls	19	6	-	2	11	-	-
	Boys	9	6	-	1	2	-	-
Father	Girls	0	-	-	-	-	-	-
	Boys	1	-	-	-	-	1	-
Mother & father	Girls	1	1	-	-	-	-	-
	Boys	1	-	-	-	1	-	-
Parent/s & extended family	Girls	2	1	-	-	-	1	-
	Boys	2	2	-	-	-	-	-
Extended family	Girls	0	-	-	-	-	-	-
	Boys	2	-	2	-	-	-	-

6.2.6   Mode and frequency of contact

Of the 37 children who had any post-placement contact with their birth family, all but one were reported to have been visited at least once by a member of the birth family at some time after their adoption. The exception was a boy who had received one letter and no other contact.

Table 8, on the following page, shows that of the 36 children who had received post-placement visits from their birth family, 19 children were reported to have had at least one visit per year in most years, and the majority of these (14 children) had more than one visit per year (frequency of ongoing, in-person contact ranged from less than once a year, to eight times a year). Two children were reported to have received visits less frequently, or more irregularly, but the adoptive parents expected visits to continue into the future. Ten children were reported to have received visits only once or twice in their life, while another four had been visited between three and five times, but the visits had now stopped.

Table 8 also shows that more than half the children (36 children) were reported to have never received any written contact from their birth family since placement. The majority of

84

children who were reported to have received written contact (including letters, greeting cards and emails), received it at least once a year (15 children), usually in the form of a birthday and/or Christmas card, although a few children whose birth parent/s lived interstate apparently received more detailed letters or emails from their birth families. Nine children were reported to have received written contact only a few times in their life following placement. Most children who did receive written contact were also reported to have been having regular visits from their birth families. Adoptive parents' reports indicated that written contact was often from extended family members, primarily grandparents, who had less frequent in-person contact with the child than the birth parents did.

Table 8

Frequency of Post-Placement Visits, Written Contact and Telephone Calls Between Children and Their Birth Families.

Frequency		Visits	Written*	Phone
Never	Girls	9	17	23
		29%	55%	74%
	Boys	16	19	24
		55%	66%	83%
1-2 times ever	Girls	4	1	0
		13%	3%	
	Boys	6	1	1
		21%	3%	3%
3-5 times ever	Girls	3	1	0
		10%	3%	
	Boys	1	0	0
		3%		
Less than once a year	Girls	1	3	0
		3%	10%	
	Boys	1	3	1
		3%	10%	3%
Once per year	Girls	4	1	0
		13%	3%	
	Boys	1	1	0
		3%	3%	
Two or more times per year	Girls	10	8	8
		32%	26%	26%
	Boys	4	5	3
		14%	17%	10%
Total		**60**	**60**	**60**
		100%	**100%**	**100%**

* "Written" includes letters, cards and emails.

Table 8 also shows that adoptive parents' reported that most children did not receive telephone calls from their birth family (47 children), but those who did tended to have several calls per year. Usually, parents reported that these children were having significant in-person contact with the birth family as well, and telephone calls were made between visits. Note that calls made simply to arrange visits were not included in these figures.

6.2.7 Major changes in frequency of contact

Table 9 shows the number of children who were reported to have experienced major changes in the frequency of visits, written contact and telephone calls with birth family members. Seven children were reported to be having less frequent visits at the time of the interview than they had in the past, while eight were reported to be having more frequent visits now. For 13 children, adoptive parents reported that visits had stopped completely, usually after only a few visits early in the child's life following placement. (Note that "no change" in this Table includes children who were reported to have never had any visits).

Table 9

Number of Children Reported to Have Experienced Major Changes in Frequency of Contact.

Change in Frequency		Visits	Written	Telephone
No change including no contact ever	Girls	14 45%	23 74%	27 87%
	Boys	18 62%	24 83%	27 93%
Less frequent now	Girls	5 16%	5 16%	0
	Boys	2 7%	1 3%	1 3%
More frequent now	Girls	6 19%	3 10%	4 13%
	Boys	2 7%	1 3%	0
Stopped	Girls	6 19%	0	0
	Boys	7 24%	3 10%	1 3%

Note: Percentages represent proportion of boys or girls for that mode of contact.

For most children there had been no significant change in the frequency with which they were reported to have received written contact (47 children, including those who had never

86

received written contact post-placement). Parents of six children reported they had less frequent written contact now than they had in the past, while four children received it more frequently now (mainly due to birth parents moving interstate and having less frequent visits). Written contact was reported to have stopped completely for three boys (these boys had apparently received only one letter ever). Most children were reported to have also experienced no change in the frequency with which they received telephone calls, although four girls apparently had more frequent calls now than previously (in some cases adoptive parents reported that this was because birth parents had moved interstate and now mostly kept in contact by telephone, and in other cases because the birth parent/s and the child were very close and made frequent telephone calls to each other now that the child was older).

6.2.8   Contact status at time of data collection

Table 10 shows the reported status of children's contact with birth families at the time of data collection. Of the 37 children who were reported to have ever had any post-placement contact, 19 (14 girls and 5 boys) were reported to have either experienced no change in the amount of contact they were having, or contact had increased. According to adoptive parents, nine children now had contact only by letter or telephone, even though eight of these children had at some stage received in-person contact. Parents of another nine children (three girls and six boys) reported that contact had stopped completely.

Table 10

Reported Contact Status at Time of Data Collection.

Reported Status of Contact	No. of Girls	No. of Boys	Total No.
No contact ever following placement	9	14	23
	29%	48%	38%
No change or increase	14	5	19
	45%	17%	32%
Written or telephone only now	5	4	9
	16%	14%	15%
Stopped completely	3	6	9
	10%	21%	15%
Total	**31**	**29**	**60**
	100%	**100%**	**100%**

The differences reported between boys and girls in the outcome of their contact is of interest. Based on adoptive parents' reports, boys were less likely than girls to have ever had post-placement contact with their birth family (48% of boys never had contact, compared to

29% of girls), and where children had received some post-placement contact, it was more likely to stop for boys than it was for girls (contact stopped for 40% of these boys, compared to 14% of the girls who had any contact). Parents' reports indicated that boys with contact were far less likely than girls to experience no change or an increase in the level of contact they had with their birth family (38% of boys with contact, compared to 64% of girls). In other words, only 17% of all boys were reported to have in-person contact that was ongoing, compared to 45% of all girls.

6.2.9   Quality of contact ratings

Adoptive parents whose children had contact with the birth family after placement were asked to rate the quality of the contact, in terms of a percentage, both from their own perspective and from their view of the child's perspective. From both perspectives, parents were overwhelmingly positive about contact with the birth family, rating it an average 78% for themselves and 77% for their children. However, there were a wide range of scores from 2% to 100%.

Table 11

Mean Quality of Contact Ratings Given by Adoptive Parents for Children in the "Limited-Contact" and "Ongoing-Contact" Groups*, Rated from the Perspective of the Child and the Parent.

Contact Group*	Perspective As given by adoptive parents	Mean Rating	SD	Range
Limited-contact N=12	Parents' Child's	61.09% 55.45%	30.90 25.83	2 - 95% 10 - 90%
Ongoing-contact N=19	Parents' Child's	87.79% 90.42%	11.06 9.49	60 - 100% 70 - 100%

* Descriptions of these contact groups are presented in Section 6.3.2, below.

Using the model of classifying contact that will be presented in Section 6.3.2, below, Table 11, shows that the lower quality of contact ratings tended to be given by parents whose children had limited contact with their birth family, as opposed to parents of children with more stable and regular contact arrangements in the "ongoing-contact" group. During the interview, parents generally indicated that the low ratings were given because of the infrequency or

irregularity of contact rather than any problems with the quality of contact when it actually occurred.

6.2.10   Satisfaction with contact

The method used to rate children's satisfaction with their pattern of contact with the birth family was described in Section 5.2.5. There was no significant difference in mean satisfaction ratings of boys ($\underline{M}$=2.59) and girls ($\underline{M}$=2.48), (t=0.11, df=1, p>.05). Over 50% of both boys and girls were rated as being either "satisfied" or "very satisfied", based on comments made by their adoptive parents. No boys were rated as being "very dissatisfied" while three girls were rated in this category. There was no association between children's age and their level of satisfaction rating (r=.07, p>.05).

There was a strong, positive relationship between parents' view of children's satisfaction and parents' ratings of the quality of contact from the perspective of the child (r=.69, p<.01), but not from the perspective of the parent (r=.06, p>.05). This was likely to be due to the fact that parents tended to give lower child perspective ratings of quality when they felt their child wanted more contact.

Using the model of classifying patterns of contact that will be described below, satisfaction ratings tended to be in the mid-range for those children who had no contact with their birth family (83% of these children were rated as being either "satisfied", "dissatisfied" or "neither/neutral"). For children with "limited" contact, satisfaction ratings tended to be skewed towards the lower end of the rating scale (83% were rated as being either "very dissatisfied", "dissatisfied" or "neither/neutral"). In contrast, no children with "ongoing" contact were rated as being either "dissatisfied" or "very dissatisfied" (95% were rated as being either "satisfied" or "very satisfied"). Adoptive parents' reports indicated that any dissatisfaction in the "ongoing-contact" group was generally associated with wanting contact with another birth family member in addition to the ones with whom they currently had contact (for example, they wanted contact with the birth father).

6.2.11   Summary description of contact with birth families

The following is a summary description of the contact children were reported to be having with their birth families as described in more detail above. Only 15% of the children received nothing from their birth family after placement other than the basic agency report. The others

received either a more personalised report, or a letter or gift, or had contact later with the birth family, and most actually received a combination of these.

The type and frequency of contact with birth families that adoptive parents agreed to at the beginning often changed over time, usually to less contact than had been agreed. Girls were more likely than boys to experience an increase in contact from that which had originally been agreed. Nearly two thirds of the children were reported by their adoptive parents to have had some contact with their birth family after placement, with more girls having contact than boys.

According to the adoptive parents, the primary contact person in the birth family was most likely to be the birth mother, but most children who had any contact with their birth family also had it with other birth family members. Only 17% of children were reported to have had any contact with their birth father.

In-person visits were the primary mode of post-placement contact with birth families. According to adoptive parents, of the 37 children who had any post-placement contact, only one child had not received a visit, and for those who had ongoing contact, it was primarily in the form of visits. Some children also received written contact and telephone calls, often from extended family members, but the children who received them tended to be the same children who were having ongoing, in-person contact with a birth family member.

Of the children who had received any in-person contact from their birth family following placement, half were reported as having had ongoing and reasonably regular visits, usually at least once a year, but often more. One third were reported to have received some visits, but now contact was mostly in written form. The remaining few children were reported to have had visits early in their life and now had no contact with the birth family. Adoptive parents' reports indicated that about half the children had experienced a reduction in the amount of contact they were having, with boys being more likely than girls to experience a reduction or complete cessation of contact. Only 17% of the boys were reported to have ongoing, in-person contact, compared to 45% of the girls.

6.3 Classification of contact with birth families

In this section, the rationale for the development of a new model for classifying contact with birth families for the current research is explained, followed by presentation of the model. This model was developed after the descriptive statistical analysis of the patterns of contact occurring in the present sample was completed, because it was not known until then whether it was appropriate to utilise one of the openness classification models used in previous research.

That is, it was not known whether the present patterns of contact were similar to those on which previous models, applied only in the United States, were based.

6.3.1 Examination of patterns of openness

Previous research into outcomes of open adoption for children have either grouped together all cases in which there had been any post-placement contact, no matter the amount or mode of contact, or they have divided cases according to whether contact was mediated or not. The Minnesota-Texas Adoption Research Project (Grotevant & McRoy, 1997; Grotevant 2001) incorporated into their openness variables the notion of whether information sharing or contact was ongoing, but they did not take account of the amount or mode of contact. As discussed in the review of this previous research in Chapter 3, these models of openness seem inadequate for the Australian situation, in which ongoing, mediated contact is rare and most contact is in-person. As the preceding presentation of the patterns of contact for children in the present study showed, there were wide variations in the type, amount and consistency of post-placement contact reported for those who had it. Intuitively, it seems likely that these differences are important in determining outcomes for children as they would affect the qualitative nature and experience of contact. For instance, it seems likely that a child having regular, ongoing, in-person contact would experience his or her relationship with the birth family quite differently from a child having occasional contact by letter. Those differences could impact on such aspects of the child's wellbeing as identity, sense of self-worth, and feelings of loss.

Therefore, for the purpose of testing the hypotheses of the study, a model for classifying contact with birth families needed to be developed that would adequately encompass these different patterns of openness, and at the same time be limited to a small enough number of categories to enable statistical tests to have adequate power. Ideally the model would incorporate various aspects of openness including total amount of post-placement contact, frequency of contact, consistency or regularity of contact, mode of contact (that is, in-person, written or telephone), and contact person (that is, whether the primary contact person was a birth parent or another birth family member). It would also need to encompass instances of no post-placement contact. Further, as the focus of this study was on the wellbeing of children, as reported by parents, it was important to take the child's perspective of the level of openness. For example, if there had once been contact between the adoptive parents and the birth family but the child did not know about it, or was too young to remember it, from the child's perspective this would be similar to having had no post-placement contact. Similarly, some

adoptive parents had pre-placement meetings with the birth family but then no further contact. From the child's perspective, this would also be similar to having had no contact at all, even though these adoptive parents might consequently have more knowledge of the birth family, and perhaps a different attitude towards them, than adoptive parents who had never had any contact with the birth family at all.

Given these parameters, a model of classifying contact was developed in which sub-categories were created to differentiate patterns of contact within the group of children who had received some post-placement contact. Within that group, there were a number of cases in which contact had always been in the form of regular, ongoing visits with at least one birth parent. In most cases there were at least two visits per year, but in some cases there had been even more frequent visits as well as other contact (for example, telephone calls). In these cases there was often also contact with the extended birth family. The contact patterns in the remainder of the group who had received some post-placement contact were very variable. For instance, there were a few cases in which the adoptive parents had received some early visits, but all contact had now ceased. Others had received a few visits or written contacts, and they hoped to receive more, but they did not know if, or when, this would happen. In two further cases, there had been a number of written and in-person contacts from the birth mother before her subsequent death. The adoptive parents in these two cases reported that, following the deaths of the birth mothers, one of the children now had no contact with the birth family, while the other had very little contact. In a further few cases there had been ongoing, but irregular and infrequent contact with birth parents, while in one or two other cases there was ongoing contact in written form (such as Christmas or birthday cards) from an extended birth family member, but there was no contact from the birth parents.

Two broad patterns of contact could therefore be distinguished within the group who had received some post-placement contact with the birth family. That is, firstly, a stable or regular pattern of at least annual visits, and secondly, a pattern that was not stable or regular, or where contact was not primarily in-person. Two factors seemed important in distinguishing between cases in these two patterns or subgroups, that is, firstly, whether contact had ceased or was expected to be ongoing, and secondly, whether the contact had been sufficient for the child to be likely to feel they had a relationship with the birth family.

Based on these factors, cases were divided into the following subgroups of children who had received some post-placement contact:

1. Those in which adoptive parents reported that contact was ongoing, regular and primarily in-person;

2. those in which adoptive parents reported having received contact with the birth family when the child was very young, but then had no further contact;

3. those in which adoptive parents reported there had been a small amount of ongoing contact, but it was mainly in written form or not with a birth parent; and,

4. those in which adoptive parents reported there had been a substantial amount of contact when the child was at an age they could remember it, but contact had now greatly reduced or ceased.

Preliminary analyses using this model showed substantial differences in reported mean adjustment scores (that is, CBCL scores) for children in these different subgroups. This suggested that the differences in patterns of contact experienced by these children may be important, but unfortunately, due to the size of the sample, there were insufficient numbers in some subgroups to find statistically significant results. Therefore, for the purposes of the present study, some subgroups needed to be collapsed or subsumed, even though a model that differentiated all the subgroups listed above would be more appropriate for examining the wellbeing of children in open adoption.

In the final model, therefore, cases in which there had been very minimal contact, which had now ceased, were grouped with cases in which there had never been any post-placement contact. Seven such cases were identified from transcripts, including five where the adoptive parents met the birth family once shortly after placement and then had no further contact (in two of these cases the child was not present at the meeting), one where the child and adoptive parents met the child's half sibling (adopted by another family), but had no other contact with the birth family, and one where the child received a letter and photograph from the birth mother after a request from the adoptive parents, but had received no contact other than that. When viewed from the child's perspective, these cases seemed to be most similar to those in which there had never been any contact, particularly considering that in some such cases there had been pre-placement meetings.

This re-categorisation left two broad groups of cases amongst those in which there had been any post-placement contact. That is, those in which there had been substantial, ongoing contact, and those in which there had been either minimal, ongoing contact, or contact that was once substantial but had now reduced or stopped.

6.3.2 Final contact classification model

The final contact classification model, therefore, had three categories, and this gave rise to the contact group variable used in the data analysis. "No-contact" included all cases with no contact after placement, plus the seven cases in which there had been a minimal amount of contact initially, but it had now ceased. This group may have included some cases in which there had been mediated contact that was not ongoing, such as the initial exchange of non-identifying information about the birth or adoptive family. "Limited-contact" included those cases where there was once substantial contact but it had now stopped or reduced, as well as those cases where there had been ongoing, but limited contact, in the sense of mode (such as greeting cards rather than in-person contact), frequency, or consistency of contact. "Ongoing-contact" included those cases where contact had continued to be ongoing and substantial in terms of frequency and mode, although it may have started a few years after placement.

Table 12 shows the number of cases in each contact group. Appendix 7 also describes the contact arrangements of each child in the three contact groups.

Table 12

Number of Cases in each Contact Group.

Contact Group	Total N=60
No-contact	29 (48%)
Limited-contact	12 (20%)
Ongoing-contact	19 (32%)

6.4. Differences between contact groups in status on demographic and descriptive variables

Statistical tests were performed to determine whether there were any significant differences between contact groups in their status on a range of demographic and descriptive variables deemed potentially relevant to the wellbeing of children in open adoption, which should be taken into account in the data analysis. The variables were, age at placement, child's age, mother's age, father's age, length of parents' relationship before the child arrived, parents'

rating of the quality of their marriage, family type (adopted only, or "mixed" family), sex of child, number of children in the family, child's sibling position, child's experience of negative life events ('events'), child's use of medication ('medication'), child health problems ('health'), birth family health problems, mother's education, father's education, mother's participation in the workforce, mother's occupation, father's occupation and family income.

Analysis of variance used to discern any significant relationships between contact group and the following variables, measured on interval scales, age at placement, child's age, mother's age, father's age, length of parents' relationship before the child arrived, and parents' rating of the quality of their marriage. No significant differences between contact groups were found on any of these variables.

Table 13

Number of Boys and Girls in each Contact Group.

Contact Group	Girls N=31	Boys N=29	Total N=60
No-contact	11 (35%)	18 (62%)	29 (48%)
Limited-contact	6 (19%)	6 (21%)	12 (20%)
Ongoing-contact	14 (45%)	5 (17%)	19 (32%)

Note: Percentages in the first two columns represent proportion of girls or boys within that contact group

Pearson's chi-square test was used to discern any significant relationships between contact group and the following variables describing the adoptive family which were measured on categorical scales, family type, sex of child, number of children in the family, child's sibling position, child's experience of negative life events, child's use of medication, child health problems, birth family health problems, mother's education, father's education, mother's participation in the workforce, mother's occupation, father's occupation and family income. There were no significant relationships found with contact group for any of these variables, but there was a near significant relationship for sex. In other words, there were disproportionate numbers of boys and girls in the different contact groups (χ^2 (2)=5.89, p=.053). Table 13, shows there was a higher proportion of boys than girls in the no-contact group, and a lower proportion of boys than girls in the ongoing-contact group. There were equal numbers of boys and girls in the limited-contact group.

CHAPTER 7

FINDINGS: REPORTS OF CHILDREN'S WELLBEING AND CONTACT

In this chapter, the results of the quantitative data analysis are presented, that is, the results of the statistical tests performed to test each of the hypotheses presented in Chapter 4. As outlined in Section 5.4.3, there were two parts to the quantitative analysis. First, various preliminary analyses of variables used in the hypothesis tests were performed, including reliability analysis, identification of covariates, and analysis of the distribution of the data. In the second part, the hypotheses were tested. This latter part was divided into two steps, the first involving comparisons of reports of the wellbeing of adopted and nonadopted children, and the second involving comparisons of reports of the wellbeing of children having different patterns of contact with birth families. The results of both parts of the quantitative analysis are reported below

7.1   Part 1: Preliminary analyses

Before the statistical tests relating to the hypotheses of the study could be performed, a number of preliminary analyses needed to be conducted. These involved, first, establishing the reliability and factor structure of the Parent-Child Relationship Questionnaire (PCRQ), then, establishing the standing of the sample on various demographic and other descriptive variables, and determining whether groups differed significantly on these variables, thus identifying possible covariates. Finally, analyses aimed at deciding on treatment of skews in the data were applied.

7.1.1   Reliability and factor structure of the PCRQ

The reliability and factor structure of the PCRQ were analysed before responses were scored. Two items with poor inter-item reliability were revealed. The first was item b. on Part 1 of the questionnaire, on both the mother to child and child to mother sections, which referred to the extent to which the mother or child was critical of the other. The second was item d. from Part 2, which referred to the extent to which the mother felt she let the child make his or her own decisions. These items were removed and the remaining 20 items were divided into two groups that reflected dual aspects of the parent-child relationship. That is, the mother's

relationship with the child (six items from Part 1, and five from Part 2 contributed to this aspect), and the child's relationships with the mother or peers, as reported by mothers (six items from Part 1, and the final three items from Part 2, contributed to this aspect). The factor structures of the two groups of items were analysed separately. The results of these analyses are presented in Tables 14 and 15, respectively.

Table 14 shows the results of the factor analysis of the PCRQ items relating to the mother's relationship with the child. After rotation, principal components analysis revealed three factors amongst these items with eigenvalues greater than 1.0. Together these explained 61% of the variance in scores. Factor One comprised all of the mother to child items from Part 1, and seemed to encompass the mother's affective and behavioural relationship with the child. Factor Two comprised items c. and e. from Part 2, and could be best described as the mother's encouragement of the child's autonomy or independence. Factor Three comprised items a., b. & f. from Part 2, and seemed to be about the mother's attunement with the child. Note that factor loadings were negative for each item on this factor, suggesting the factor was to do with the opposite of attunement. Item scores for this factor were therefore reverse scored before factor scores were calculated, resulting in a measure of attunement, rather than non-attunement.

Table 14

PCRQ Factor Analysis 1: Items Relating to Mother's Relationship with the Child.

Factor	Initial Eigenvalues	% of Variance	Items	Factor Loading	Alpha
1. Mother's Relationship With Child	4.06	36.91%	Part 1 mother to child ratings: Warm Respecting Caring Close Accepting Understanding	.854 .837 .798 .669 .615 .544	.839
2. Encouragement of Child's Independence	1.45	13.17%	Part 2 items: c. Give child freedom e. Let child try new things	.847 .717	.533
3. Mother's Attunement with child (note: due to negative factor loadings, items on this factor were reversed scored before factor scores were calculated, resulting in a measure of attunement, rather than non-attunement)	1.21	11.02%	Part 2 items: a. Sense child is troubled b. Understand child f. Child shares feelings	-.882 -.699 -.603	.601

Table 15 shows the results of the factor analysis of the PCRQ items relating to the child's relationships with the mother and peers, as reported by mothers. After rotation, principal

components analysis revealed two factors with eigenvalues greater than 1.0 amongst these items. Together these explained 67% of the variance in scores. Factor One comprised all of the child to mother items from Part 1, encompassing the child's affective and behavioural relationship with the mother. Factor Two comprised the three items from Part 2, which were about the child's relationships with peers. Table 15 shows the factor structure and factor loadings of the two sets of items after rotation.

Table 15

PCRQ Factor Analysis 2: Items Relating to Child's Relationships with Mother and Peers, as Reported by Mothers

Factor	Initial Eigenvalues	% of Variance	Items	Factor Loading	Alpha
1. Child's Relationship With Mother	4.03	44.74%	Part 1 child to mother ratings: Warm Respecting Caring Close Accepting Understanding	 .828 .812 .859 .731 .719 .797	.878
2. Child's Relationship With Peers	2.03	22.56%	Part 2 items: g. easily makes new friends h. close friendships i. keeps friends	 .823 .920 .835	.816

Reliability analyses were performed for each of the five factors, and the results are displayed in Tables 14 and Table 15, above. Cronbach's alpha was above 0.8 for three of the five factors, indicating good internal consistency. For the other two factors, alpha was above 0.6 for 'Attunement', and above 0.5 for 'Independence'. Given that these factors consisted of, respectively, three and two items, these alpha levels were considered acceptable. In other words, scores for all five factors were included in the analysis as they appeared to each have acceptable internal consistency.

After performing the factor analysis, raw scores for each item loading on the relevant factor could then be summed (after reverse scoring the items on the Mother's Attunement with Child factor), resulting in five subscale scores for the PCRQ. Thus, separate scores were calculated for the subscales, Mother's Relationship With Child, Mother's Encouragement of Child's Independence, Mother's Attunement with Child, Child's Relationship With Mother, and Child's Relationship with Peers.

7.1.2 Classification of contact groups

The process for determining the model for classifying patterns of contact with birth families is described above in Section 6.3, and Table 13 in that section presents the number of cases in each category. This classification model was used to define the contact group variable in the tests of the hypotheses reported in Section 7.3 below. The three contact groups were, no-contact, limited contact, and ongoing-contact.

7.1.3 Descriptive variables relating to children and parents

In this section, findings regarding the standing of children and parents on six descriptive variables are reported, namely, the health of children and their families, reports of children's experience of negative life events, parent's marital status, length of marriage, and marriage quality. Data regarding the standing of the sample on other descriptive variables are given in the description of the sample in Chapter 5.

7.1.3.1 Health and experience of negative life events

Parents were asked about their family's and child's health and wellbeing and whether there had been events in the child's life that they believed might have affected the child's wellbeing. Adoptive parents were more likely than nonadoptive parents to note events and health concerns for their children. It is not known whether adopted children actually had a greater incidence of health problems and negative life events, or whether adoptive parents were simply more likely to report them than nonadoptive parents.

With regard to negative life events, parents of 53% of the adopted children believed there had been such events, compared to 32% of non-adopted children. Events noted included the death of close family members (including birth parents), the loss of friendships, significant teasing or bullying at school, disability and learning difficulties, and, in one case, a sexual assault. A few adoptive parents noted that they believed the child's relinquishment was a major traumatic event affecting the child.

With regard to health and wellbeing, 10% of nonadopted children were reported as having significant health or wellbeing concerns, compared to 22% of adopted children (10 boys and 3 girls). In the adoptive sample, learning or cognitive difficulties (including dyslexia and dyspraxia) were the primary concerns, but there were also five children reported as having

physical health problems such as severe asthma, allergies requiring medication, and diabetes. One boy had been diagnosed with Attention Deficit Disorder, for which he was on medication, and a girl attended psychotherapy for emotional problems. Fifteen adopted children were reported to have someone in their immediate adoptive family with a significant health or wellbeing concern, including parents or siblings with serious medical problems, and siblings with developmental delay and learning or cognitive problems.

7.1.3.2 Parent's marital status, length of marriage and marriage quality

Adoptive parents had been married an average of 9.85 years ($\underline{SD}$=3.05 years) when they adopted the child who was the focus of the interview. For only and first adopted children ($\underline{N}$=34) the average length of parents' marriage before the child was adopted was 8.74 years ($\underline{SD}$=2.76 years). Adoptive parents tended to rate the happiness of their marriage very highly ($\underline{M}$=4.57, $\underline{SD}$=0.67) with all but one adoptive parent rating their marriage as either "happy" (36.7%) or "very happy" (61.7%). The one divorced parent rated her marriage to the adoptive father as "very unhappy".

In comparison, nonadoptive parents had been together for a shorter time before they had the child about whom the interview was conducted, that is, 5.5 years on average ($\underline{SD}$=3.40 years). Further, while all nonadoptive families were intact, on average, nonadoptive parents rated their marital relationships as being somewhat less happy than did adoptive parents ($\underline{M}$=4.19, $\underline{SD}$=0.70). Nonadoptive parents were more likely to rate their marriage as either "happy" or "neither happy nor unhappy" (64.5% over the two categories).

7.1.4 Significance of differences between the adoptive and nonadoptive samples on demographic and other descriptive variables

Sections 5.1.3 and 7.1.3 above, describe the samples on various demographic and other descriptive variables. Statistical tests were performed to determine whether any differences between the samples on these variables were significant. This was done to determine whether any of these variables should be taken into account as covariates in the data analysis. Note that when referring to the adoptive sample, all variables relate to the adoptive family, not the birth family. For instance, "mother's age" refers to the adoptive mother's age, and "family size" refers to the size of the adoptive family.

T-tests were used to discern any significant relationships between family type, that is adoptive or nonadoptive, and the following variables, measured on interval scales: child's age, mother's age, father's age, length of parents' relationship before the child arrived, and parent's rating of the quality of their marriage. Differences between adoptive and nonadoptive groups were significant only on the latter two variables. Adoptive parents were together significantly longer, on average, than nonadoptive parents before the child arrived ($t(89)=38.16$, $p<.001$), and adoptive parents rated their marriages significantly more positively, on average, than nonadoptive parents ($t(89)=6.09$, $p<.05$).

Pearson's chi-square tests were used to discern any significant relationships between family type and the following variables, measured on categorical scales: gender of child, family size, child's sibling position, child's experience of negative life events, child's use of medication, child health problems, mother's education, father's education, mother's participation in the workforce, mother's occupation, father's occupation, and family income. Significant relationships were found only on the variables family size ($\chi^2(2)=16.744$, $p<.001$), sibling position ($\chi^2(3)=7.959$, $p<.05$), father's education ($\chi^2(1)=4.334$, $p<.05$) and family income ($\chi^2(1)=7.252$, $p<.01$). There was also a near significant relationship on events ($\chi^2(1)=3.653$, $p=.056$). To summarise, the adoptive families were significantly smaller than the nonadopted families, and in adoptive sample, the child about whom the interview was conducted was significantly more likely to be the first child in the family than was the case in the nonadoptive sample. Adoptive families were more likely than nonadoptive families to report incomes under $60000, and adoptive parents were more likely than nonadoptive parents to report that their child had experienced negative life events. Finally, adoptive fathers were more likely to be tertiary educated then nonadoptive fathers.

7.1.5 Associations between variables and identification of covariates for comparisons of adoptive and nonadoptive samples

The results reported above showed that there were significant differences between the adoptive and nonadoptive groups in their status on a number of demographic and descriptive variables. Further analyses were therefore undertaken to test whether there were any significant multivariate relationships between the variables on which the samples differed significantly and the dependent variables of the study (that is, the CBCL scores and the PCRQ subscale scores). If any relationships were found consistently for both samples, the variables in

question would need to be considered as covariates in the tests of the research hypotheses. This was because it is possible that these variables might have been affecting scores on the dependent variables differentially, thus distorting the real relationship between the test variables (that is, the dependent variables and the independent variable, family type). The possible effect of these variables therefore needed to be removed when testing the hypotheses.

Multivariate regression of the identified variables on the CBCL scores showed significant multivariate relationships with 'marriage quality' ($F_{(4,80)}$=3.529, p<.05), 'events' ($F_{(4,80)}$=4.734, p<.01) and 'father's education' ($F_{(4,80)}$=2.861, p<.05). Further univariate analysis showed that the relationship with father's education was significant for only one of the four CBCL scales (the Internalisation scale) and when results for adopted and nonadopted children were analysed separately, it was not significant for either group. Therefore, it was concluded that only the variables 'marriage quality' and 'events' would be used as covariates in the test of the hypothesis about the relationship between family type and CBCL scores.

Multivariate regression was again performed to determine whether there were any significant relationships between the identified variables and the PCRQ scores. This analysis showed significant multivariate relationships with 'marriage quality' ($F_{(5,79)}$=3.571, p<.01) and 'events' ($F_{(5,79)}$= 2.857, p<.05). Univariate analyses showed that the relationship with marriage quality was significant for four of the five PCRQ subscale scores (all except 'Encouragement of Independence'), while the relationship with events was significant for only one subscale ('Encouragement of Independence'). Separate multivariate analyses of adopted and nonadopted children showed that no variables were consistently, significantly related to the PCRQ scores for both groups of children. Marrriage quality was not significantly related to PCRQ scores for either group, and 'events' was significantly related to PCRQ scores only for adopted children. Therefore, it was concluded that neither of these variables would be used as covariates in the test of hypotheses about the relationship between family type and PCRQ scores.

7.1.6 Associations between variables and identification of covariates for different contact groups

The significance of relationships between contact group and various demographic and descriptive variables is analysed in Section 6.4 above. No significant differences were found between any of the contact groups on any variable, although there was a near significant

difference on the basis of sex. Given these results, and the fact that there were already specific hypotheses about the interaction between contact group and sex in their relationship with children's psychological wellbeing, it was concluded that no covariates needed to be considered in the hypothesis tests related to pattern of contact.

7.1.7 Distribution of dependent variable scores and treatment of unequal sample sizes

As the hypotheses were to be tested using analysis of variance techniques that assume normal distributions of the dependent variables, these distributions were examined in the two samples (that is, the distribution of scores on the subscales of the CBCL and the PCRQ for the adoptive and nonadoptive samples). This examination showed relatively normal distributions on the CBCL subscales, but significantly skewed distributions on most of the subscales of the PCRQ. The distributions tended to be more significantly skewed for the adoptive sample than the nonadoptive sample, with the adoptive sample generally being positively skewed (that is, adoptive parents tended to give more positive ratings of the quality of their parent-child relationships). Logarithmic transformations of the data made no difference to the significance of the skews and, as analysis of variance is robust to violations of the assumption of normality, the analyses proceeded using untransformed data. Similarly, removal of outliers made no difference to the outcome of the hypothesis tests and, therefore, all cases were included.

Tests were also performed to determine whether account should be taken of the unequal sample sizes found in groups that were to be compared in the hypothesis tests. Weighted and unweighted means analysis were performed and compared, showing no difference in results. Therefore, unweighted means analysis was performed in all hypothesis tests reported below.

7.1.8 Relationships between dependent variables

Tables 16 shows intercorrelations of the ten dependent variables relating to the adoptive sample, while Table 17 shows intercorrelations of the nine dependent variables relating to nonadopted children. As expected from the design of the scales, CBCL subscales were highly intercorrelated as were the PCRQ subscales. There were also significant correlations between some of the subscales of the CBCL and PCRQ. These were in a direction that would be expected from their content, and provided evidence of the concurrent validity of the PCRQ. Table 16 shows that the Satisfaction with Contact Pattern variable was significantly intercorrelated with each of the three CBCL Problem scales, but not with any of the subscales

of the PCRQ. These intercorrelations provide evidence of the concurrent validity of the Satisfaction variable.

Table 16

Pearsons' Correlations Between Dependent Variables for Adoptive Sample (n=60).

	CBCL Total Problems	CBCL Internalisation	CBCL Externalis'n	CBCL Total Competence	PCRQ Mother's Rel With Child	PCRQ Encourage Independence	PCRQ Attunement	PCRQ Child's Rel With Mother	PCRQ Child's Rel with Peers
CBCL Internalisation	.79**								
CBCL Externalisation	.86**	.54**							
CBCL Total Competence	-.42**	-.23	-.37**						
PCRQ Mum's Rel With Child	-.22	-.00	-.38**	.05					
PCRQ Independence	.06	.05	-.00	-.04	.34**				
PCRQ Attunement	.25	.06	.35**	-.26	-.39**	-.23			
PCRQ Child's Rel With Mother	-.27*	.04	-.50**	.18	.61**	.21	-.53**		
PCRQ Child's Rel with Peers	-.37**	-.22	-.27*	.20	.15	-.05	-.30*	.17	
Satisfaction with Pattern of Contact N=59	-.42**	-.43**	-.28*	.13	-.09	-.10	.03	-.05	.15

Note: * denotes significance at *p*<.05 (2-tailed)
** denotes significance at *p*<.01 (2-tailed)

Table 17

Pearsons' Correlations Between Dependent Variables for Nonadoptive Sample (N=31).

	CBCL Total Problems	CBCL Internalisation	CBCL Externalisation	CBCL Total Competency	PCRQ Mother's Rel With Child	PCRQ Encourage Independence	PCRQ Attunement	PCRQ Child's Rel With Mother
CBCL Internalisation	.92**							
CBCL Externalisation	.83**	.64**						
CBCL Total Competency	-.32	-.24	-.39*					
PCRQ Mum's Rel With Child	-.32	-.14	-.52**	.54**				
PCRQ Independence	.15	.08	.09	.14	.05			
PCRQ Attunement	.07	-.03	.15	-.45*	-.63**	-.31		
PCRQ Child's Rel With Mother	-.37*	-.22	-.55**	.63**	.78**	-.09	-.60**	
PCRQ Child's Rel with Peers	-.34	-.38*	-.38*	.35	.50**	.11	-.42*	.44*

Note: * denotes significance at *p*<.05 (2-tailed)
** denotes significance at *p*<.01 (2-tailed)

7.2. Part 2a: Tests of hypotheses concerning the relative wellbeing of adopted and nonadopted children

In this section, the results of the statistical tests of the first two hypotheses are presented. In these two hypotheses, the adoptive and nonadoptive groups are compared on two parent ratings of child wellbeing, that is, emotional and behavioural adjustment, as rated by parents on the CBCL, and the quality of the parent-child relationship, as rated by parents on the PCRQ. Comparisons of the three contact groups on these variables are presented in Section 7.3.

7.2.1 Hypothesis 1: Emotional and behavioural problems by family type (adopted/nonadopted)

Adopted children would experience significantly more emotional and behavioural problems than nonadopted children, as reported by the parents of each group.

This hypothesis was tested by comparing mean T-scores of adopted and nonadopted children on the three problem scales of the CBCL (that is, Total Problem score, Internalisation score and Externalisation score) and the competence scale of the CBCL (that is, the Total Competence score) in a multivariate analysis of covariance, using parents' marriage quality rating and parents' reports of children's experience of negative life events as covariates. The results are presented in Table 18.

The results showed no significant multivariate difference in CBCL T-scores between adopted and nonadopted children ($F=0.689$, $df=4,84$, $p>.05$). Therefore this hypothesis was not supported.

Table 18

Mean T-Scores, Standard Deviations (in parentheses), and Adjusted Univariate F Statistic for T-scores of the CBCL Scales for Adoptive and Nonadoptive Groups

	CBCL Scale			
Group	Total Problems	Internalisation	Externalisation	Total Competence
Adoptive N=60	49.40 (10.43)	49.18 (9.96)	49.03 (9.59)	49.07 (9.23)
Nonadoptive N=31	50.45 (10.45)	51.61 (11.22)	49.93 (10.54)	50.42 (8.63)
Adjusted Univariate F Value	0.364 (ns)	1.446 (ns)	0.001 (ns)	0.822 (ns)

Effect sizes were also examined using partial eta squared. Results showed that while only 3% of the variability in CBCL T-scores was explained by differences in family type, 19.8% was explained by differences in children's experience of negative life events, and a further 15% was explained by differences in parents' marriage quality ratings. These results suggested that

other child and family related variables are more important than family type in predicting children's emotional and behavioural adjustment.

Clinical significance

On the CBCL problem scales, T-Scores of 64 or greater are considered to be in the clinical range while scores of 60 to 63 are considered to be in the borderline clinical range. Examination of CBCL problem scale T-Scores of the adoptive and nonadoptive samples revealed that a smaller proportion of adopted children had scores in the clinical range on at least one of the CBCL problem scales compared to nonadopted children, based on ratings given by parents. Nine adopted children, or 15%, had scores in the clinical range on at least one of the Total Problem, Internalising or Externalising scales. This compared to seven, or 22.6%, of the nonadopted children. Further examination of T-scores revealed another three adopted children and two nonadopted children who had scores on at least one of the problem scales that were in the borderline clinical range, based on ratings given by parents. When these cases were included in the total figures, this resulted in 20% of adopted children and 29% of nonadopted children being classified as having emotional and behavioural problems in, or approaching, the clinical range, based on ratings given by parents. Children in both groups were more likely to be scored in the clinical range on the Internalising Scale than on the Externalising scale. Both males and females were represented amongst those with scores in the clinical range.

7.2.2 Hypothesis 2: Parent-child relationship by family type

The parent-child relationship between adopted children and parents would be of a higher quality than that between non-adopted children and parents, as reported by parents of each group.

This hypothesis was tested by comparing mean scores of the adoptive and nonadoptive groups on each of the five subscales of the PCRQ, that is, Mother's Relationship With Child, Mother's Attunement with Child, Mother's Encouragement of Child's Independence, Child's Relationship With Mother, and Child's Relationship With Peers, in a multivariate analysis of variance. The results are presented in Table 19.

The results showed a significant multivariate difference between the adoptive and nonadoptive groups on the PCRQ ($F(5,85)=3.558$, $p<.01$), with mean scores on most

subscales indicating higher quality relationships for adopted children and their parents than for nonadopted children and their parents. Therefore, this hypothesis was supported.

Table 19

Means, Standard Deviations (in parentheses), and Univariate F Statictic for Scale Scores of the PCRQ for Adoptive and Nonadoptive Samples

	PCRQ Scale				
Group	Mum's Rel'ship with Child	Mother's Attunement	Encouragement of Independence	Child's Rel'ship with Mother	Child's Rel'ship with Peers
Adoptive N=60	27.88 (2.08)	5.45 (2.00)	7.48 (1.35)	26.63 (3.04)	12.55 (2.47)
Nonadoptive N=31	25.58 (3.78)	5.81 (1.60)	7.19 (1.60)	24.58 (4.65)	13.03 (1.89)
Univariate F Value	14.149**	0.742	0.831	6.422*	0.904

* denotes significance of $p < 0.05$ (two tailed)

**denotes significance of $p < 0.001$ (two tailed)

Univariate results showed a significant difference between the scores of the adoptive and nonadoptive groups on two of the PCRQ subscales: Mother's Relationship With Child $(F(1)=14.149, p<.001)$ and Child's Relationship With Mother $(F(1)=6.422, p<.05)$. Mothers of adopted children reported somewhat better quality reciprocal relationships between themselves and their children than did mothers of nonadopted children. There were no significant univariate differences between the groups on any of the other subscales of the PCRQ.

Examination of effect sizes revealed that 17.3% of the variability in PCRQ scores was explained by family type. This suggested that family type (adoptive versus nonadoptive) is an important predictor of parents' rating of the parent-child relationship.

7.3   Part 2b: Tests of hypotheses concerning the relative wellbeing of children in different contact groups

In this section, the results of the statistical tests of the second group of hypotheses are presented. In these five hypotheses, the three contact groups in the adoptive sample (that is, no-contact, limited-contact and ongoing-contact) are compared on three parent ratings of child

wellbeing. Namely, emotional and behavioural adjustment, as rated by parents on the CBCL, the quality of the parent-child relationship, as rated by parents on the PCRQ, and satisfaction with pattern of contact, as rated from transcripts of interviews with adoptive parents.

7.3.1 Hypothesis 3: Emotional and behavioural problems by contact group

Adopted children who do not have contact with their birth family would experience significantly more emotional and behavioural problems, as reported by their parents, than children who do have contact.

This hypothesis was tested by comparing mean T-scores of the different contact groups (that is: no-contact, limited-contact and ongoing-contact) on the three problem scales of the CBCL (that is, Total Problem score, Internalisation score and Externalisation score) and the competence scale of the CBCL (that is, the Total Competence score), in a multivariate analysis of variance. The results are presented in Table 20.

Table 20

Mean T-scores, Standard Deviations (in parentheses),and Univariate F Statistic for T-scores of the CBCL Scales for Different Contact Groups

		CBCL Scale			
Group		Total Problems	Internalisation	Externalisation	Total Competence
No-contact	Girls N=11	49.36 (8.29)	49.18 (9.61)	48.45 (7.54)	51.00 (12.19)
	Boys N=18	50.94 (9.50)	50.28 (9.22)	48.83 (9.99)	48.61 (5.91)
	Total N=29	**50.34 (8.94)**	**49.86 (9.21)**	**48.69 (8.99)**	**49.52 (8.70)**
Limited-contact	Girls N=6	44.33 (12.11)	46.50 (12.42)	46.33 (9.56)	53.17 (8.59)
	Boys N=6	55.17 (12.12)	51.67 (14.14)	53.33 (10.78)	45.00 (7.40)
	Total N=12	**49.75 (12.86)**	**49.08 (12.97)**	**49.83 (10.38)**	**49.08 (8.75)**
Ongoing-contact	Girls N=14	48.43 (12.32)	49.43 (10.26)	49.29 (11.28)	47.93 (11.18)
	Boys N=5	45.80 (8.41)	44.80 (6.02)	48.40 (8.82)	49.60 (10.24)
	Total N=19	**47.74 (11.26)**	**48.21 (9.40)**	**49.05 10.45)**	**48.37 (10.68)**
Main Effect *F* Value		0.420	0.316	0.062	0.066
Interaction *F* Value		1.412	0.787	0.617	0.909

Note: All *F* statistics were not significant.

The results showed no significant multivariate difference between CBCL T-scores of children in different contact groups ($F(4,110)=.627$, $p>.05$). Therefore, this hypothesis was not supported. Examination of the effect size showed that level of contact with birth families explained only 4.6% of the variability in CBCL T-scores, which suggested that it is not an important predictor of emotional and behavioural problems, as reported by parents.

This non-significant MANOVA result was possibly due to small numbers of subjects and high standard deviations in some cells. It is therefore of interest to examine some of the trends in the data. Mean Total Problem T-scores tended to be lower for children with ongoing contact compared to those with limited contact or no contact. There were no particular trends for the other CBCL scales when the scores of boys and girls were considered together, however, further trends were apparent when the scores of boys and girls were considered separately. These will be discussed under Hypothesis 5 below.

7.3.2   Hypothesis 4: Parent-child relationship by contact group

The parent-child relationship between parents and adopted children who have contact with the child's birth family would be of a higher quality than that between adopted children and parents who do not have contact with the birth family.

This hypothesis was tested by comparing mean scores of the different contact groups, on each of the five subscales of the PCRQ, that is, Mother's Relationship With Child, Mother's Attunement with Child, Mother's Encouragement of Child's Independence, Child's Relationship With Mother, and Child's Relationship With Peers, in a multivariate analysis of variance. The results are presented in Table 21.

The results showed no significant multivariate difference between PCRQ scores of the three contact groups when the scores of parents of boys and girls were considered together ($F(10,108)=1.051$, $p>.05$). Therefore, this hypothesis was not supported. Examination of the effect size showed that contact group explained 9% of the variability in PCRQ scores, suggesting that in a larger sample a significant effect for contact group might be found.

Examination of mean PCRQ subscale scores for each contact group showed a trend towards better quality relationships between the mother and child for parents of children with no-contact, compared to parents of children with contact. This univariate difference (on the Mother's Relationship With Child subscale) was significant ($F(2)=3.647$, $p<.05$) suggesting that

there may be some relationship between level of contact and the quality of the parent-child relationship even though the global, multivariate hypothesis was not supported.

Table 21

Means, Standard Deviations (in parentheses), and Univariate F Statictic for Scale Scores of the PCRQ for Different Contact Groups

Group		PCRQ Scale				
		Mum's Rel'ship with Child	Attunement	Independence	Child's Rel'ship with Mother	Child's Rel'ship with Peers
No-contact	Girls N=11	28.64 (0.92)	5.00 (1.18)	7.09 (1.04)	27.36 (2.50)	13.00 (2.45)
	Boys N=18	27.94 (2.55)	5.72 (1.84)	7.78 (1.40)	27.06 (2.84)	11.89 (2.87)
	Total N=29	**28.21 (2.09)**	**5.45 (1.64)**	**7.52 (1.30)**	**27.17 (2.67)**	**12.31 (2.73)**
Limited-contact	Girls N=6	27.67 (1.37)	6.17 (3.54)	7.50 (1.22)	26.50 (4.76)	14.17 (0.98)
	Boys N=6	28.17 (1.47)	5.33 (3.01)	7.83 (1.33)	26.67 (2.80)	11.00 (3.29)
	Total N=12	**27.92 (1.38)**	**5.75 (3.17)**	**7.67 (1.23)**	**26.58 (3.73)**	**12.58 (2.84)**
Ongoing-contact	Girls N=14	28.21 (2.01)	5.14 (1.88)	7.50 (1.22)	26.29 (3.43)	12.71 (1.94)
	Boys N=5	25.00 (1.73)	5.60 (0.55)	6.80 (2.28)	24.60 (1.52)	13.40 (1.52)
	Total N=19	**27.37 (2.39)**	**5.26 (1.63)**	**7.32 (1.53)**	**25.84 (3.10)**	**12.89 (1.82)**
Main Effect F Value		3.647*	0.165	0.484	1.568	0.311
Interaction F Value		3.346*	0.615	1.246	0.351	2.094

*denotes significance of $p < 0.05$ (two tailed)

7.3.3 Hypothesis 5: Interaction between contact group, sex, emotional and behavioural problems, and parent-child relationship.

There would be an interaction between contact and children's sex in their association with parent reported emotional and behavioural problems and quality of the parent-child relationship: girls with contact would be reported to experience fewer emotional and behavioural problems and to have higher quality parent-child relationships than would girls without contact, while boys with and without contact would not differ in their level of parent reported problems or quality of relationships.

This interaction was tested in a multivariate analysis of variance and the results are shown in Tables 20 and 21 above (see "Interaction F value").

The results showed no significant multivariate interactions between child's sex and contact group for either CBCL T-scores ($F_{(8,104)}=.58$, $p>.05$) or PCRQ scores ($F_{(10,102)}=1.62$, $p>.05$). Therefore, this hypothesis was not supported. Examination of effect sizes revealed that the interaction of child's sex and contact group explained 4% of the variability in CBCL scores and 14% of the variability in PCRQ scores. This suggested that the interaction of child's sex and contact group is a somewhat important predictor of the quality of the parent-child relationship, but not of emotional and behavioural problems, as reported by parents.

Examination of mean CBCL T-scores and mean PCRQ subscale scores for boys and girls in the different contact groups showed some interesting, but non-significant, trends. On the CBCL Scales there was a clear trend for boys with limited-contact to have the highest mean problem T-scores. The mean T-score of boys with limited-contact on the Total Problem Scale, for example, was 10 points higher than that of girls in the same contact group and of boys with ongoing-contact. There were similar trends for boys on the Internalisation and Externalisation scales as well, but there were no apparent trends amongst girls' scores, which were similar across the three contact groups.

There was substantial variance amongst scores in the limited-contact group, so it is possible that with a larger sample these trends may not persist. In fact, the high variance amongst scores in most cells was an important trend in itself. It may indicate the possibility of there being subgroups within the broader contact groups that may become more apparent in a larger sample.

On the PCRQ scale, mean scores showed little difference on most of the subscales between girls' with different patterns of contact, but there was a tendency towards better quality parent-child relationships for boys with no contact than for boys with contact. On one subscale only (Mother's Relationship With Child), the univariate interaction between contact group and sex was significant ($F_{(2)}=3.35$, $p<.05$), suggesting that there may be some relationship between this interaction and the quality of the parent-child relationship even though the global, multivariate hypothesis was not supported.

7.3.4   Hypothesis 6: Satisfaction and contact group

Children who have contact with their birth family would be reported to be more satisfied with the pattern of contact than children who do not have contact.

This hypothesis was tested by comparing mean satisfaction ratings of the different contact groups in an analysis of variance. Mean satisfaction ratings for each group are shown in Table 22.

The results showed a significant difference in reported satisfaction between at least two of the contact groups ($F(2)=15.37$, $p<.001$). Bonferroni posthoc comparisons showed a significant difference in mean satisfaction ratings between the ongoing-contact group and both the limited-contact ($p<.001$) and no-contact groups ($p<.001$): those children who had ongoing contact with their birth family were reported as being more satisfied with the pattern of contact than were children with no contact, or with irregular or infrequent contact. Examination of the effect size showed that 35% of the variability in satisfaction rating was explained by contact group. These results partially support the hypothesis, in that only children with regular, ongoing contact were reported as being more satisfied than children with no contact, whereas those who had limited contact did not differ in reported satisfaction from those without contact.

Table 22

Mean Satisfaction with Contact Ratings for the Three Contact Groups

Group	N	Mean Satisfaction Rating	SD
No-Contact	29	2.14	1.13
Limited-Contact	12	1.92	1.16
Ongoing-Contact	18	3.61	0.50

7.3.5 Hypothesis 7: Satisfaction and wellbeing

Adopted children who are reported to be more satisfied with the pattern of contact with their birth family would be reported to experience fewer emotional and behavioural problems and have higher quality parent-child relationships than those who are reported to be less satisfied, regardless of the pattern of contact they are actually reported to have.

The hypothesis that higher levels of satisfaction would be associated with fewer emotional and behavioural problems and higher quality parent child relationships was tested by correlating satisfaction ratings with CBCL subscale scores and PCRQ subscale scores. Pearson's correlations are shown in Table 23.

The results showed a significant, negative relationship between satisfaction ratings and each of the three CBCL problem subscales, but not the CBCL Competency subscale, or the

PCRQ subscales. On the CBCL scale, the relationship between problems and satisfaction was stronger for Internalising problems (r=-.43) than it was for Externalising problems (r=-.28). That is, higher ratings of satisfaction with the pattern of contact were associated with fewer emotional and behavioural problems, particularly internalising problems, but not with better quality parent-child relationships. Therefore, the hypothesis of an association with satisfaction was supported for emotional and behavioural problems, but not for quality of the parent-child relationship.

Table 23

Correlations Between Satisfaction Ratings and CBCL and PCRQ Scores

Subscale	r
CBCL (T-scores)	
Total Problems	-.42**
Internalisation	-.43**
Externalisation	-.28*
Total Competency	.14
PCRQ	
Mother's Relationship with Child	-.10
Encouragement of Independence	-.10
Attunement	-.03
Child's Relationship with Mother	-.05
Child's Relationship with Peers	.15

* denotes significance at $p<.05$ (one-tailed)

** denotes significance at $p<.01$ (one-tailed)

7.4 Summary of findings

Table 24, on the following page, provides a summary of the findings of each hypothesis tested, as reported in detail in Sections 7.2 and 7.3 above.

113

Table 24

Summary of Findings of Hypotheses Tested.

Hypothesis	Finding
1. Adopted children would experience significantly more emotional and behavioural problems than nonadopted children, as reported by the parents of each group.	Not supported. No significant difference between groups in mean CBCL scores. Greater proportion of nonadoptive group scored in the clinical range, compared to adoptive group.
2. The parent-child relationship between adopted children and parents would be of a higher quality than that between non-adopted children and parents, as reported by parents of each group.	Supported. Mean PCRQ scores significantly higher for adoptive group than nonadoptive group.
3. Adopted children who do not have contact with their birth family would experience significantly more emotional and behavioural problems, as reported by their parents, than children who do have contact.	Not supported. No significant difference found between contact groups in mean CBCL scores. Non-significant trend found for lower mean Total-Problem scores for children with ongoing contact compared to children with limited or no contact.
4. The parent-child relationship between parents and adopted children who have contact with the child's birth family would be of a higher quality than that between adopted children and parents who do not have contact with the birth family.	Not supported. No significant difference found between groups in PCRQ scores. Non-significant trend found for reporting of better quality relationships between mother and child for parents of children with no contact, compared to those with contact. This was supported by a significant univariate difference between contact groups on one sub-scale.
5. There would be an interaction between contact and children's gender in their association with parent reported emotional and behavioural problems and quality of the parent-child relationship: girls with contact would be reported to experience fewer emotional and behavioural problems and to have higher quality parent-child relationships than would girls without contact, while boys with and without contact would not differ in their level of parent reported problems or quality of relationships.	Not supported. No significant interaction between level of contact and gender for either CBCL scores or PCRQ scores. Non-significant trend found for boys with limited contact to have highest mean CBCL problem scores. No particular trends found for girls' scores on either CBCL or PCRQ.
6. Adopted children who have contact with their birth family would be reported to be more satisfied with the pattern of contact than those who do not have contact.	Partially supported. Children with ongoing contact reported to be significantly more satisfied than children with no contact and children with limited contact. Children with limited contact did not differ in satisfaction rating from those with no contact.
7. Adopted children who are reported to be more satisfied with the pattern of contact with their birth family would be reported to experience fewer emotional and behavioural problems and have higher quality parent-child relationships than those who are reported to be less satisfied, regardless of the pattern of contact they are actually reported to have.	Partially supported. Significant correlation found between satisfaction rating and CBCL scores, but not PCRQ scores. Satisfaction rating more strongly related to internalising problems than to externalising problems.

114

CHAPTER 8

FINDINGS: REPORTS OF THEMES IN CHILDREN'S EXPERIENCE OF OPEN ADOPTION

In this Chapter, the results of the qualitative data analysis are presented in the form of emerging themes and case studies. Prior to that, the procedure that was used for the data analysis is described.

8.1   Background

8.1.1   Source and subject of the qualitative data

Interviews with adoptive parents were audio-taped to facilitate accurate recording of contact arrangements, and the transcripts of these recordings of interviews became the raw material for the qualitative analysis. Specifically, adoptive parents' responses to an open question about how the experience of contact with the birth family (or lack of contact) had been for them and their child, were the primary source of material for the qualitative analysis, but qualitative responses to other questions were also included. The qualitative analysis, therefore, focussed on the experience of open adoption, and particularly the experience of children, as described by adoptive parents.

In total, 58 interview recordings were made, but one was of such poor quality that only very limited information could be gleaned from it. For the two additional interviews that were conducted by telephone, notes were made by the researcher during and after the interview to summarise the contact situation and the child's response to it. These notes were included in the qualitative data analysis presented in this chapter.

8.1.2   Nature of the qualitative analysis

As explained in Chapter 4, the present analysis is best characterised, in terms of its aim and methodology, as a grounded theory approach, such as that described by Creswell (1998). The aim was to explore this new area of inquiry, and begin to develop conceptual frameworks for further research. The focus was on the identification of themes emerging from adoptive parents' reports of their children's experience of different patterns of contact with birth families,

and the illustration and exploration of themes by the presentation and discussion of a small number of brief case studies.

8.1.3 Procedure for the qualitative data analysis

The qualitative data analysis followed the systematic, step-wise approach described by Miles and Huberman (1994), using methods they recommended for data reduction, data display and the drawing of conclusion by means of a series of matrices summarising the data. This thematic content analysis procedure was applied to elucidate the reported experience of adopted children having different patterns of contact with their birth families. The systematic procedure comprised the following steps:

1. Initial identification of themes;
2. Broad coding of all interview data in terms of themes;
3. Summarising the data for each case in terms of themes;
4. Clustering of cases according to patterns of experience, in terms of aspects of the identified themes;
5. Describing emergent themes for each cluster of cases; and
6. Analysing six cases in more detail and presenting them in the form of case studies in order to further illustrate the emergent themes for each cluster of cases.

These steps are each described in detail below.

8.1.3.1 Steps 1 and 2: Identification of themes and broad coding

Transcripts of the recorded interviews were read and broad coding was applied to identify material relating to parents' reports of the child's experience of open adoption, as opposed to the experience of parents or other family members. The material to be considered was transferred to a separate file of transcripts.

These transcripts were read and re-read until the material for each case was well known. An inductive process was then used to identify the broad themes relating to the children's experience of open adoption, as discussed by parents, with no themes being assumed a priori. First, the data were punctuated according to distinct comments or units of meaning. Each distinct comment made by parents was then given a topic description, and these were listed as they arose. The topic list was then reviewed and topics were grouped under higher order, broad thematic headings. Ten broad themes were identified, as set out in Table 25, on the

following page, which also lists the lower order topics that were grouped under each broad thematic heading.

The transcripts were then re-read and coded according to the broad themes. An example of a coded page of one transcript is attached as Appendix 8.

8.1.3.2 Step 3: Case summaries

During the broad coding process it seemed there were different patterns of reported experience emerging for different clusters of children within each contact group. These patterns would not be apparent if the data were cut vertically and themes analysed in isolation from each other. Therefore, to facilitate cross-case comparison, a further level of data reduction was facilitated by making summaries of the relevant material for each case. This resulted in the first level of data display and provided a brief overview of all cases.

Case summaries were made in a separate word processing file with each case being summarised on one separate page. An example of a case summary is attached as Appendix 9. Each summary began with a brief description of the child's reported contact with their birth family, followed by a sentence or paragraph under each of the broad thematic headings where relevant material was available. There was also a section for material that did not fall under any of the thematic headings. All relevant material from the transcripts was included in a summarised form by using exemplars of comments about a particular topic, summarising multiple comments made about the one topic, and making précis' of parents' comments. Direct quotes from the transcript were included wherever possible, so as to remain as close to the transcript material as possible. The case summaries were used as the basis for much of the subsequent analysis, but the full transcript was referred to where necessary for clarification.

8.1.3.3 Step 4: Identification of broad patterns of experience for different clusters of cases

Cases were divided into contact groups, namely, no-contact, ongoing-contact, or limited-contact groups. Inspection of the case summaries within each contact group, and consideration of the themes outlined in Table 25, suggested two broad clusters of cases based on the

Table 25

Topics and Themes Identified in Transcripts of Adoptive Parent Interviews Relating to the Child's Experience of Open Adoption.

Theme	Topics
Interest in the birth family or origins	Amount of questioning by the child Child's willingness to talk about birth family or origins Child's denial of the birth family Influence of the child's personality on their interest Interest in contact Child's concern for adoptive parents' feelings if they show interest
Understanding of adoption/ openness about adoption	Child's understanding/ confusion re: adoption/ birth family Openness about adoptive status to peers etc. Comfort with adoptive status
Knowledge of birth family	Comments re: reality versus fantasy for child in relation to the birth family
Satisfaction with pattern of contact	Satisfaction of child's curiosity Comments re: child's satisfaction with contact Comments re: whether noncontact or contact is "an issue" for child
Relationship with the birth family	Descriptions of child's relationship with the birth family How child conceives of the birth family's relationship with them Feelings of connection to the birth family Denial of connection to birth family
Feelings of rejection or of being wanted by the birth family	Child's feelings of rejection by the birth family Child's feelings of being wanted or loved by the birth family Child's sense of belonging in the birth family Child's actual feelings versus parents' fears about how child might feel
Feelings towards the birth family	"Treasuring" of gifts/ letters/ photos etc from birth family Interest in birth family Rejection of birth family Longing for the birth family Concern for birth family members Denial of the birth family Grief related to the birth family Child's feelings "unknown" Child's actual feelings versus parents fears for how child might feel
Emotional/ Psychological wellbeing	Comments re: self-esteem, self-worth Child's expressed emotions Child's emotional state Comments re: child's psychological health/ adjustment/ wellbeing Child's attachment to the adoptive family
Identity	Comments re: knowing who you are, where you fit, who you are like Holes and gaps in knowledge of background Comments re: searching for identity Effects on child of knowing/seeing his/her likeness to the birth family Sense of belonging Identification with the adoptive family
Response to contact or noncontact	Effect of contact/ noncontact on child Effect of child's personality on response Value of contact for the child Quality of actual contact Child's response is unknown Noncontact is "an issue" for the child Child's feelings about noncontact – actual and parents' fears Parents' concerns about future contact for the child

reported pattern of experience of open adoption. It was also discovered that the clusters were apparent across all contact groups. This process is described below.

A broad division emerged amongst the 60 cases between those in which children were described by the adoptive parents as having had a troubled experience of contact or the lack of contact, and those cases in which children were not described as having had a troubled experience of contact or the lack of it. In general, cases were considered to be in the "troubled experience" cluster when adoptive parents described negative experiences that fell under the four broad themes, listed in Table 25, of satisfaction with the pattern of contact, feelings of rejection or of being wanted by the birth family, emotional/psychological wellbeing, and identity. For instance, many adoptive parents described their child as missing the birth family, feeling rejected by them, worrying about the birth family, or wanting to know who they, or their birth family, were. When the descriptions indicated distress, dissatisfaction or disturbance in the child, then these cases were coded as being within the "troubled experience" cluster. Cases were considered to be within the "untroubled experience" cluster if no such descriptions were made by adoptive parents. Descriptions of children's experience of contact in this latter cluster tended to be at the more positive, or at least neutral, end of the continuum of experiences described under the four themes identified above.

Table 26, below, shows the number of cases considered to be within the troubled and untroubled experience clusters within each contact group. Each category is hereafter termed a "subgroup", for example the "no-contact, troubled experience" subgroup.

This concept of having had a troubled experience of contact was similar to the concept of satisfaction with the pattern of contact already described, but there were also some differences. Both concepts took into account the child's reported emotional reaction to their situation, but each had a different focus. The satisfaction variable focussed on contentedness with the pattern of contact, whereas the troubled experience variable focussed on how contact or noncontact seemed to have affected the child. There was a significant, negative, moderate correlation between the two variables, ($r_{p.bis}$=-.499, p<.001). In other words, children who were described as having had a troubled experiences of contact tended to be rated as more dissatisfied with their pattern of contact.

Table 26, also shows that further distinctions emerged regarding perceptions of the children in the no-contact group. Amongst the cases in the "untroubled experience" cluster in this contact group, some children were described as showing an interest in their origins or birth family, and some were described as not being interested. In other words, in the no-contact group, there were two subgroups within the untroubled experience cluster of cases.

Overall, then, as shown by Table 26, seven subgroups were identified across the 60 cases from the summaries. The next phase of cross-case analysis was performed for each subgroup.

Table 26

Number of Cases in each Contact Group Classified as Displaying Troubled or Untroubled Experiences of Contact with Birth Families, as Identified From Interviews with Adoptive Parents

Contact Group	Untroubled Experience No disturbance, distress or dissatisfaction described N	Troubled Experience Disturbance, distress or dissatisfaction described N
No-contact	20 (13 "Disinterested", 7 "Interested") 6 girls,14 boys Mean age=12.02 years	9 5 girls, 4 boys Mean age=11.33 years
Limited-contact	8 4 girls,4 boys Mean age=11.75 years	4 2 girls, 2 boys Mean age=11.31 years
Ongoing-contact	15 11 girls, 4 boys Mean age=10.85 years	4 3 girls,1 boy Mean age=13.06 years
Total	43	17

8.1.3.4 Step 5: Identification of themes within subgroups

Themes for each subgroup were identified in a similar manner to the process used for the initial broad coding described above. That is, the case summaries within each subgroup were re-read and all comments or issues were noted as they arose. These were then grouped into higher order categories or themes that described and encompassed a number of comments or issues. As the comments on the case summaries were noted under the initial broad thematic headings, the new themes were often closely aligned to them, although they were generally at a more refined level. For example, instead of "feelings of rejection, or of being wanted by the birth family", the theme became "sense of rejection" for the "no-contact – troubled experience" subgroup. The resulting matrices for each subgroup, listing the comments and issues arising from the case summaries, grouped under thematic headings, appear in Appendix 10.

Identification of themes stopped at this level as there were few enough cases, and a small enough amount of material to enable variations within themes to be mapped and presented in the matrices and text. For example, where the majority of cases in a subgroup were reported to have a close relationship with the birth family but a minority were reported to be less close, this is noted in the text and the reader can consult the relevant matrix to determine what comments contributed to this conclusion.

8.1.3.5 Step 6: Case studies and format for presentation of qualitative data analysis

The themes emerging from the cases in each of the seven subgroups are presented below, together with case studies selected to illustrate the range of children's reported experience of contact or lack of contact with birth families. One case from each of the troubled and untroubled experience clusters were selected from each of the three contact groups for illustrative purposes. Cases were selected on the basis of the breadth and depth of material available from the interview, and on the representativeness of the case for the particular subgroup. The parents of children whose cases were selected as case studies were contacted by letter, as shown in Appendix 11, to gain written consent to use the interview material in a case study, on condition of anonymity. The full interview transcripts, rather than the summaries, were used to construct the case studies.

All data presented in the themes and case studies emerged from the interviews with adoptive parents. Generally both parents participated in the interview, but in some cases only the adoptive mother participated. Some material for the case studies was also sourced from the demographic information provided by adoptive parents, and the questionnaires completed by adoptive mothers, that is, the CBCL and the PCRQ.

Emergent, overall themes for each subgroup are presented in turn in Section 8.2 below, although themes for the interested and disinterested groups within the "no-contact – untroubled experience" subgroup are presented together, with differences between interested and disinterested cases detailed in the text. For each subgroup, the presentation of overall themes is followed by a case study, and a brief discussion of it in the light of the themes for that subgroup. In Section 6.3, themes are then compared and contrasted across contact groups to identify common and distinct themes.

8.2 Identification of themes and presentation of case studies for each subgroup

In this section, the overall themes emerging for each subgroup are presented in turn, followed by a representative case study for the subgroup. In the presentation of themes, quotations from the interviews with parents are used, but in order to protect confidentiality, they are not linked to particular participants. Quotations were used to illustrate themes that were common to most or all cases in the subgroup, or to show how a minority of cases differed from the majority. Quotations in the case studies, by contrast, were taken from the interview with the adoptive parents of the child featured.

8.2.1 Subgroup: No-contact – Untroubled Experience

The overall themes identified for this subgroup arose from comments made by adoptive parents, as listed in Matrices 1 and 2, in Appendix 10.

8.2.1.1 Description of the subgroup

There were 20 children (14 boys, 6 girls) in the no-contact group who, according to adoptive parents' reports, seemed to have had an untroubled experience of lack of contact with the birth family. Thirteen of these children (10 boys, 3 girls) evidently showed little or no interest in their birth family or origins, while seven (4 boys, 3 girls) appeared to be interested, but not troubled by, the lack of contact. The case study for this section is an example of the latter group of cases.

8.2.1.2 Themes arising

The themes concerning the children's experience of open adoption that were discerned in the interviews of adoptive parents of the 20 children in the untroubled experience subgroup are detailed below.

(a) Level of interest in the birth family or origins

Parents of all 20 children gave an indication of the level of interest their child had in their origins or birth family. Children in the "disinterested" subgroup were described as being "not that interested" and never, or only occasionally, asking questions or talking about the birth

family. In contrast, the children in the "interested" subgroup reportedly asked questions about the birth family or their origins, discussed their origins openly, or sometimes spontaneously looked at information about their birth family, or at items given to them by the birth family such as letters, photographs or gifts.

(b) Level of understanding of adoption

Six sets of parents of both the interested and disinterested children believed their child had a good understanding of adoption and their origins. In contrast, parents of four children in the disinterested subgroup believed their child did not yet have the developmental maturity to understand information or the complexity of their birth relationships. Consequently these parents had not yet shared some information with their child, such as the agency report or a letter from the birth mother.

(c) Feeling of connection or disconnection with the birth family

Parents of four of the children described as being disinterested, indicated that the child denied or rejected their relationship with the birth family and instead strongly identified with the adoptive family. One boy was reported to have spoken of his birth mother as "only an incubator", and to have said "no, this is my family" when his adoptive parents mentioned the possibility he may have birth cousins.

In contrast, none of the seven children described as interested, seemed to reject their relationship with the birth family, although, according to her parents, one girl seemed to not understand the relationship and therefore was "not interested" in the birth family at this stage. Parents of all the other six children described as interested reported their child doing things that suggested they felt a sense of connection to the birth family such as making a mother's day card for the birth mother, "treasuring" a gift given by the birth mother, wondering about what the birth parents were doing, and still occasionally writing to the birth mother even though there had not been a response.

(d) Feeling content or satisfied with the pattern of openness

Parents of 17 children commented that their child was content or satisfied with their lack of contact with their birth family. These comments included that the child was "not bothered by it" or "quite happy", and it was "not an issue" for them. Parents of five of the children described as being interested made more specific statements about their child being "satisfied" at the

moment with the lack of contact, despite most of the children having plans to make contact with their birth family in future.

(e) Emotional wellbeing

In addition to the comments made by several parents about their child's satisfaction with their situation, eight parents (four in each of the interested and disinterested subgroups) also made specific comments about how happy or emotionally well adjusted their child was. Together these comments indicated that most of the children in this group were perceived to be coping well with their situation.

There were, however, four children in the disinterested subgroup who may not have been coping so well, and whose apparent lack of interest in the birth family may have been associated with some emotional disturbance, rather than a simple lack of curiosity or understanding. Parents of one boy made comments indicating that he may have had significant attachment difficulties. It is possible, therefore, that this boy may have denied the birth family out of anxiety about losing the adoptive family. Another girl's parents believed their daughter had "shut off the past" and may be "holding something back inside". A third parent was afraid her son may not ask questions about his birth family out of concern about hurting his adoptive parents. Another four parents qualified their comments about the child's apparent satisfaction with their situation with comments such as "but you just don't know", or it is "hard to judge how he feels". These comments indicate that the adoptive parents were open to the possibility that the children may be troubled by their situation while not seeming to be.

8.2.1.3 Case study 1

All information about the child in this case study was provided by both of the adoptive parents and reflects their agreed perceptions of the child and events.

Contact subgroup   No contact – Untroubled experience

Child's name*   Liam* (pseudonym used to preserve anonymity)

Age at time of interview   12 years and 2 months

Family composition   Mother, father and 16 year old adopted brother

Parents' education and employment

    Mother: secondary education, part-time customer service

    Father: secondary education, full-time retail manager

Family and child's health

Liam used medication for eczema

Child's experience of negative life events

Liam experienced the sudden death of his adoptive uncle one year prior to the research interview. He had also been "harassed" by his teacher for the whole year when he was nine years old.

School performance

Average in all areas

Interests

Football, softball, basketball, woodwork, crafts, electronic games

Peer relationships

Liam was reported to have a number of close friends whom he saw regularly outside of school. His mother felt he made friends easily and tended to keep his friends for a long time. His mother described him as caring and loyal.

Scores on measures of adjustment

Scores on the CBCL problem scales were at or below average, with scores on the Total Problem and Externalising scales both being below the 50th percentile, and the Internalising Scale being on the 54th percentile. Scores on the PCRQ indicated a high quality relationship between Liam and his mother.

Circumstances of adoption

Liam was eight weeks old when he was placed with his adoptive family. He had been in foster care prior to that, but had spent time in hospital having an operation before he was placed. Liam's parents were informed by the agency at the time of placement that the birth mother had chosen them herself to be Liam's adoptive parents.

Description of contact with birth family

Prior to the adoption, Liam's adoptive parents had requested a child who would have no contact with the birth family other than a meeting around the time of placement. This was because their older child did not have any contact with his birth family and they wanted both their children to be in the same situation. Liam's birth mother was from overseas and came to Australia to have her baby. She then returned home a few months after Liam was born. She did not want any ongoing contact, but she agreed to meet Liam's adoptive parents before leaving the country. A meeting was arranged through the agency but was subsequently cancelled by the birth mother. There had been no other contact with any birth family member since then. At the time of placement, Liam's parents received a report

about the birth mother that was not particularly personalised, and Liam received a teddy bear from his birth mother.

Child's reaction to noncontact

According to his adoptive parents, Liam is a naturally inquisitive boy and had been interested in his origins and birth family since he was a young child. His parents said:

> *The questions we were told to expect he would ask, he did....About (his birth mother) , where does she live,...trying to get as much information as we had. We gave it to him, what we can....That's satisfied him at the moment.*

Liam's parents felt that Liam was content with his situation if they could answer his questions. They commented:

> *I think if you can answer his questions – you don't fob him off, because you can't fob Liam off, you've got to answer his questions – and then he's fine, he's happy with that. That's our Liam, needs to know. More inquisitive I suppose, but because we've been open with him and answered those questions so there's no problem with the adoption, being adopted or anything like that at all.*

Liam's parents also felt that it helped Liam that his brother also did not have contact with his birth family. They felt it would have been harder for him if he was constantly comparing his situation with someone who did have contact.

Despite his apparent contentedness with the current situation, his adoptive parents reported Liam had always said that he would try to find his birth mother "as soon as he's 18". His parents said "it comes up rarely, but it will be the same thing: he's off (overseas) to meet (his birth mother)". Liam's parents believed his interest was "just Liam being inquisitive, wanting to know.... It hasn't held him back or anything, it's not an obsession. It's just what he's wanted to do for a long, long, long time...since he could understand".

From the adoptive parents' reports, it seemed that Liam also made the assumption that finding and connecting with his birth mother would be easy when he tried to do it. His mother said, "I think when he's 18 he'll fly to (her country) and knock on the door and hope that (his birth mother is) there." In the mean time, Liam apparently "treasures" the teddy bear he was given by his birth mother. His mother said, "He's got the bear in there. The bear's in good nick. Pride of place on the bed. Sleeps with him,...he treasures the bear because it's from (his birth mother)."

8.2.1.4 Case discussion

This case exemplified the themes identified for children who were interested in their birth family but had no contact with them. Based on adoptive parents' reports, it seemed that Liam perhaps showed more interest than most of the children in this group with his frequent questions and expressions of his desire for future contact. It seemed that Liam felt a strong connection to his birth mother, indicated by his treasuring of the teddy bear and his assumption that future contact with her would be easy. Despite his reported interest and sense of connection, based on his parents' reports it seemed that Liam was content with the current situation, and not distressed by it at all. It appeared that Liam was quite an open boy who frequently talked about his adoption to his parents, so it is likely that if he had any concerns, his parents would have known about them. However, it is possible that Liam would experience more concern or dissatisfaction with the lack of contact during adolescence, when identity issues become more important for many children. Nevertheless, it is noteworthy that in the present study, most children who were reported to be disturbed by their lack of contact, reportedly became so before adolescence.

Liam's apparent satisfaction with his situation raises the question of what it is that makes some children distressed by their lack of contact with the birth family and others not, even though they might each be interested in and feel connected to their birth family. In Liam's case, two factors seem important. One is the influence of personality. Based on his adoptive parents' reports, Liam seemed to be an easy-going, practical child, with a positive outlook and good self-esteem, who could accept his family situation well and make the most of it. The other factor is the effect of certainty on the part of the birth family and the adoptive parents with regard to the adoption and their decisions to have no contact after placement. According to Liam's parents, it seemed the birth mother was clear that she would relinquish Liam, and she played an active part in choosing his adoptive family. She also seemed to be clear about having no contact with him post-placement. Similarly, Liam's parents were clear that they wanted a child who had no birth family contact, to the extent that they were prepared to forego the opportunity to adopt a second child if necessary. It may be that this clarity helped Liam directly, and also enabled his parents to provide more effective parenting because they felt secure. Liam apparently received a clear message that there was not going to be contact until he was an adult. This is likely to have helped him to accept the situation more easily than if the message had been ambivalent or laced with a sense of guilt or regret.

8.2.2 Subgroup: No-contact – Troubled Experience

The overall themes identified for this subgroup arose from comments made by adoptive parents, as listed in Matrix 3, in Appendix 10.

8.2.2.1 Description of the subgroup

There were nine children (five girls, four boys) in the no-contact group who, according to adoptive parents' reports, seemed to have had a troubled experience of open adoption. For five of these children, the level of disturbance or dissatisfaction seemed mild, or was only suspected by the parents or the researcher to be associated with their adoption, rather than being clearly associated with it. Two of these children were reported to have never spoken about their adoption and origins, and the other three to have done so only rarely, so it was difficult for the parents to know if the child's emotional disturbance was directly associated with adoption issues. For the other four children, the reported disturbance or dissatisfaction appeared to be pronounced, and was quite clearly perceived by the parents as being associated with the lack of contact from the birth family. The case study for this section is an example of the latter group of children.

8.2.2.2 Themes arising

The themes concerning the children's experience of open adoption that were discerned in the interviews of adoptive parents of the nine children in the "no-contact, troubled experience" subgroup are detailed below.

(a) <u>A sense of rejection</u>

A sense of rejection in the child was mentioned by all but two parents in this subgroup. This ranged from reports of specific comments by the child concerning feeling rejected by the birth family, to the child being reported to have a generalised sense of rejection which the adoptive parents believed was unconsciously related to being relinquished. Parents reported their children making such comments as "why didn't she want me?" and "did she not like me?". From a different angle, one parent reported that her son did not follow up a desire to contact his birth mother because he was afraid she would not like him.

(b) Emotional disturbance

Based on adoptive parents' reports, some level of emotional disturbance was apparent in six of the children in this group, and the parents of these children all believed that the disturbance was directly attributable to the child's relinquishment and subsequent lack of contact by the birth family (although in the case of one child, who appeared to be quite disturbed, the parents wondered if there were also other factors at play, and were not sure of the extent to which adoption issues were affecting the child). The reported level of disturbance ranged from occasional expressions of unhappiness or anger about the lack of contact from the birth family, to a continuing sense of hurt and anger, to poor self-esteem and communication problems, to an acute sense of "insecurity", to quite severe psychological disturbance requiring professional intervention. For the two children in the latter situation, the emotional disturbance was reported to be generalised, but the parents believed its roots lay in the sense of having been rejected by the birth family.

(c) Identity issues

Identity issues were mentioned by the adoptive parents of two children. Parents of these children talked about the child wanting to know about the birth family, wondering who they resembled, and how they fitted into their family of origin. One mother said her daughter would often "study us" and seemed to be wondering "who do I look like?....She is obviously trying to connect with somebody". Her mother thought her daughter was "often looking for an identity", and experiencing "a missing link....a little piece missing from her puzzle, (asking) 'who do I look like', 'what are they like?'." When the daughter was listening to her adoptive family telling stories about the past, the mother sensed she would like to be part of it, but "she's got a stop, she can't go back any further because she hasn't got that information. It's really like someone who's got amnesia or something."

It may be that identity issues were more prevalent in the children in this subgroup, but because four of them were reported to never or rarely speak about their adoption and origins, the parents could not be aware if these issues were of concern to their children.

8.2.2.3 Case study 2

All information about the child in this case study was provided by the adoptive mother and reflects her perception of the child and events.

Contact subgroup   No-contact – Troubled experience

Child's name*   Chris* (pseudonym used to preserve anonymity)

Age at time of interview   12 years and 6 months

Family composition

Mother, father, 10 year old adopted brother

Parents' education and employment

Mother: secondary education, part-time shop assistant.

Father: secondary education, full-time skilled technician

Family and child's health

All physically healthy. Adoptive brother had dyslexia.

Child's experience of negative life events

No events reported.

School performance

Average in most areas. Above average in languages.

Interests

Sports, especially basketball. Computer and card games

Peer relationships

According to his mother, Chris had a number of close friends whom he saw regularly outside school. His mother felt that he made friends easily and tended to keep his friends for a long time. His mother reported that he was very caring with young children.

Scores on measures of adjustment

The score on the CBCL Total Problem Scale was above average (71st percentile), indicating more emotional and behavioural problems than most boys Chris' age. The score on the Externalising Scale (78th percentile) was higher than that on the Internalising scale (50th percentile). Scores on the PQRQ indicated a high quality relationship between Chris and his mother.

Circumstances of adoption

Chris was six weeks old when he was placed with his adoptive family. He had been in foster care for the whole time prior to placement. His adoptive parents were not aware of any health or wellbeing concerns in his birth family.

Description of contact with birth family

Chris's birth mother stipulated that there would not be any contact after placement. This has not changed and there has never been any contact with any birth family member. Chris did, however, receive a personalised report about his birth family from the adoption

agency at the time of placement. This included information about the circumstances of his conception, and both his birth parents' hobbies and interests. He also received a card and letter from his birth mother in which she wished him well, and a photograph of his birth mother. Chris had read the letter, and the card and photo were kept in his baby album.

Child's reaction to noncontact

According to his adoptive parents, Chris had "asked questions the whole way through" about his adoption and birth family, but his mother felt he and his brother were:

Very cautious as to what they ask in case they offend us. It doesn't offend me and I often say to them, "It's OK, you can ask whatever you like and I'll answer in the best way I can". So (Chris is) timid about asking questions, so I volunteer them most of the time.

Being adopted has itself "never been an issue with him", but, according to his mother, from time to time Chris did appear to feel concerned about the lack of contact from his birth mother. Chris' mother described his apparent concern as follows:

It does concern him. It comes in waves. It concerns him at times. You find he may be particularly distressed about very menial things and I can sit down and talk to him and perhaps introduce an adoption issue with him, just to run it by him and see whether or not there's something about that that is troubling him at the time. And quite often it can be. He gets concerned that there aren't any letters. "Doesn't she care?" or "Is she all right?" More often than not, he's concerned whether or not she's all right. And then he says, "It must have been really hard, Mum, 'cos babies are so beautiful". He loves small children. By the same token, he would often get his baby photos out and say, "Well, I was really a beautiful baby, it's not because I was ugly that I was given away". So there are all those concerns that do arise. Why was he given away. It doesn't matter how often you say, "Your mum couldn't look after you, she couldn't afford to keep you, she was by herself, she wanted you to have a mum and a dad", you know.

Chris' mother felt contact would benefit both her children, neither of whom have contact with their birth families. Speaking about Chris, she said:

I think it would be nice for him to write and ask questions and see that there is a lot of concern from the other side. Rather than just that she is...because he has said to me on one occasion, "By the time I'm 18 she'll have forgotten me". So I tell him, "That's just not possible. You'll never be forgotten". So I think he would benefit, they both would, he'd just benefit if there would be some sort of contact....I think that would settle their mind in many respects....It would appease them. My answers are only

limited and as much as I can explain things to him he still needs to hear it from the birthparent – "It wasn't because I was ugly, I wasn't naughty, I'm a good boy". This sort of thing, it does raise its head every now and again.

Despite his apparent concerns about the lack of contact, Chris' mother commented that "generally he's just a normal young teenager I suppose, going through the same things as other kids".

8.2.2.4 Case discussion

This case highlighted two of the themes that were common to reports of this group of children: a sense of rejection, and some emotional disturbance associated with relinquishment and/or the lack of contact from the birth family. Identity issues were not apparent in this case, although they may arise as Chris goes through adolescence.

Chris's reported musings about his attractiveness as a baby suggested he may have been struggling with understanding why he was relinquished. Based on his mother's reports, Chris seemed to have a sense of having been unwanted and uncared about, and the continuing lack of contact from his birth family seemed to only reinforce this sense. Indeed, based on his parents' reports, his sense of rejection seemed to be exacerbated by the knowledge that the birth mother could have contact with him but apparently chooses not to. There was a sense in his mother's reports of Chris apparently being in a state of mild but chronic grief, and caught, at that moment at least, in a phase of trying to understand why he was relinquished for adoption.

While, according to his adoptive mother, Chris seemed comfortable with his adoption per se, it seemed from his mother's reports that he had ongoing concerns about adoption issues that negatively affected his happiness and his ability to cope emotionally from time to time. These concerns may well have an adverse affect on his identity and self-esteem. Chris' reported level of emotional disturbance seemed to be relatively mild compared to other children in this subgroup, although his mother rated him relatively highly on the Externalising Scale of the CBCL. This indicated that he had more emotional and behavioural problems than most boys of his age, and he would have tended to act out his emotional difficulties rather than express them directly.

The final matter this case highlighted was that even though Chris apparently had more information about his birth mother than children would have had under the old closed adoption system, it still was not enough for him, according to his adoptive mother. He had a detailed report about his birth mother, a letter from her, and a photograph, but these were apparently

not enough to answer his questions and reassure him that he was loved. Despite the very positive attitude that his adoptive mother had to answering questions and providing reassurance, she believed that what Chris needed was direct contact with his birth mother.

8.2.3 Subgroup: Limited-contact – Untroubled Experience

The overall themes identified for this subgroup arose from comments made by adoptive parents, as listed in Matrix 4, in Appendix 10.

8.2.3.1 Description of the subgroup

Based on adoptive parents' reports, two thirds of the children (four boys, four girls) in the limited-contact group appeared to be content with the pattern of contact they had, and were apparently not troubled by aspects of adoption. All eight children were reported to have received some early contact from their birth mother, but only two still had contact with her. In both these cases the contact was reported to be very irregular and by letter only, and one of the birth mothers was reported to have moved interstate. For three of the children, parents reported there had been early contact but it had now stopped completely, in one case because the birth mother had died and no other birth family members kept contact. For the other three children in this subgroup, ongoing contact was reported to now be in the form of letters from an extended birth family member, an aunt in one case and the maternal grandmother in two cases. For one of these children, there had apparently been extensive, primarily written, contact with the birth mother before she had died of a progressive illness.

All the children in this group were described as being content, or not concerned by the limited amount of contact they had with their birth families. Parents of two children made comments that their child was unconcerned about the limited contact and enjoyed the contact they did have. Two children, who now had no contact at all, were reported to have occasionally questioned the lack of contact but they did not seem distressed by it. Adoptive parents of three children believed their children would be very interested in more contact if it was available, but reported them to be quite accepting of the current amount of contact.

8.2.3.2 Themes arising

The themes concerning the children's experience of open adoption that were discerned in the interviews of adoptive parents of the eight children in the "limited-contact, untroubled experience" subgroup are detailed below.

(a) Interest in the birth family

According to their adoptive parents, all eight children showed an interest in their birth family. Some apparently occasionally looked back at photographs and letters from the birth family while others showed little interest until something new arrived from the birth family, such as a letter or gift. One girl, whose birth mother had died, was described as being very interested while her birth mother was alive, but after a period of mourning she now did not mention the issue. Parents of another girl said their daughter did not particularly show an interest now, but they thought she would be very interested in contact if it were offered.

(b) Feeling of connection to the birth family

Based on adoptive parents' reports, five of the children not only showed an interest in the birth family but also seemed to feel a sense of connection to them. This was shown by reports of the children keeping photos of their birth mother "under close guard", responding enthusiastically when contact was made by the birth mother, and treasuring gifts given by the birth family. One parent commented that a gift given to their daughter by the birth mother when the girl was seven years old helped her to "believe that she was liked....she knows she was really wanted". In contrast, parents of a boy who now had contact only with his grandmother, felt their son "doesn't seem to feel much of a relationship with his grandmother and none at all with his birth mother". Another boy apparently once asked why his birth mother had not seen him and asked "why she didn't want to", suggesting that he may have felt rejected by her.

(c) Benefit of having met the birth mother

Parents of four children made specific comments about the benefit to their child of having met the birth mother. For one child, the benefit was described as the child being able to see his likeness to the birth mother, which the parents believed was "positive for his identity". For another child, early meetings with the birth mother reportedly helped the child to not feel rejected. In the words of this girl's mother:

She could actually see who this person was, so it wasn't "Oh, why did she give me up, she doesn't love me".....This person was willing to hold her and cuddle her and give her a present....She can see that when she meets (the birth mother), no matter what (the birth mother's) done before or after, she probably understands that she was originally loved.

This girl's parents also felt that meeting the birth mother had helped their daughter to "know" the reality of the birth mother and her problems, and thus to accept her adoption. The parents of another child also commented that the difference for their child between receiving letters and actually meeting the birth mother was "reality". Parents of the fourth child did not identify why meeting the birth mother benefited their daughter, but simply said that she seemed "happy and contented with her lot" because she "can see photos of (her birth mother) and she knew that she saw her a few times early on".

8.2.3.3 Case study 3

All information about the child in this case study was provided by both of the adoptive parents and reflects their agreed perceptions of the child and events.

Contact subgroup   Limited-contact – Untroubled experience

Child's name*   James* (pseudonym used to preserve anonymity)

Age at time of interview   12 years and 11 months

Family composition

    Mother, father and 16 year old adopted brother

Parents' education and employment

    Mother: tertiary education, part-time administrator

    Father: post-graduate education, full-time business analyst

Family and child's health

    Mother was diagnosed with breast cancer some months prior to the research interview

Child's experience of negative life events

    As well as his mother's diagnosis of breast cancer, James' paternal grandparents had stopped contact with his parents five or six years prior to the time of the interview.

School Performance

    Above average in most areas. Average in social science and science.

Interests

    Bike riding, helping around the home, cooking, singing in the school choir.

Peer relationships

According to his mother, James had one close friend whom he occasionally saw outside of school. He did not make new friends as easily as other boys of his age and did not tend to keep his friends for a long time. His mother described him as being a "lateral thinker" who was family oriented. He had the "ability to read people", but he could be "quite stubborn".

Scores on measures of adjustment

The CBCL Total Problem Scale score was above average (72nd percentile), indicating more emotional and behavioural problems than most boys of James' age. The score on the Externalising Scale was much higher (88th percentile) than the score on the Internalising Scale, which was below average (below the 50th percentile). Scores on the PCRQ indicated a somewhat lower quality relationship than average between James and his mother, particularly with regard to how James was reported to act towards his mother. His mother rated James as being less accepting and warm than average, and less likely to share his feelings and concerns with her than most children. James' mother rated her Encouragement of Independence higher than average, but her level of Attunement as less high.

Circumstances of adoption

James was nine and a half weeks old when he was placed with his adoptive family. As far as his parents knew, he had been in foster care for the whole time prior to placement. His parents were not informed of any health or wellbeing concerns in James' birth family, but his adoptive mother suspected that his birth mother might have had "a drug problem".

Description of contact with birth family

At the time of placement, James' parents were told there was likely to be no contact with the birth family, although they were informed that the maternal grandmother wanted to meet the adoptive family once, after placement. James' parents were hoping there would be letters exchanged as well, but there was no agreement for this to occur. They received a personalised report about the birth family at the time of placement, but no letter or gift.

Since placement there had been one meeting with the grandmother when James was a baby, and this grandmother had continued to write to James and his parents at least once in most years. The adoptive family had not met the birth mother, but James received two letters from her including "one long, lovely letter". She also occasionally added a few lines to her mother's letters and sometimes sent gifts to James as well. The grandmother's letters often informed the family of the wellbeing and activities of the birth mother, and she

had sent photographs and gifts at times. James' mother was not sure whether the birth mother had any input into providing the gifts, or whether they were only from the grandmother. James' mother had always written to the birth mother twice a year, via the grandmother. There had been no contact with any other birth family member.

Child's reaction to contact-noncontact

According to his adoptive parents, James was aware from a very early age that he was adopted, but he had never shown much interest in his birth family or origins. His parents contrasted his lack of interest with that of his older brother who had somewhat more regular correspondence from his birth mother, and who was always very interested. Referring to a file of correspondence from the two birth families, James' mother commented:

He doesn't go back to it and read it. James is beyond it now, but (his brother) at the same age would have been sitting there reading his the whole time.... But James, you never see him sitting there....He's not into self-focussing....He's only 12 and a lifetime could happen in the next six years, but I don't expect him to seek his birth family out, whereas (his brother), we already know he will.

James has reportedly been "delighted to get something (from his birth family), especially if there's money, but if he doesn't, he doesn't sweat". He was described as generally not showing much interest when a letter arrived from his birth grandmother, and often not reading the letters at all, but he was reported to have shown more interest when his birth mother wrote to him a few years previously. She sent a photograph of herself with that letter which James wanted to keep in his room. His mother wanted to keep the photo in the file with the other correspondence for safekeeping, so James instead kept a photograph of his birth mother's cat.

Consistent with her perception of James' low level of interest in his birth family, his adoptive mother believed he would not be distressed if contact with the birth family ceased. She remarked:

I actually don't think he'd be particularly distraught if he didn't hear anything again. He doesn't talk. He's not a person who lets us know how he feels. Whereas the other boy, if he all of a sudden he didn't hear from his birth mother, he'd be quite upset....Because I think (James) feels really bolted in here, I don't think he has the need for it.

Despite this, James' mother noted that "even though I'm saying he doesn't seem to mind, if (contact with his birth mother) had been there, he would have embraced it". She

thought this was because he was "an extremely loyal child" who was "very family oriented", and therefore "if he had a mother who did that, he'd be very comfortable". Commenting on how James would be likely to respond if he was asked how he felt about the lack of contact from his birth mother, his mother said:

I think if you asked him he'd just (shrug). He doesn't appear to be distressed. Now he's not gone through the difficult teenage years that he might. But I don't think it matters to him. If it had been there in the beginning he would have. That person's missing out. (His birth mother) is going to miss out on a wonderfully caring person in her not giving him that in the first place.

James' mother also commented on how it was having one child with more contact than the other, saying:

I think one of the issues with adoption and the openness as a parent is negotiating the fact that you've got two separate standards for your children. You have to come to terms with it and you may also have to get your kids to learn to accept it. You might have one who has a lot of contact and one who has nothing. But both ours seem to accept it for what it is at the moment.

8.2.3.4 Case discussion

This case was unusual for the reports of the group of children who apparently had an untroubled experience of a limited pattern of contact in two respects. Firstly, James had never met his birth mother in person. Secondly, there was still some contact with her, although she was not the primary contact person for him. Nevertheless, the case highlighted several of the themes identified for this group of children.

Based on his parents' reports, it appeared that James was unconcerned by the limited amount of contact he had. This perceived low level of interest in the birth family was similar to the reports of the subcategory of children in the no-contact group who were disinterested in their birth family and origins. Apparently, James did not deny his birth family, but he showed little interest in them, except when there was contact directly with his birth mother. His reported interest in his birth mother's letter and in keeping the photograph of her suggested that he may have felt a connection to her that he did not feel with his birth grandmother.

James' mother noted that James tended not to let his parents know how he felt, and this was indicated by the lower rating of his relationship with his mother on the PCRQ. Therefore, if James did have concerns about his situation his parents would probably not be aware of them.

James was also scored relatively high on the Externalising scale of the CBCL, indicating that he tends to act out his emotional difficulties rather than feel negative emotional states. It may be that James' reported externalising behaviour was an expression of concerns about his adoption or contact situation of which he may not have been consciously aware, and therefore could not directly express to his parents.

8.2.4   Subgroup: Limited-contact – Troubled Experience

The overall themes identified for this subgroup arose from comments made by adoptive parents, as listed in Matrix 5, in Appendix 10.

8.2.4.1 Description of the subgroup

Based on adoptive parents' reports, there were four children (two girls, two boys) who had limited contact with their birth families and who seemed to have had a troubled experience of contact, or the lack of it. All four children had met their birth mother in person, and three children still had ongoing, but intermittent contact with her (two only by letter now). The fourth child had been visited once by her birth mother and grandparents when she was a baby, and then had no further contact until three months before the research interview took place, when her birth mother unexpectedly recontacted her by letter and suggested she would like to establish ongoing contact.

8.2.4.2 Themes arising

The themes concerning the children's experience of open adoption that were discerned in the interviews of adoptive parents of the 4 children in the "limited-contact, troubled experience" subgroup are detailed below.

(a) <u>Positive effect of contact for the child, compared with distress about noncontact</u>

The adoptive parents of all three children who had received some ongoing, although irregular, contact with their birth mothers described a positive effect of this contact on their children. Two children who had very intermittent and unpredictable contact reportedly had periods of being very distressed by the lack of contact but were described as being "a different child" or "over the moon" after contact occurred. Based on their parents' reports, contact for

these two seemed to satisfy their desire for information about their origins, and gave them a feeling of being reconnected with their birth family. It also seemed to have a positive effect on their identity and self-esteem. One mother felt that receiving a letter and photograph from her son's birth mother was "just enough to sort of give him that sense of himself". She also felt that ongoing contact "would really help keep his self-image together" during adolescence (see Case Study 4, in Section 8.2.4.3 below). Another mother commented that although her son was very unsettled before and after visits, being able to talk to his birth mother "helped answer questions", and hearing stories from his birth mother about the time after his birth "made him feel very wanted".

For the fourth child in this group, the girl who's birth mother unexpectedly recontacted her recently, the adoptive parents indicated that contact was very unsettling for the child, and elicited feelings of rejection and anger towards the birth mother. Despite this, the girl still seemed to want contact with her birth mother.

According to the adoptive parents' reports, all four children in this group wanted more contact with their birth mothers than they had. Three were described as being very dissatisfied, and in some cases quite distressed, when there were long breaks between contacts. One boy seemed to be reasonably satisfied with the pattern of contact he had with his birth mother, but he was reported to want more in person contact.

(b) Relationship with the birth family

Based on parents' reports, three of the children seemed to feel a strong connection with their birth mothers. Children were described as "feel(ing) a strong attachment", being "very interested" in the birth mother and "excited to see or hear from her", thinking of the birth mother often, "missing" her, "feeling a great deal of warmth and responsiveness", and being concerned for the birth mother's welfare. With the infrequent contact, however, one girl's relationship was described as having become based on fantasy, and the girl had "built (her birth mother) up into this fictional princess".

One boy was reported to feel a strong attachment to his birth mother, but he had been very confused about his relationship with her. His mother said,

He's enjoyed being with her, but it's like there's this depth of relationship there that just comes and goes. There's all that not being quite sure how much he's supposed to give of himself. And then knowing that this isn't going to be an ongoing weekly, daily arrangement....He was obviously excited by the meetings but he didn't know what his relationship was with them.

In contrast to the other three children, the girl who had recently been contacted by her birth mother did not seem to feel a positive connection with her birth family. Her mother said she "does not want anything to do with them", and was rejecting them, saying, "I've got a mum and dad, I don't want to meet her". These feelings may have been associated with the girl feeling rejected, as she was also reported to be "very disappointed and angry" when her birth mother took some time to respond to her reply to the first letter from the birth mother.

(c) Sense of rejection

Based on adoptive parents' reports, a sense of rejection was a common feature amongst all four children in this subgroup. Parents made such comments as "she feels like she was given away", or "he asked why he was given up" and his half brother was not, or "being relinquished has been a big deal for him to come to terms with". At the same time, at least one child seemed to feel reassured about being loved and wanted when he had contact with his birth mother. This boy's mother said he felt "very special" when he was "treated like a king" by the birth family at a wedding.

(d) Emotionally troubled

The adoptive parents' reports indicated that all four children in this subgroup showed signs of being emotionally disturbed in some way by the contact, or lack of it. Indications of this ranged from reports of regular bouts of sadness and crying, missing the birth mother to the point of being "hysterical", worrying about the welfare of the birth mother, being "angry" and "upset" by the birth mother's lack of contact, and generalised "bad" and "testing" behaviour. For three of the children, parents reported that the disturbance was associated with the birth mother's lack of contact, but for one boy it was mostly associated with contact itself. This boy's mother reported that his behaviour "deteriorated" and became "difficult" in the time before and after visits from his birth mother. She believed this was due to him being confused about his relationship with his birth mother. In the 18 months before the research interview took place, there had been less contact and a "more consistent pattern", which his mother believed had helped the boy to settle down. In her words:

> It's not like "I'm going to see her to have this full-on thing happen and then it's going to be dragged away from me", you know. And he's just sort of getting into the groove of you know, "well there's just mum and dad basically, but there's these other interested people out there", you know

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8.2.4.3 Case study 4

All information about the child in this case study was provided by both of the adoptive parents and reflects their agreed perceptions of the child and events.

Contact subgroup   Limited-contact – Troubled experience

Child's name*   John* (pseudonym used to preserve anonymity)

Age at time of interview   11 years and 10 months

Family composition

  Mother, father and 9 year old adopted brother

Parents' education and employment

  Mother: tertiary education, part-time teacher

  Father: post-graduate education, full-time teacher

Family and child's health

  John had been diagnosed with a short-term auditory memory problem and dyspraxia which affected his posture and learning ability. At the time of the research interview, he saw an occupational therapist and had a special education teacher at home, as well as special tutoring from his mother. His adoptive brother had diabetes.

Child's experience of negative life events

  There were no events noted other than John's cognitive problems.

School Performance

  Average in reading and language skills. Below average in all other areas due to diagnosed learning difficulties.

Interests

  Drawing, reading, video games, soccer

Peer relationships

  According to his mother, John had a number of close friends whom he saw regularly outside of school. He was reported to able to make friends relatively easily, and tended to keep his friends for a long time. His mother described him as having a gentle nature and being very perceptive of other people's feelings. She felt he had poor self-esteem, however, as a result of his learning difficulties.

Scores on measures of adjustment

  The CBCL Total Problem Scale score was above average (84th percentile), indicating more emotional and behavioural problems than most children. The score on the

Internalising Scale was much higher (96th percentile – in the borderline clinical range) than the score on the Externalising Scale, which was below average (below the 50th percentile). Scores on the PCRQ indicated a high quality relationship between John and his mother.

Circumstances of adoption

John was eight weeks old when he was placed with his adoptive family. His birth mother stayed with him for a week in hospital before he was placed in foster care, where he then stayed for the rest of the time before placement with his adoptive family. John's parents were not aware of any health or wellbeing concerns in his birth family.

Description of contact with birth family

At the time of their application for adoption, John's adoptive parents had a strong preference for a child who would have contact with the birth family. This was partially due to his father's experience of being an adopted child himself, and partially due to his mother's natural curiosity. An agreement was therefore made at the time of placement that there would be at least one meeting per year with the birth mother, as well as regular exchange of letters. John's parents received a report from the agency about the birth family that was not particularly personalised, but there was also a letter for John from his birth mother. John apparently saw this for the first time when he was 10 years old. His parents had not shown him the letter before that because "it just sort of hadn't come up, hadn't needed to". They also felt that letters from birth mothers had "quite difficult concepts in them for kids to understand, but I felt he was old enough (at that time)".

After placement there were five meetings with the birth mother in the first three years, all initiated by the birth mother. Shortly after John's third birthday, however, his birth mother moved interstate and she has not actually seen him since. John's adoptive mother made contact with her by telephone and letter a few times after she moved, but then there was a period of three or four years where they did not hear from the birth mother at all. Speaking of that period, John's mother said she eventually stopped writing to the birth mother as she "didn't want to push her into feeling like she had to respond".

From when John was around seven years old, contact by letter was resumed, and then occasional telephone calls began. John's birth mother had generally written or sent a card once a year, but there had not been a consistent pattern. Her letters have usually been very brief and addressed to the whole family, rather than just to John, but she did send one letter in the previous year in which "she just spurted out pages of all this stuff about herself". This was soon followed by another letter and some photographs. John sometimes asked to ring his birth mother but did not usually do so, although once he

spoke to her for half and hour. His mother said, "if he ever phoned her she would be more than willing to chat with him. She's quite open to all that." John's mother described their relationship with the birth mother as follows:

We sort of have the relationship that if I needed to ring her I could just get on the phone right now and call her and she'd be happy to hear from us. We established a comfortable relationship early on so it's not a strain for us at all. We've talked about that we'll go to (her city) one day specifically so we can go and visit her, and I'm sure we just could write and say we're coming over and could we pop in and she'd say, "okay, sure".

Child's reaction to contact-noncontact

According to his parents, John became quite distressed by his adoption and contact situation when he was about 10 years old, after the family moved back to Australia following a two year period of living overseas. At that time there had been no contact from the birth mother for three or four years. Following his return to Australia, John's parents said he was trying to re-establish himself with his peers, and was being "confronted" by children "who didn't understand" about adoption. His mother said:

It's not something a lot of people experience and (we've) just gone through his story again about why he was put up for adoption and why we chose to adopt and all the different things about it. We just keep going over and over that all the time, and that seems to....trying to give him answers. So all that was happening and it was again that re-establishing himself within the group. It's almost like an identity....At one time he was really concerned, he wanted to go back to (his birth mother) - this was even a couple of years ago - because he thought she was by herself. (He said) "We have (my adopted brother) now and she's by herself". But then we found out she'd had another child since and that stopped him.

Then, in the year prior to the research interview, John apparently suddenly became very distressed again. His mother described the situation as follows:

The last year he got out of the bath and for some bizarre reason he was quite ballistic about the whole thing, about you know, he missed her and he wanted to see her and he just really wanted to meet her, he was hysterical. He wanted to get to know...her (other) son, and "why didn't she keep" him, and "why she had got (her other child")). I suppose he was sitting in the bath pondering things. So we had to talk all through that and then that's when I wrote to her and asked her to send some photos. I think he'd sort of almost forgotten what she was like. Because he feels a strong attachment to

her: He's got a very strong attachment to her and (her other son). And we foster that and try to keep that going.

It was after this that John was first shown the letter written by his birth mother at the time of placement. Following the outburst, John's mother wrote to the birth mother saying, "I really need you to send some photos and write back to him". His mother described John's reaction to receiving his birth mother's reply as follows:

He was over the moon. It was just like he'd won Tatts. It was great and he took (the photos) to show all my family and everybody and we talked about how his hair is like (his brother's), his eyes are like (his brother's), and he's been fine from then on. That was just enough to sort of give him that sense of himself. He's been fine, good as gold. We haven't had anything again now, he's much more confident about it.

At the time of the research interview, John's mother was about to write to the birth mother to:

Tell her how big an effect that letter had on John and to ask her if she could just make sure that she sends him a birthday card and a Christmas card. I think that would really see him through his difficult period of adolescence and really help keep his self-image together, because it really made a big impact on him last year. So, as John's mum, that's what I would hope she would be able to keep up, and I don't think she would have a problem with that and I feel very comfortable about asking her.

John's mother felt that contact with his birth mother benefited John "because he lacks self-confidence and he just needs that 'where I come from' to give him that identity." She felt it helped "his own self-image" to know that he could ring his birth mother up and ask her anything he wanted to know. Nevertheless, John's parents thought that John would rate the quality of the contact at less than 50% because he would have liked more of it. For themselves, John's parents felt that it was good to know their children's birth mothers "because then when the boys talk about them, we've met them personally, we're not just making something up". They felt this enabled them to convey a very positive image of the birth mothers and of their decisions to relinquish their children.

8.2.4.4 Case discussion

This case highlighted all the themes discussed for this group of children who were reported to have had a troubled experience of their limited pattern of contact with the birth families, although the picture is complicated by John's cognitive difficulties. The consequences

of these conditions, including learning and physical problems, was likely to have contributed in a significant way to the emotional difficulties that were indicated by the high score on the Internalisation scale of the CBCL. It is therefore difficult to draw conclusions about the psychological effect of John's adoption and contact situation. Nevertheless, the emotional disturbances experienced by John in relation to his contact situation, as described by his adoptive parents, were highly consistent with those reported for other children in this group.

As in the reports of the other children in this group, John seemed to experience acute distress, at times, over the lack of contact from his birth mother. This manifested in the form of sadness, missing the birth mother, concern for her welfare, and confusion about his relationship with her. However, these feelings seemed to abate when he had contact with his birth mother. Based on his parents' reports, contact seemed to help John to feel connected with his birth mother again and had a positive benefit for his sense of identity. Even though it was reported that he would have like more contact with the birth mother, the little he did have seemed to make him feel more content with his situation.

It appeared that the tenuousness of the contact was a factor that contributed to John's reported distress. This also seemed to be of concern to John's adoptive parents, in that they seemed to feel they could not absolutely rely on his birth mother to keep contact. They also seemed to feel that if the birth mother did not keep contact there would be negative consequences for John. However, one factor on the positive side was that John's parents felt they had established a comfortable relationship with the birth mother at the beginning. This meant they felt they could initiate contact again if it tailored off, and they could directly ask the birth mother to make the type of contact John needed. The positive attitude that John's parents had towards the birth mother, and to having contact with her, would probably have contributed to this position. It is likely that if there had not been that initial development of a relationship between the two parties, contact may not have been re-established, or it may have been in a form that did not meet John's needs (for example, just a brief card now and then, rather than letters and telephone calls).

The final issues highlighted by this case is that contact arrangements can change, despite initial good intentions by both parties to have ongoing contact, and that a reduction in the amount of contact can have quite negative consequences for some children. Within the limited-contact group alone, two birth parents had had substantial contact with the child but had subsequently died, and two others had moved interstate. Many birth mothers married and had other children, which impacted on their ability to keep contact, and some adoptive families moved overseas for periods of time. These changes resulted in a reduction of the amount of

contact, which were reported to have caused distress for some children. However, many birth parents in the ongoing-contact group experienced such changes and still managed to maintain a strong relationship with the adoptive family. It would seem that identifying and promoting the factors that contribute to families remaining in contact when such changes occur is very important given the potential negative impact on children if contact is lost or greatly diminished.

8.2.5   Subgroup: Ongoing-contact – Untroubled experience

The overall themes identified for this subgroup arose from comments made by adoptive parents, as listed in Matrix 6, in Appendix 10.

8.2.5.1 Description of the subgroup

Based on adoptive parents' reports, there were 15 children (4 boys, 11 girls) who had ongoing, regular, in-person contact with their birth families, and who appeared to have had an untroubled experience of that contact. Most of the children had been receiving in-person contact with their birth families regularly since their placement began, but four children started to receive in-person contact a few years after placement, although it had now become substantial and regular. For most of the children, the main contact person was the birth mother, but for one child it was the birth father, and for another, an aunt. All but two of the children also had some contact with extended birth family members including siblings, grandparents, aunts and uncles.

Four of the adoptive families in this group described their relationships with birth family members as being "like an extended family". For them and five other adoptive families visits were casual and often arranged spontaneously, usually at the home of the adoptive family. Two adoptive and birth families had become such good friends that they went on holidays together or socialised with each other. In two cases the adoptive parents had developed a relationship with the birth mother independently of the child, and in one case the child was reported to mostly keep contact with the birth family relatively independently of the adoptive parents. In the other six cases in this subgroup, the relationship was more formal, with annual or six monthly visits that were a special occasion.

8.2.5.2 Themes arising

The themes concerning the children's experience of open adoption that were discerned in the interviews of adoptive parents of the 15 children in the "ongoing-contact, untroubled experience" subgroup are detailed below.

(a) <u>Contact is positive and good for the child</u>

Without exception, every adoptive parent in this group described the contact as being a positive experience that was good for the child. Many said their children "loved" the contact and they were usually excited by the prospect of a visit. Parents believed contact was good for the child's self-esteem and it reassured them that they were loved by the birth family. Having unanswered questions and identity problems were not mentioned as issues because, according to parents, children had their questions answered by having direct, face-to-face contact. One family said that they had long ago stopped writing letters to the birth mother about the child's milestones, as required under their adoption order, because "she is part of those milestones". Parents of another child felt contact allowed their daughter to express her natural self, to be creative and exuberant like her birth mother, in contrast to her more conservative adoptive parents. Parents of a third girl felt contact was important for their daughter to feel accepted as she is (see case study below).

While many children were described as being very enthusiastic about their contact, three were described as being more reserved. Parents of these children believed the children still enjoyed or valued visits but they were "not a big deal". In the words of one girl's parents, "she doesn't get excited about it...she's just very comfortable...it's just something she feels should happen and she's glad it's happening. I think if it didn't happen she would cope with that too". Three children apparently had very little interaction with their birth mother when she visited, but they were reported to enjoy the contact with their birth siblings, and were often described as being "very close" to them.

Parents of three children raised some concerns or dissatisfactions their child felt regarding contact with the birth family. One boy who had contact with his birth mother was reported to want more contact with her than he currently had, and to also want contact with his birth father, from whom he had never heard. Apparently, however, he was not particularly disturbed by his dissatisfaction. Another child was reported to have been "very concerned" when his birth mother ceased contact for a while due to personal difficulties. The boy was described as being "alright" again now that contact had resumed. The third child was apparently "very upset", and

"worried" for a while that her parents would be hurt by her liking her birth mother. According to her parents, the girl was reassured by them and was now coping well and having a close relationship with her birth mother.

(b) Influence of the child's personality on response to contact

Five parents commented on the relationship between their child's personality and his or her response to contact. Three sets of parents specifically said that while their child enjoyed the contact, their particular personality meant that they would probably have coped just as well without it. A fourth boy was described as being naturally "self-confident", and not one to "stew over things", and he was therefore "much more matter of fact" about contact and adoption than his brother had been at the same age. The parents of a girl who had perhaps the most frequent contact of all the children in this group, and a very close relationship with the birth mother, said, "but I don't know if the contact is important for her psychological development because I don't think she is the type of child who would have issues anyway".

(c) Close relationships with birth families

Nine parents in this subgroup described their children, and often themselves as well, as having close relationships and connections with the birth family. For three children, parents reported that the connection was more with the birth siblings than with the birth parents, but for the others it was with the main adult birth family contact person. Four parents specifically described the birth family as being "like our extended family". Parents of three children described their child's relationship with their birth mother as being "like good friends". One mother reported that her daughter would often ring her birth mother and "they'll talk like girlfriends". The mother of one boy said: "(the birth mother) has a very strong bond with (the child) ...and he with her. He sees her as very much his (birth mother's name) and she's got a very strong bond....He feels confident that she's there for him".

(d) Children feel wanted or loved, not rejected

No parents of children in this group mentioned that the child felt rejected by the birth family, or harboured a more generalised sense of rejection. Rather, the children were described as feeling "wanted" and "loved" by the birth family. Parents of seven children spoke specifically about this, saying such things as "she knows she is as much loved by this other person as we love her", and "you just have to look at them and they know they're loved to death (by the birth family)". Children were reported to "know the birth mother didn't give her up because she didn't

want her" and to "accept that the birth mother couldn't keep her". One mother reported that her daughter had been through a time, a few years previously, where she "was very insecure about the whole thing", asking why her birth mother had "given her up" for adoption. With ongoing contact and growing maturity, the girl had now apparently accepted "in a very mature, teenage way" that the birth mother could not keep her.

(e) No fantasising by the child

Parents of six children specifically commented that having contact with the birth family meant the child did not fantasise about the birth family, or his or her origins. Parents of one girl said, "I think she would have fantasised galore...so I think it's much better that she knows who they are and gets on with them or not". Parents of another girl, however, reported that their daughter did still "fantasise a little bit about her birth mother, the family and things like that....She fantasies that life with her birth mother could be better".

(f) Children know their identity

No adoptive parents of children in this group mentioned problems associated with identity. When identity issues were raised it was in a positive sense, about the benefit of contact for children's sense of identity or self-image. Parents of eight children made specific comments about this, saying such things as "she just likes the comfort of knowing where she came from", or "he gets a thrill out of seeing similarities with his birth mother", or "he knows, he just knows his background". One girl's parents felt contact "gives (their daughter) her uniqueness". Parents of another girl felt that contact was good for their daughter because:

> She knows her roots and she knows what her birth mother is like ...and different things that she does, or things that actually happen, like habits, she sees that someone in the birth mother's family does that and thinks 'oh, that's why I do it'.

8.2.5.3 Case study 5

All information about the child in this case study was provided by both of the adoptive parents and reflects their agreed perceptions of the child and events.

Contact subgroup	Ongoing contact – untroubled experience
Child's name*	Jacqui* (pseudonym used to preserve anonymity)
Age at time of interview	11 years and 9 months

Family composition

Mother and father. No siblings in adoptive family

Parents' education and employment

Mother: secondary education, hairdresser

Father: secondary education, security officer

Family and child's health

No problems reported

Child's experience of negative life events

No events reported

School Performance

Above average in most areas

Interests

Swimming, violin and singing

Peer relationships

According to her mother, Jacqui had a number of close friends whom she saw regularly outside of school. She was also reported to be able to make friends easily and tended to keep her friends for a long time. Her mother reported that Jacqui was very good natured, kind, caring, friendly and confident.

Scores on measures of adjustment

Scores on the CBCL problem scales were below average, with scores on the Total Problem, Internalising and Externalising Scales all being below the 50th percentile. Scores on the PCRQ indicated a high quality relationship between Jacqui and her mother, although, perhaps consistent with Jacqui's age, her mother rated her own Encouragement of Independence somewhat lower than average.

Circumstances of adoption

Jacqui was 16 weeks old when she was placed with her adoptive family. She had been in foster care for the whole time before placement. Her parents did not believe there were any health or wellbeing concerns in her birth family.

Description of contact with birth family

At the time of Jacqui's adoption there was an agreement with the birth mother that they would meet once, one year after placement, and "if all went well, there would be further meetings, but if it didn't go well, we could pull out". Jacqui and her parents met the birth mother for the first time when Jacqui was one year old and they had been meeting

regularly ever since. There was also a very early meeting, once, with Jacqui's maternal grandfather.

Jacqui's parents estimated that they saw the birth mother about four or five times a year on average, but this could vary depending on what was happening in a particular year. They described the contact arrangements with the birth mother in this way:

She's like an auntie. She calls around whenever she's in the area. It's not like it's a big event any more, she just pops in....If there's an event happening in Jacqui's life like a birthday or a graduation of some description, or something like that (we) ring up and just say 'would you like to come along to this?'. So it's purely open. We might see her six times one year, and the next year there might not be so much happening and we might only see her three....We're comfortable with any (amount of contact)...and she's really respectful of us.

In addition to the visits, Jacqui had also had telephone contact with her birth mother on a very casual basis. For example, Jacqui once rang her birth mother to see if she had any information to help with a school project. There had been no letters between the birth mother and Jacqui, but Jacqui had a letter from the birth mother written at the time of placement, in which the birth mother explained "what led up to her relinquishing...just putting down in words what she went through to get to that stage". Her parents had given Jacqui the letter in the year before the research interview, as "she was starting to ask more questions because both sides (of her birth family) have a very different story of events that have happened". They had not given her the letter before then because they felt she was "a bit young to understand about relationships not working out and things like that".

As well as with the birth mother, Jacqui and her family also had contact with the birth father and his extended family, all of whom lived overseas. Contact with the birth father began when Jacqui was two years old, initially by letter, after the birth father contacted the adoption agency. Contact with the birth father had primarily been by telephone, approximately every two months. But the birth father and various members of his extended family had also twice come to Australia to visit, and stay with, Jacqui and her family. The last visit was when Jacqui was eight years old, but they were expected again a few months after the research interview.

According to her parents, Jacqui was apparently very comfortable with her adoptive status. Her mother said "she has no problem with being adopted...she just blurts it out". She was apparently very interested in her birth mother and father, but her parents described her relationship with the birth mother as being no different from what she would have with any other extended family member:

Often we'll go shopping and Jacqui will just wander into shops and (her birth mother) and I will just chat, chat, chat, chat. It's just like a friend coming...she doesn't act any differently at all around her, as she would with, say, (her mother's) sister or the other aunt. She'll sit there and talk to them about all the latest events and then happily go off and play like she would normally if an auntie had come around.

Jacqui's parents described their own relationships with the birth mother as "very close" and the two birth families were "like our extended family".

Her parents talked about the benefits of contact for Jacqui. They felt the contact was "very healthy for Jacqui because...there's no secrets...and there's no wondering on her part....All these people care and love her". They said that Jacqui did not ask why she was given up because "we've got all the reasons why (her birth mother) gave her up....There's no fantasy because she knows the truth about everything."

Her parents also felt that having contact with the birth family was important for Jacqui's identity. They said:

She's very family orientated, and she's very aware of her background. But she treats all her background equally....I think she thinks (contact is) very important because she thinks it's important that we accept this part of her. Like I'll say, "You've got (your birth mother's) beautiful thick hair", and she really likes that. But if I say that, she'll say to me, "But Mum, I've got your personality, haven't I?" Just little things like that. So I think in her case it's very important to her that (her father) and I accept that this is where she's come from.

Jacqui's parents felt that the way they and the birth families had handled the contact and information sharing had helped it to be a very positive experience for Jacqui. They said;

I think just the way...we've handled it and just the type of people everyone else has been as well, has made it easier....I just think it's been very positive. There's been no secrets....I think for that reason it's been positive, that we haven't kept any secrets from her. But we've also given her information at a time in her life when we thought

she was capable of dealing with it....Like we didn't sort of say – like she met up with (her birth mother), she knew who (her birth mother) was, she met up with (her birth father), she knew who he was, but the complex relationship that they had, we didn't feel she was right to know until last year. So we've had a very positive experience the open way.

8.2.5.4 Case discussion

This case exemplified all the themes discussed by parents of children in this subgroup, as outlined in Section 8.2.5.2 above. That is, Jacqui's contact with her birth family was described as being positive, and her parents felt it was good for her in many ways. Her relationship with her birth family was described as close and her parents saw them as being like an extended family. There was no indication that Jacqui felt rejected by her birth family or had a general sense of rejection. Instead her adoptive parents believed she felt loved and cared about. It was reported that Jacqui did not fantasise about her birth family or the reasons for her relinquishment, rather she appeared to have a good understanding of the reality of her situation. Finally, based on her adoptive parents' reports, actual contact with her birth families seemed to be very positive for her sense of identity and self-image.

Jacqui's parents' comments about how they and the birth family have handled open adoption point to some of the factors that would seem to be important for a positive experience for children and families. Firstly, it seemed all parties had an open attitude towards the idea of ongoing contact right from the beginning, and they were able to establish a positive, respectful relationship with each other. Secondly, for Jacqui, contact with her birth parents was consistent and had always been there. Based on her parents' reports, it seemed to be a natural, almost taken-for-granted, part of life for her, to the extent that she could treat her birth mother like any other extended family member and have a normal child-adult relationship with her. Thirdly, Jacqui also had unrestricted access to her birth mother, so she could see her, or talk to her, as frequently as she wanted. According to her parents, she never felt she did not have enough contact, and departures were not painful because her birth mother was so available to her. At the same time the birth mother was not intrusive on the adoptive family.

Until the time of the research interview, Jacqui had not had to face any situations that were reported to have caused difficulties for other children with ongoing contact, such as the birth mother being unavailable for a time, or having another baby. However, it seemed from

Jacqui's parents' descriptions of her personality that she would have been likely to cope well with such events, just as most children who faced these situations were reported to have done.

8.2.6 Subgroup: Ongoing-contact – Troubled Experience

The overall themes identified for this subgroup arose from comments made by adoptive parents, as listed in Matrix 7, in Appendix 10.

8.2.6.1 Description of the subgroup

Based on adoptive parents' reports, there were four children (one boy, three girls) who had ongoing and regular contact with their birth families but were described as having had a troubled experience of contact or of other aspects of their adoption and relationship with their birth families. Two children had received regular, in-person contact from their birth mothers throughout their life, and one of these children also had contact with the birth father. In fact this was the main contact for that child. One girl had received ongoing contact, but her birth mother lived interstate, so in-person contact was not frequent, although when it did occur it was often in the form of a holiday with both her birth and adoptive families. Another 15 year old girl initially had a closed adoption, having been adopted at the change of legislation, and had no contact until she was eight years old. Letters were initially exchanged and then ongoing, in-person contact with the birth mother was established after another three years (see Case Study 6, in Section 8.2.6.3 below).

Despite all the children apparently having close and positive relationships with their birth families, according to their adoptive parents these children, at times, variously experienced feelings of rejection, distressing confusion about relationships, and intense grief over separation from the birth family. As one mother put it, "It's been extraordinarily painful, but I don't see that as a negative. I think the pain had to be felt for all of us. But I think it's been enormously positive."

8.2.6.2 Themes arising

The themes concerning the children's experience of open adoption that were discerned in the interviews of adoptive parents of the four children in the "ongoing-contact, troubled experience" subgroup are detailed below.

(a) Contact is positive overall, and relationships are close, but there are some difficulties

All four children were reported to enjoy the contact with their main birth family contact person and to be likely to rate the quality of the contact very highly. Their relationships with their main contact person were described as being "very close". One adoptive mother said her daughter "sees herself as part of the birth family" and "now and then wishes she could live with (the birth family), but she doesn't really want to be out of our family either, so there's that tension". This girl was described as being "very attached" to her birth mother and siblings. Another child was reported to have a close and intense relationship with her birth mother, who had handled extremely well the child's anger over her having another baby. Another girl apparently visited her birth father's family "all the time" when they lived nearby, and would often babysit her younger birth siblings. The boy in this group was described as being "invested in this relationship" (with his birth mother), and "it would be hard for him" if contact stopped. Despite their close relationships with the birth family, these children were all reported to have experienced emotional difficulties related to their contact situation at times. These difficulties are described below.

(b) Sense of rejection

Based on adoptive parents' reports, all four children apparently experienced feelings of rejection at various times. The mother of the boy reported that he seemed to have a generalised sense of rejection and "needs reassurance from us that we love and care for him". He was described as feeling rejected if his birth mother did not contact him enough, and wanting her to initiate contact "to prove that she cares". Parents of one girl reported that she also needed "reassurance from her birth mother that she is loved". Parents of two other girls reported that their daughters felt rejected by their birth mothers, when one had another baby, and when the other went overseas. The latter girl was described as being "a bit angry with her birth mother for relinquishing her". She was also apparently angry and felt rejected when her birth mother thought she was pregnant, and, like the girl whose birth mother actually had another baby, she apparently felt "well, she was keeping this one, she gave me away, she didn't want me, did she?"

(c) Other emotional disturbance

Three of the children were also reported to have experienced other forms of emotional disturbance. Parents of one girl said she found the separation from her birth family "very painful", to the extent that she needed counselling at one stage to help her deal with the issue.

According to another parent, their daughter's contact with her birth father was very positive, but she felt angry with, and rejected by, her birth mother. This girl had previously had a closer relationship with her birth mother, but it had cooled after the birth mother went overseas for a while. During that time the girl would "cry at night for her mum...(because) she never saw her". Another adoptive mother said her daughter had initially experienced a period of being "very confused about relationships and where she belonged" and became "quite distressed". The latter child is the subject of the following case study.

8.2.6.3 Case study 6

All information about the child in this case study was provided by the adoptive mother and reflects her perception of the child and events.

Contact subgroup   Ongoing-contact- Troubled experience

Child's name*   Kate* (pseudonym used to preserve anonymity)

Age at time of interview   15 years and 5 months

Family composition

    Mother, father, 11 year old adopted sister

Parents' education and employment

    Mother: post-graduate education, part-time administrator

    Father: post-graduate education, full-time health professional

Family and child's health

    Kate had asthma which was severe in the past but was now well managed. Her mother had major surgery, involving a long recovery period, two years before the research interview took place.

Child's experience of negative life events

    As well as her mother's surgery, Kate had experienced the recent death of her paternal adoptive grandfather, to whom she was close. She had recurring nightmares for six months after his death. She had also been separated from her parents for three weeks while they were overseas when she was 11 years old. She had been very anxious about them going.

School Performance

    Above average in most areas, below average in mathematics

Interests

Running, athletics, reading and singing. Very active in swimming and lifesaving clubs.

Peer relationships

According to her mother, Kate had a number of close friends whom she saw regularly outside school. While Kate was reported to have had close friendships with other children and to have tended to keep her friends for a long time, her mother felt she did not make friends easily. Her mother described Kate as "a very outward going, enthusiastic girl" who had a good balance between being conscientious about her work and also being able to enjoy herself. Kate was described as being confident and socially skilled now, but as having experienced social problems up until about five years ago. Until then she was apparently shy, socially unconfident and lacking in some social skills. She struggled to make friends and was sometimes subjected to bullying. She had also experienced a lack of understanding and "cruel" comments from some of her peers about her adoptive status and her birth mother, which, according to her mother, Kate had "often (been) unable to deal with and not become wounded by". Her mother described her as being "changed quite dramatically" in the five years prior to the research interview, which she attributed to a change of schools after Year 7.

Scores on measures of adjustment

The score on the CBCL Total Problem Scale was somewhat above average (69th percentile), with a higher score on the Externalising Scale (66th percentile) than the Internalising scale (50th percentile). Scores on the PCRQ indicated that Kate's mother felt she had a high quality relationship with her daughter, although she rated her Encouragement of Independence towards Kate somewhat lower than average. Her mother felt that Kate's relationship toward her was less understanding and caring than was her own toward Kate.

Circumstances of adoption

Kate was just under six weeks old when she was placed with her adoptive family. She had been in foster care for the whole time before her placement. Her mother did not believe there were any health or wellbeing concerns in her birth family. Kate was adopted just before the open adoption legislation was proclaimed and therefore there were no provisions in her adoption order for contact with her birth family.

Description of contact with birth family

The possibility that there might be contact with the birth family was raised at the time of Kate's adoption, but no agreements were discussed or made. At the time of placement,

Kate's parents received a detailed profile of her background, and a poem for Kate written by her birth mother. After placement, Kate's parents provided regular written reports about Kate's progress to the adoption agency, but they received nothing back from the birth family except a card for Kate's first, and possibly her second, birthday.

Contact with the birth mother was made after Kate "started to pressure" for more information about her background, when she was eight or nine years old. Her adoptive parents decided to seek more information from the adoption agency, who contacted the birth mother, and letter exchange began from then on. After written contact went well for a few years, Kate's parents arranged a meeting with the birth mother. Kate then met her birth mother for the first time when she was 11 years old.

Since that time, Kate and her family had been having regular meetings with the birth mother, and more recently with the birth mother's husband and young daughter as well. They meet about two or three times a year, with telephone calls and letters in between. Kate has tended to initiate the contact herself, and has not necessarily discussed with her adoptive parents the fact that she has made contact, although visits are with the whole adoptive family. Kate's mother described the contact in this way:

It (visits) tends to be on Kate's birthday and Christmas. Although in fact there's more contact than that because Kate will also ring her up often, or they write to each other. So the actual face to face contact is twice a year but there's this other contact between them. Kate might say to me, "I want to tell (my birthmother) something" and I'll say, "Give her a call", or sometimes they write to each other and I don't even know what they're writing. She might say, "I got a letter from (my birth mother) the other day" but it will have been in response to her own letter.

Commenting on the fact that Kate initiates most of the contact, her mother said that the birth mother "has made a deliberate decision for it to be that way. She's fearful of intruding on the family".

Child's reaction to contact

Kate's curiosity and desire for information and contact was described by her mother as follows:

Kate's curiosity was always intense. We talked about her (birth mother) a lot, there was a lot of conversation about her right from the beginning. Kate started from the age of five or six to ask questions about (the birth mother) herself. We told her what we knew. She then began asking questions we couldn't answer and we could see

that was frustrating. Around eight or nine she was really starting to pressure, saying "I want to know more", and "I don't feel happy that I don't know more".

It was after this that Kate's parents initiated written contact and then Kate was apparently "pushing (her parents) very hard" to meet the birth mother.

It seemed that contact has been very important for Kate's sense of identity and it also gave her parents pleasure to be able to meet her need to know her roots. Her adoptive mother commented:

I...felt there was such an intense yearning in Kate to know who she was and where she came from, and I felt good that we were able to give her that answer. Had we not been able to meet her (birth mother), I think I would have found that very difficult. But being able to satisfy that yearning in Kate, I felt good about.... That she has been able to do that has been hugely positive for her.

According to her mother, Kate was "ecstatic" when she first met her birth mother and she got on very well with her. However, her mother commented that:

Initially, while she felt very good about the contact, she became very confused. And she was saying "I don't know where I belong, should I be here or should I be with (my birth mother)?" and she become quite distressed for a while and we just sort of sat through that. I didn't get too alarmed, I thought that was a fairly natural thing to happen. And eventually that seemed to settle down. I tried to reassure her that it was understandable she'd feel like that and that was all right....I think a lot of that confusion...was also she was at a difficult age where grasping, you know, she wasn't old enough to really understand there were two families there, and where she fitted into them and in what way. So from a developmental way it was tricky for her I think. So I didn't worry too much, but she was quite distressed at times about her confusion about who belonged where and so on. She seemed to work through that and move on.

According to her mother, Kate continued to get on well with her birth mother until she had another baby, which Kate found "extremely difficult". After the baby was born, Kate began to express her feelings of anger and sense of rejection. Her mother said Kate would say such things as:

"Well, she gave me away. She hasn't given (the new baby) away, she doesn't love me" or "Why did she have a baby? She doesn't need one, she's got me". The feeling of, I suppose, the displacement, the intense feeling of being displaced by another was huge, and complicated by the fact that she has a sense that she is being

discarded. So that was very painful. She was very angry with (her birth mother) and...she wrote her some very, very angry letters.

According to Kate's mother, the birth mother handled this situation very well and was able to accept Kate's anger. Kate's mother said that although there "was a tricky situation there for a while", during which Kate "vented her feelings...fairly forcefully" towards her birth mother, she felt that "through a lot of what went on between them, I think (her birth mother's) acceptance of her anger, that seemed to settle down".

Her mother reported that Kate now had a good relationship with her birth mother and was "very fond" of her young birth sister. Apparently, her only dissatisfactions at the time of the research interview were that she would have liked to have contact with her birth father, but her birth mother was reluctant to even talk about him, and that her birth mother had "shielded her relationship with our family from her own family of origin". Despite this, her mother felt that Kate would say contact had been "without any doubt...a totally positive thing". In rating the quality of the contact, her mother said,

I think it's been enormously positive. I don't regret it for one minute. I'd probably say 90% really, 95. I don't think perfect. In many ways it is close to perfect, in the sense that no meeting like this is without pain. But I think we have all dealt with the pain very well. We've struggled with it at times but come through it. In that sense, I think it is the best you could imagine the contact, coming at the time it did, to have been really.

8.2.6.4 Case discussion

While this case was not wholly typical of the contact situations reported by adoptive parents of children in this subgroup, in that ongoing contact was not established until the child was eight years old, the case exemplifies all the themes identified for the subgroup, as outlined in Section 8.2.6.3 above. That is, Kate was reported to have a close relationship with her birth mother and apparently benefited from having contact in terms of her sense of identity and satisfaction of her curiosity about her origins. But at the same time, her mother reported that there had been times when contact had been emotionally very difficult for her. From her mother's reports, it seemed that she experienced acute feelings of rejection and anger when her birth mother had another baby, and prior to that she was reported to have been distressingly confused about her relationship with the birth family. Through the good management of her family and birth mother, it seemed, according to her mother, that Kate had

been able to work through both these phases and move on. She seemed to have developed a strong relationship with her birth mother that would be likely to withstand any challenges in the future.

The descriptions of Kate's earlier social difficulties suggest that she may have been someone who was generally emotionally troubled and therefore was susceptible to experiencing emotional difficulties with regard to her adoption and contact situation. Based on her mother's reports, there certainly appeared to be something internal to Kate that drove her reported "intense" curiosity and desire for contact from an early age. However, it is difficult to know which might have come first, Kate's reported general emotional difficulties or her reported disturbance about her adoption and contact situation. It is noteworthy that, although Kate's mother attributed the resolution of Kate's earlier social difficulties to a change of schools, the apparent change in Kate also coincided with meeting her birth mother. This may signify that Kate's reported general emotional difficulties might have been a symptom of disturbance about her adoption and contact situation, rather than vice versa.

8.3 Comparison of themes across subgroups

The preceding analysis of themes for the different subgroups shows that there were themes that were common across different groups, such as across all troubled experience subgroups, no matter what the pattern of contact, or across all groups of children who had any post-placement contact. There were also themes that were unique to only one subgroup each. Both common themes emerging, and themes unique to particular subgroups, are discussed below.

8.3.1 Common themes

8.3.1.1 Sense of rejection amongst children in all troubled experience subgroups

According to adoptive parents' reports, almost all children in each of the troubled experience subgroups felt a sense of rejection, no matter what their pattern of contact. However, according to parents, there seemed to be a somewhat different focus of the sense of rejection for children in the different contact groups. For the no-contact – troubled experience subgroup, parents perceived that children felt rejected because they were "given up" by the birth mother, whereas parents of the limited-contact – troubled experience subgroup indicated

that their children tended to feel rejected because there had been no contact for some time. In the ongoing-contact – troubled experience subgroup, parents' reports suggested that children seemed to be generally vulnerable to feeling rejected, and that this sense could be triggered by particular circumstances such as the temporary absence of the birth mother, or the birth mother expecting another baby.

8.3.1.2 Emotional disturbance in children in all troubled experience subgroups

By definition, all children in each of the troubled experience subgroups were reported to have manifested some degree of emotional disturbance associated with their contact, or lack of it, with their birth family. In both the no-contact – troubled experience subgroup and the limited-contact – troubled experience subgroup, the disturbance was reported to be mostly associated with lack of contact from the birth family and took the form of sadness, anger, missing, yearning for, and worrying about the birth family. Usually the reported disturbance was only manifested from time to time, but when it did present, it was often reported to be quite acute, particularly amongst children in the limited-contact – troubled experience subgroup. In the ongoing-contact – troubled experience subgroup, children's reported emotional disturbance, as with their reported feeling of rejection, seemed to be associated more with particular circumstances, and it was reported to manifest in different forms, such as confusion and emotional pain over separation from the birth mother.

8.3.1.3 Identity issues

Problems associated with self identity were only raised by parents of children in the no-contact – troubled experience subgroup, as discussed in the next section. For all other subgroups, identity issues were either not mentioned, or when they were it was in a positive sense, in terms of the perceived benefit of any post-placement contact for the development of self identity in the child.

The benefits for children's identity were raised most enthusiastically by parents of children in the ongoing-contact – untroubled experience subgroup, but they were also noted by parents in both the troubled and untroubled experience, limited contact subgroups. Even for children who were reported as having had a troubled experience of their limited contact, parent reports indicated that the contact they did have seemed to provide ongoing benefits for their sense of self identity. Parents could relate their child's behaviour, interests and appearance to the child's

163

birth family, even if the child's own memories were hazy. Additionally, children apparently tended to have a fuller story about their origins when they and their parents had had several meetings with the birth family, even if the meetings were irregular and some time ago.

8.3.1.4 Sense of connection to the birth family and close relationships

Except for most children in the no-contact – untroubled experience, disinterested subgroup, almost all parents of children in each of the other subgroups reported that children seemed to feel a sense of positive connection to their birth family. The reported degree of the sense of connection varied considerably amongst individuals, but it did not seem to be dependent on the pattern of contact. Rather, it was reported to manifest in different ways according to the contact pattern. Parents of those with limited or no contact reported that children showed their sense of connection by thinking and talking about the birth family, looking at photographs and letters, and treasuring gifts given to them by the birth family. When children with limited or ongoing contact received contact, parents reported that the child enjoyed it and often had quite close relationships with their birth family.

8.3.1.5 Contact seen as generally positive and beneficial for the child

With only one exception, parents of children who had any post-placement contact felt the contact itself was a positive experience for the child, and usually for themselves as well. The exception was the adoptive mother of a boy who felt that contact did have benefits for the boy, but that he was unsettled by visits. Where there were any other complaints about the contact, they were generally to do with the infrequency of contact for the child, but in a few cases parents had other concerns. These were generally to do with the apparent instability of the birth mother and the parents' concern about the perceived impact of this on the child and the parents in some cases (as these concerns were reported as being the parents' concerns rather than the child's, they have not been discussed here). However, even in these cases, parents still felt the contact itself was positive for the child.

No matter what the pattern or amount of contact, parents seemed to feel that it benefited children by reinforcing that they were loved and wanted, answering their questions about their origins and background, promoting in them a developing sense of self identity, and helping them to understand the reality of their situation and to accept it.

8.3.2 Themes unique to one subgroup

8.3.2.1 Identity problems in the no-contact – troubled experience subgroup

As mentioned above, problems associated with self identity were raised only by parents of children in the no-contact – troubled experience subgroup, and then only by two sets of parents. However, as noted in the discussion of themes for this subgroup in Section 8.2.2.2, there may have been more children who were concerned about identity issues but who did not talk about them with their adoptive parents. For most children without contact, parents indicated that identity issues apparently did not arise at all - perhaps due to their young age in some cases - or if they did, they did not distress the children at this stage. The two children who were reported to be distressed by these issues had a strong desire to know who their birth families were, whom they resembled, and how they fitted into their birth family. Their reported distress about the lack of contact tended to centre around these issues.

8.3.2.2 Denial of connection to the birth family in some of the no-contact – untroubled experience subgroup

Three children in the no-contact – untroubled experience subgroup were reported to deny their connection to the birth family, saying that their adoptive family was their only family. This denial of the birth family was not reported by parents of children in any other subgroup, except for one girl with limited contact. As noted in Section 8.2.1.2 in the discussion of themes for the no-contact – untroubled experience subgroup, this denial of the birth family, for some children at least, may have been associated with some emotional disturbance. This conclusion is based on parents' reports suggesting anxious attachment of the adopted child to the adoptive family, rather than simply a lack of interest and feeling of connection to the birth family.

8.3.2.3 Distress about insufficient contact in the limited-contact – troubled experience subgroup

Children in the limited-contact – troubled experience subgroup were the only ones who were reported to be distressed by what they perceived as insufficient contact. Some other children were reported to be mildly dissatisfied, but not distressed by their pattern of contact. From adoptive parent reports, it seemed that most children in other subgroups who had any

post-placement contact were satisfied with the pattern of contact they had. In so far as they were distressed by lack of contact, the limited-contact – troubled experience subgroup was similar to the no-contact – troubled experience subgroup.

8.3.2.4 No fantasising by the ongoing-contact – untroubled experience subgroup

While an acceptance of reality and lack of fantasising by the child about the birth family may have occurred in children in other subgroups, it was a significant feature of reports of the ongoing-contact – untroubled experience subgroup. Parents of many children in this group emphasised that they believed contact meant their children did not fantasise about their origins, or about life with their birth family, nor about the birth mother's decision to relinquish them. They indicated that children tended to know and accept the reality of their situation, even though they may have gone though a period of questioning that reality.

8.4   Factors differentiating troubled and untroubled experiences of open adoption

As presented in Section 8.3 above, adoptive parents' reports suggested that children tended to experience similar issues according to whether or not they were reported to have had a troubled experience of contact, rather than according to their pattern of contact. Whilst a higher proportion of children were reported to have had a troubled experience in the no-contact and limited-contact groups than in the ongoing-contact group, some children in all groups were reported to have experienced emotional distress associated with their contact, or lack of it. It is possible, of course, that these findings may not represent the true situation as there may have been systematic under reporting or over reporting of troubled experiences by parents of children in particular contact groups. This matter will be discussed further in Chapter 9. However, if this is a valid representation of situation then it raises the question of why some children may have a troubled experience of open adoption while others apparently do not. Three factors are readily identified that may have a bearing on this issue, singly or in combination, namely, certain characteristics of the child, the nature of the contact experienced, and factors internal to the child.

8.4.1 Characteristics of the child

It is possible that certain characteristics of the child, namely age and sex, may be systematically associated with the experience of emotional disturbance associated with contact or the lack of it. Although further analysis needs to be conducted in relation to these variables, there did not appear to be consistent associations between age or sex and reports of children having had a troubled or untroubled experience of open adoption in the present study.

Both boys and girls were represented amongst the children reported to have had a troubled or untroubled experience in each contact group, and in the limited-contact and ongoing-contact groups, boys and girls had an equal likelihood of being reported to have had a troubled experience. However, in the no-contact group, girls were more likely than boys to be reported to have had a troubled experience (45% of girls with no contact, compared to 22% of boys). This finding suggests that gender may be a factor that influences children's reported psychological response when there is no contact, but not when there is contact.

In relation to children's age, there did not appear to be any relationship between this factor and being reported to have had a troubled experience of contact for those with no contact or limited contact. Mean ages of children reported to have had a troubled or untroubled experience in these two contact groups were very similar. However, in the ongoing-contact group, the children reported to have had a troubled experience were, on average, nearly three years older than the children reported to have had an untroubled experience. Three quarters of the children in this contact group, who were reported to have had a troubled experience, were 12 years or older, while all but two of the 15 children reported to have had an untroubled experience were under 12 years of age. This suggests that age may be a relevant factor in determining children's psychological response when there is contact with the birth family, but not when there is no contact.

8.4.2 Nature of the contact with birth families

Another factor that may possibly differentiate children who have a troubled experience from those who have an untroubled experience of contact is the nature of the contact they have, which may vary for different children even within the one contact group. In other words, while children within each particular contact group all had broadly similar patterns of contact, there may have been differences in their particular contact situations that influenced their

reported emotional response to it. This possibility also needs to be investigated further but it does not appear to be the case, except perhaps in the limited-contact group.

The most homogenous group, in terms of the reported nature of their contact, was the no-contact group, where there were only differences in the amount and type of pre-placement or at-placement material children had received, such as reports, letters and gifts, and in some cases pre-placement meetings. There did not appear to be any particular differences between the amount, or quality, of this material received by children who were, or were not, reported to have had a troubled experience in this contact group.

However, in the limited-contact group, there did seem to be a difference in the contact situations of those reported to have had a troubled experience and those not reported to have had a troubled experience. That difference was based on the stability, or predictability of contact. In all four cases of children described as having had a troubled experience of the contact situation, there was reported to be an expectation of ongoing, but unpredictable contact with the birth mother. In general, there was no stable, established pattern of contact for these children. This contrasted with the reported situation of the children not described as having had a troubled experience, three quarters of whom were reported to be no longer expecting to receive any contact from the birth parents. The remainder had a pattern of contact that had been stable for several years that involved distant, infrequent contact, such as an occasional greeting card.

This difference suggests that the stability or predictability of contact may be an important factor in determining children's psychological response to open adoption. Even though children might want more contact than they have, based on adoptive parents' reports it seems that it may be easier for them to cope when the contact situation is clearly resolved rather than left open, with the often unfulfilled hope of more contact.

8.4.3   Factors internal to the child

Finally, it may be that the most important factors determining children's psychological response to open adoption are those that are internal to the child, including their general experience of psychological wellbeing, their personality, and their overall history of life experiences. It may be that the children who have a troubled experience of contact are generally troubled children. Or they may be susceptible to being troubled due to their

personality or history, and their adoption situation becomes the trigger that sets off their reported disturbance.

8.4.3.1 General experience of wellbeing

Support for the suggestion that the children reported to have had a troubled experience were generally troubled may come from the observation that there was an association between this reporting and having a higher CBCL Total Problem score. The T-score of children reported to have had a troubled experience was, on average, seven points higher than that of children not reported to have had a troubled experience. However, when the mean CBCL T-scores of children reported to have had a troubled experience were compared with those of children not reported to have had a troubled experience within the three contact groups, there was not a consistent relationship. Children who were reported to have had a troubled experience in the no-contact and limited-contact groups scored, on average, 9 and 15 points higher, respectively, than children who were not reported to have had a troubled experience. But in the ongoing-contact group there was almost no difference between the mean T-scores of children reported to have had troubled and untroubled experiences. Therefore, if there is a relationship between being disturbed by the contact situation and being generally troubled, then, based on adoptive parents' reports, it only seems to apply to those with limited or no contact.

Based on qualitative information, however, it did not appear that every child reported as having had a troubled experience of contact was generally troubled. An example is "Chris", who featured as the case study of a child without contact who was reported to have had a troubled experience. Despite higher than average scores on the problem scales of the CBCL, "Chris" appeared to be a generally well balanced boy who, according to his mother, was disturbed specifically about his lack of contact with the birth mother. However, while it appeared from his mother's reports that "Chris" did not appear to have any particular psychopathology, there may have been factors in his personality that made him more susceptible to being disturbed about the lack of contact, such as sensitivity, or interest in relationships.

8.4.3.2 Personality

A number of adoptive parents of children with ongoing contact talked about the influence they saw of their child's personality on their response to contact and adoption. These parents

commented that while they believed their child enjoyed the contact and had a close relationship with the birth family, they also believed their child's personality was such that the child would have also coped, or been the same person, if there had been no contact. The influence of personality was also highlighted by parents of children who did not have contact, especially where they could compare the responses of two of their adopted children who did not have birth family contact.

8.4.3.3 History of general life experiences

The quantitative data analysis provided further evidence of factors that might differentiate children who have a troubled experience from those who do not have a troubled experience of contact with the birth family. In the analysis reported in Section 7.2.1, the influence of different variables on children's emotional and behavioural adjustment scores was examined, using effect size statistics. This showed that children's reported experience of negative life events, and the quality of their parents' marriage, were more important predictors of children's CBCL problem scores than was their family type, that is, adopted or nonadopted.

Given the association, reported above, between CBCL scores and the troubled experience variable, it seems likely that children who were reported to have had a troubled experience of contact would have been more likely to have had negative life experiences, and to have parents who rated their marriage as less happy than those who did not report their children as having had a troubled experience. It is also likely that other overall life experiences, not examined in the present study, also influence children in such a way that affects their ultimate experience of their contact situation.

8.5   Overall conclusion of the qualitative analysis

The qualitative analysis, based on adoptive parents' reports, found that children could have similar experiences of open adoption no matter what pattern of contact they had. Most importantly, it was found that some children in each contact group were described as having had a troubled experience, while others were not described as having had a troubled experience. Overall, the adoptive parents' reports pointed to several factors that may determine children's responses to their contact situations, apart from the frequency and type of contact.

These were age, sex, personality factors and children's life experiences, as well as the predictability or stability of the contact situation itself. Presumably there are likely to be other factors that did not emerge in this study, such as the adoptive parents' response to the birth family and the contact situation, and how parents handle their child's response. The important conclusion, however, is that there did not appear to be a direct relationship between the pattern of contact and children's reported psychological response to it, except that, based on adoptive parents' reports, children were less likely to be reported to have had a troubled experience, if they had ongoing, consistent contact, than if they either had no contact at all, or inconsistent, infrequent contact.

CHAPTER 9

INTERPRETATION OF THE FINDINGS

This chapter discusses the interpretation of the findings in the light of the aims of the study and previous research. The limitations and strengths of the study are first reviewed. Then, the results of each component of the study, that is, findings regarding patterns of contact, the quantitative findings, and the qualitative findings, are discussed in turn, in relation to the original aims of the study, as set out in Section 4.2.1. This is followed by an integrative discussion of the quantitative and qualitative findings of the study. The final chapter will then discuss the implications of the present study for open adoption research, theory and practice.

9.1 Limitations and strengths of the present study

The findings of the present study must be interpreted in the light of several critical methodological considerations. First, limitations relating to sampling issues are discussed, including the sample size, and the representativeness of the sample. Second, limitations relating to aspects of the design of the study, including its cross-sectional nature, the lack of inclusion of the child's own perspective, and aspects of the definitions and measurement of the variables of interest. This is followed by a discussion of the relative strengths of the study, equally important in interpreting the findings.

9.1.1 Limitations concerning sampling issues

9.1.1.1 Sample size

The study aimed to have parents of 60 children participating, assuming that this would be an adequate size sample to find significant statistical relationships if they existed. However, as reported in Section 6.3, different patterns of contact amongst children who had some post-placement contact were found, and, as represented in Table 13 in Chapter 6, sex differences were also found in these different patterns of contact. This presented the need to divide the sample into more groups for the purposes of the quantitative analysis than had been anticipated. Thus it transpired that the sample size, while larger than many previous adoption outcome study samples, was inadequate for the purpose of the quantitative data analysis that

would ideally have been conducted. Consequently, the quantitative analysis grouped together children of different ages and children who were in different situations and mostly found non-significant results. In other words, the small sample increased the likelihood of making Type II errors and, due to diminished power, the statistical results cannot be considered reliable. In a larger sample, some of the trends indicated by this study may have been found to be statistically significant. For this reason, the present study should be viewed as a pilot study, which has provided some directions for future investigation of open adoption in Australia.

9.1.1.2 Representativeness of the sample

It is unclear how representative the sample was of the population of adoptive families in the State of Victoria. Random sampling of families associated with one agency was attempted, but obviously families ultimately chose whether or not to participate. This may have resulted in systematic biases in the sample, such as an over-representation of families having a positive experience of open adoption. Based on anecdotal evidence from adoption social workers, it seems that the sample was approximately demographically representative of the population of adoptive families, but it is unknown if it was representative of the practice and experience of openness. This issue, along with the small sample size, limits the application of the findings to the wider population of adoptive families, and also limits the ability to make comparisons with other open adoption research. However, as this is an issue that is common to all published research in the adoption field, it may be assumed that the current findings may reasonably be compared with those of other open adoption studies, provided these limitations are borne in mind.

A related issue is the fact that families were sampled from only one adoption agency. This may also have resulted in the sample being unrepresentative of the wider population of adoptive families, as families who adopted via that agency, or birth parents who approached that agency to arrange the adoption, may be different from families who chose to use other agencies. In particular, being a Catholic agency, Centacare-CFS services people who may have particular cultural or religious views concerning contact between adopted children and birth families, and these might also have impacted on the child's experience of contact. Further, there are likely to be differences between agencies in how they practice and support open adoption, which could, in turn, affect families' practice and experience of adoption.

The final caveat with regard to the generalisability of the findings is to note that they are specific to the population sampled, that is, families of nonspecial needs children who were

adopted domestically as infants. Its homogeneity was one of the strengths of the study, as it meant that there were fewer confounding variables, and any relationship between contact with birth families and wellbeing could be more clearly identified. However, it also means the results cannot be generalized to other groups of adoptees, such as special needs and older child adoptions, as it is probable that open adoption practices and outcomes are different for these groups. Further, it is probable that open adoption practices have changed since the time the youngest children in the study were adopted (approximately 1993). It is likely that, in that time, agencies have become more skilled in encouraging and supporting open adoption, with the result that there may be more children having contact with their birth families, and fewer who lose contact after having it initially. Community attitudes and awareness may also have changed such that there is now more acceptance of open adoption. These changes may have resulted in children now having different experiences of open adoption from those reported by parents in the present study.

9.1.2   Limitations concerning design issues

9.1.2.1 A cross-sectional design

Certain methodological limitations related to aspects of the design of the study. Although parents were asked about the history of their adopted children's experiences of open adoption, the study was cross-sectional, rather than longitudinal. Therefore, it essentially only provides a picture of wellbeing and experiences at a particular point in time. It did not systematically take account of developmental issues, or the effect of changes in circumstances for families, which substantially limits the value of the study for understanding the processes that might influence children's wellbeing and experiences. A longitudinal study of open adoption outcomes would be highly valuable to the field, and such a study could be informed by the findings of the present study.

9.1.2.2 Focus on the parent perspective

While the study can be seen to compare well with other research in the field, an important design limitation was the absence of children's own reports of their wellbeing and experiences. The study relied only on the adoptive parents' perspective to assess child wellbeing and experiences. With regard to assessment of wellbeing, this design was comparable to most previous adoption outcome research, and it means that the findings can be compared with that

research. However, consultation with additional informants, such as the children themselves or their teachers, would have provided greater validity of the findings about children's wellbeing. This is a matter that could be addressed in future research.

Perhaps more serious, in terms of the validity of the findings, was the absence of the children's voices with regard to the experience of open adoption. It is highly likely that many children did not fully share their thoughts and feelings about their adoption and contact situation with their adoptive parents, such that parents could not possibly accurately report the child's actual experience. They could report only their own perception and interpretation of that experience. This was something most parents seemed to be aware of, and many of them commented on it during the interview. Some seemed to feel quite uncomfortable with the idea that they were asked to report on behalf of their child and actually offered to include the child in the interview. It is possible that, in the absence of accurate knowledge of their child's feelings, parents might have based their reports on what they might have felt in the same situation.

Another possibility is that parents may have consciously or unconsciously censored their reports of the child's experience, thereby further limiting the validity of the findings. Factors involved in this for adoptive parents might have included the issues of socially desirability, parents' need for congruence between the perception of their child and their reports of them, as well as unconscious defensive mechanisms. The latter could have been used by parents to deal with the anxiety associated with knowing the impact for the child of their own attitudes, decisions and actions with regard to the child and their adoption and contact situation. For example, if parents made a choice not to have contact with the birth family, they may use a defence mechanism such as denial or minimisation to deal with the anxiety associated with consciously knowing the possible real impact of that choice on the child. Consequently, some parents may have incorrectly believed and reported that the child was untroubled by the adoption and contact situation.

9.1.2.3 Definition and measurement of variables of interest

Related to the question of the parent perspective is the issue of the method of classification of patterns of contact used in this study. Contact was classified from the apparent point of view of the child. This method was considered appropriate as the aim of the study was to investigate wellbeing and experiences of children. It was assumed that if there was a causal relationship between pattern of contact and wellbeing, then it could only exist to the extent that children experienced that pattern. That is, it was assumed that the meaning to the child of any

contact or non-contact was important in determining their wellbeing. As children were not consulted directly, the meaning of their contact or non-contact could not be accurately determined, but guidelines were used to make the judgment, based on parents' reports of contact. These guidelines were aimed at differentiating children who might be likely to feel they had a relationship with the birth family and those who were not likely to feel this. It is acknowledged that this process was not perfect and might have resulted in misclassifications, which, in turn, may have affected the results.

Related to this is the issue that each of the measures of children's wellbeing reflect only the adoptive mother's perspective, as the inventories were completed by mothers. Fathers, if present, could have had input into the CBCL, although they tended not to do so, while the PCRQ was designed to be completed only by one parent, and in this case, mothers only. This means that the data are unrepresentative of adoptive fathers' views.

The selection of wellbeing measures employed also placed certain limitations on the usefulness of the study. The PCRQ was developed to gauge children's attachment relationship with parents and peers, using adoptive parents' reports. If children had been included in the study as direct participants, a standardised measure of attachment could have been used that might have provided greater reliability and validity and made the results more comparable with other research. Without solid evidence of the validity of the PCRQ, it is not known how valid the findings about the parent-child relationships in the current sample are, and therefore, the present results should be viewed with caution.

The CBCL, on the other hand, is a well validated, reliable measure of children's adjustment, that has been used in many previous adoption studies to measure outcomes, and therefore the emotional and behavioural adjustment findings of the present study can be readily compared with them. However, the CBCL does not necessarily measure factors that might be affected by openness in adoption. It provides a global measure of emotional and behavioural adjustment and may not be sensitive enough to pick up the subtle effects for children of contact or noncontact with birth families. Future studies might use other wellbeing measures in addition to the CBCL, such as protocols that measure factors associated with identity, self-esteem, life satisfaction, feelings of rejection and belonging, adoption grief, and understanding or confusion about relationships. As it stands, the present study provides information, from the adoptive parents' perspective, about the broad adjustment of children in open adoption, but the quantitative component, at least, does not provide insight into the psychological effects of different patterns of contact. On the other hand, as discussed below, one strength of the study

was the qualitative component which did provide such insights, and these can be used to guide the design of future quantitative research.

9.1.3   Strengths of the study

The complementary quantitative and qualitative approach to the design and methodology of the study was perhaps its greatest strength. The quantitative component provided a point of comparison with previous research, as well as a benchmark of the adjustment of children in open adoption in Australia, showing that, based on adoptive parents' reports, they have comparable levels of adjustment to demographically similar, nonadopted children. The qualitative component enabled initial exploration of this new area of research, so that conceptual frameworks could be developed that could guide future research in this area. As indicated and discussed in Section 9.4 and 9.5 below, several findings could not have been made from a purely quantitative research design. The quantitative and qualitative data also provided complementary findings that confirmed the validity of each. This was particularly useful where qualitative findings supported nonsignificant trends in the quantitative data, suggesting that further research, using larger samples and more sensitive wellbeing measures, might find significant relationships between variables. This is also discussed further in following sections of the thesis.

A further strength of the study was the analysis of three patterns of contact. Most previous open adoption research has used a dichotomous openness variable – open versus closed – or it has differentiated forms of openness according to whether contact was mediated by a third party or not. Neither of these approaches enabled analysis of the effects of different patterns of contact with regard to amount, consistency and form of contact – factors that seem important for children's open adoption outcomes. An even finer distinction between patterns of contact would have been preferable, but was not possible in the present study due to the sample size. Nevertheless, the present findings provide guidance towards more adequate classification of openness in future studies. Despite only using three contact pattern groups, the present findings showed that, according to parents' reports, children having contact with birth families are not a homogenous group with regard to their experiences and wellbeing. The findings suggest that the issues of continuity and predictability of contact, in particular, may impact on children's wellbeing and, hence, researchers need to distinguish between children on this basis in their data analysis. If researchers group together children who differ on these dimensions,

they are likely to find no differences between open and closed adoption, or mediated and fully disclosed adoption.

The present study has provided a new conceptual framework for understanding the conditions that foster a positive experience of open adoption. It provides a starting point and signposts for more appropriate analysis of open adoption in future.

9.2 Interpretation of findings concerning patterns of contact

The first aim of the present study, as described in Section 4.2.1, was to document patterns of post-placement contact occurring between children and their birth families, as reported by adoptive parents of children adopted under open adoption legislation in Victoria. The findings in relation to this aim were described in Chapter 6, and summarised in Section 6.2.11. The following section highlights these and discusses possible explanations for them. The model used for classifying contact is then considered. As noted in Chapter 3, there is very little research with which to compare the present findings, therefore the present study contributes new information to the field.

9.2.1 Patterns of contact

Briefly, the present study found that about two thirds of children had some form of post-placement contact with their birth family. Of these, all but one had received at least one visit from a birth family member. For those who had contact, visiting was the primary mode of contact, letters and telephone calls tended to be received by children who also received visits. Most children who had any birth family contact had contact with the birth mother and her extended family. Of the children who had received some post-placement contact, two thirds had regular, ongoing, in-person contact. For the other third, there had either been a substantial amount of contact for a while, but it had ceased by the time of data collection, or there was ongoing contact but it was irregular and infrequent, or not with a birth parent.

These patterns of contact differed from those that were reported by MTARP (Grotevant & McRoy, 1997 & 1998; Grotevant 2001) & CLRAS (Berry, 1993; Berry et al., 1998) with United States samples. In the present study, a higher incidence of post-placement contact was found to be occurring than in the CLRAS sample, and amongst those having post-placement contact, a greater proportion of the present sample had ongoing and in-person contact than was the case in the CLRAS sample. Compared to the MTARP, the present sample had a similar

incidence of post-placement contact, but a substantially higher incidence of in-person and ongoing contact. In other words, there was more mediated contact occurring in the MTARP sample than was the case in the present sample.

The present study found different patterns of contact being reported for girls and boys. No previous studies of open adoption have reported finding sex differences in patterns of contact with birth families. As outlined in Section 6.2.11, the differences found in the present study were, briefly, that girls were reported to be far more likely than boys to have ongoing, in-person contact, and to have more contact than had originally been planned by their birth parents. Boys were reported to be more likely to have had no contact from their birth family, and where they did, it was more likely to reduce in frequency or cease altogether. It is not known whether this finding represents the true situation in the population of open adoptions in Victoria, or whether it is due to the self-selected nature of the sample. That is, initially more adoptive parents of boys responded to the invitation to participate in the present study. This was later balanced by making a particular recruiting appeal to adoptive parents of girls. It is possible that, for some reason, parents of children who did not have contact were more interested in the study, or that parents of boys were more interested, perhaps because adopted boys are believed to have a higher incidence of maladjustment than adopted girls. If things were going smoothly for families, then perhaps adoption would not be a particular point of focus in their minds, and, therefore, the study may not have been of interest to them. This might suggest that the sample would not have been representative of adoptive families, and it could be that group differences found between boys and girls do not exist in the population. However, many families who appeared to be functioning smoothly did participate in the research.

On the other hand, if the finding does represent the true situation in the population, then a possible explanation may be that birth mothers, particularly relatively young women, identify more with a female child than a male child. They may therefore feel more of a sense of closeness to a female child, or a sense of empathy with her, which may motivate them to keep contact with that child.

Another interesting finding was that adoptive and birth families often had less contact than had been planned at the time of placement. This was similar to the finding of the CLRAS research on open adoption (Berry, 1993; Berry et al., 1998), and may reflect changed feelings and circumstances for some families. But it is also likely that it reflects a lack of a firm commitment being made for contact by both parties at the time of placement. This may occur when birth families are unsure about whether and what type of contact to have, but they agree to a minimal amount of contact being put in the adoption order to ensure they could have

contact if they so choose in future. While this may be the best way to approach this situation with regard to the adoption order, it may set up unrealistic expectations on the part of adoptive parents and children, hence it may lead to feelings of dissatisfaction with the contact situation, or feelings of rejection because of birth family departures in contact from early expectations.

Contact with extended birth families was reported frequently by adoptive parents in the present study. Most children who had contact with the birth family were reported to communicate not just with a birth parent, but also with other birth family members, particularly grandparents. This finding was similar to that of the CLRAS (Berry, 1993; Berry et al., 1998), which also found high levels of contact with birth grandparents, uncles and aunts. The present finding is perhaps not surprising given the young age of many birth parents at the time of the child's birth. Birth parents would have been likely to have needed substantial support throughout the process of the pregnancy, birth and adoption. Extended birth family members may have been highly involved in providing this support, and may, therefore, have been very involved with the child and have wanted to keep contact post-adoption. Conversely, it may be that where birth parents do not have the support of their extended family, contact is less likely to occur at all, or to be maintained. Some adoptive families reported that it was the birth grandparents who facilitated and maintained contact between the birth parent and child in the early years, and that it was only after the birth parents had matured, perhaps after marrying or having subsequent children, that they became the main initiator of contact.

In comparison with extended birth family contact, there was a relatively low incidence of reporting of contact with birth fathers, particularly ongoing or substantial contact. The finding that 17% of children had some contact with the birth father was similar to the finding in the MTARP sample of 15% having such contact (Wrobel, et al., 2003). This relatively low incidence of contact with the birth father may not be surprising given that it is often partly due to the state of the relationship with the birth father that birth mothers make the decision to relinquish a child. That is, birth fathers may often not be aware of the pregnancy, or may not be interested or involved with, or supportive of, the birth mother at the time of the birth. Many adoptive parents reported that their children expressed a desire to have contact with their birth father, and those children who did have contact with their birth father appeared to greatly value the relationship.

9.2.2   Model of classifying contact

All adoptions in the present study were open in the sense that all children had information about their birth family that they would not have had under the previous, closed adoption

system. As a minimum, this was provided in the form of a report, or profile, from the agency at the time of placement. Eighty-five percent of the children were reported to have received more from the birth family than this, that is, more detailed and personalized reports, letters, gifts, or in-person contact with the birth family. In this sense, the present study is not really a comparison of open and closed adoption, rather it compares reports of children having different patterns of openness, from information only, to full openness, or regular, face to face contact.

As discussed in the previous section, the patterns of contact that were found in the present sample differed markedly from those that have been reported in United States samples. This sample in Victoria, Australia, showed a higher incidence of post-placement contact than was found in the CLRAS (Berry, 1993; Berry et al., 1998), and substantially higher incidences of in-person, and ongoing, contact than was reported in the MTARP (Grotevant & McRoy, 1998; Grotevant 2001) and the CLRAS. In the present sample, visits were the primary form of contact for three-quarters of the children who had any post-placement contact, and approximately two-thirds of these children had contact that was ongoing. Further, for most families in the present sample, post-placement contact was fully-disclosed, rather than mediated. That is, families exchanged identifying information and communicated directly with each other, rather than via the adoption agency. A small minority of families would have been classed as practising 'time-limited mediated open adoption' using the model of Grotevant and McRoy (the actual number is not known as information was not systematically collected in the present study about the nature of any pre-placement information exchange). Therefore, the Victorian situation does not appear to fit the models of classifying openness that have been used in previous research in the United States, that is, the models used by the MTARP (Grotevant & McRoy; Grotevant) and the CLRAS (Berry; Berry et al.). In particular, using the distinction between mediated and unmediated contact to differentiate patterns of openness does not appear to be relevant to adoptions in Victoria.

The present research has shown that other variables must be used to distinguish contact groups in Victoria, and possibly Australia, including variables that more finely discriminate patterns of contact for those who have in-person, post-placement contact. Based on the findings of the present study, it is recommended that these variables should include the frequency of contact, the primary mode of contact, and the continuity or stability of the pattern of contact.

9.3. Interpretation of findings concerning adopted children's reported wellbeing relative to nonadopted children

The second aim of the present study was to determine adopted children's relative level of emotional and behavioural wellbeing and the quality of parent-child relationships, by comparing reports of adopted children with reports of demographically similar, nonadopted children. The findings in relation to this aim are summarised in Table 25, in Section 7.4. The following sections discuss those findings.

9.3.1 Summary of findings

Contrary to expectations based on previous research with samples of children in closed adoption, the present quantitative results indicated that adopted children did not differ from demographically similar, nonadopted children in terms of emotional and behavioural adjustment, as measured by parents' reports on the CBCL. Further, a smaller proportion of adopted children were found to be functioning in the clinical or borderline clinical range compared to nonadopted children. However, in accordance with expectations, adopted children did differ from nonadopted children in terms of the quality of their parent-child relationships, as reported by their parents on the PCRQ, with adoptive parents reporting higher quality parent-child relationships than nonadoptive parents.

9.3.2 Emotional and behavioural wellbeing

As outlined in Section 2.1, previous research findings have been divided on the issue of the comparative emotional and behavioural adjustment of adopted and nonadopted children. The findings of the present study do not support the findings of previous research, as reviewed in Section 2.1, that children in closed adoption have more behavioural and emotional difficulties than nonadopted children. On the contrary, the present results support the findings of previous research, which was also reviewed in Section 2.1, that adopted children function as well as nonadopted children.

There has been no published research that compared children in open adoption with nonadopted children, with which to compare the present findings. The present study suggests that open adoption in Australia may not be associated with psychological difficulties in adopted children.

Closed adoption adjustment studies have commonly found that adopted children exhibit more externalizing than internalizing problems, as documented in Section 2.1.3, but the opposite was found in the present study. Both adopted and nonadopted children in this study, who had parent reported scores in the clinical range on the CBCL, were more likely to exhibit internalizing problems than externalizing problems. This quantitative finding was also supported qualitatively by parents' descriptions of the type of disturbance children exhibited in relation to their contact situation, such as worrying, crying and feeling rejected. While being dissimilar to the findings of the majority of research with regard to the type of difficulties shown by adopted children, the present findings are similar to those of a small number of other studies that have found higher incidences of internalising problems than externalising problems in samples of adopted children (eg. (Bagley et al., 1993; Berry, 1992; Brodzinsky, 1993).

Adoptive parents reported more negative life events for their children than did non-adoptive parents, and these events were found to predict some of the variability in children's CBCL problem scores. For this reason, this variable was used as a covariate in the hypothesis tests in which reports of adopted and nonadopted children were compared, so that only the effect of family type (that is, adopted or nonadopted) could be examined. Brodzinsky (1987 & 1990) contended that adoption is a potentially stressful event that exposes children to additional challenges to their healthy development. This may suggest that adopted children are more likely than nonadopted children to encounter negative events in their life; that is, that such experience is a normal part of being an adoptee. This idea was supported in the present study, by the fact that many of the negative events reported by adoptive parents related directly or indirectly to their child's adoptive status, such as bullying by peers about adoption, illness and death of birth family members, and illness and medical treatment of adoptive parents associated with their infertility. Therefore, it may be that the influence of this factor on children's adjustment should not be removed when testing the effects of family type on adjustment. The fact that this was done in the present study may, to some extent, explain the unexpected finding of no differences between the adopted and nonadopted children.

9.3.3   Quality of the parent-child relationship

Previous research on parent-child relationships in adoptive families has found conflicting results, as reviewed in Section 2.2.2, with some studies indicating positive relationships, and others indicating poorer quality, or more dysfunctional relationships. The present findings support previous research reports, as outlined in Sections 2.2.2 and 3.2.2, of good quality

parent-child relationships in adoptive families (Beek, 1994; Belbas, 1987; Berry et al., 1998; Demick, 1993; Grotevant et al., 1994; Iwanek, 1987; O'Brien & Zamostny, 2003; Sykes, 2001). The present findings do not support those of previous research, as outlined in Section 2.2.2, that adoptive families experience greater difficulties in parent-child relationships than nonadoptive families (Berry, 1992; Goldberg & Wolkind, 1992; Peters et al., 1999; Talen & Lehr, 1984). It is possible that couples who make it through the adoption process have a very strong investment in parenting, and subsequently develop or report high quality relationships with their children. This may account for the higher overall ratings of parent-child relationships amongst adoptive parents compared to nonadoptive parents, as adoptive parents may strive harder to establish and maintain such relationships, or they may have a stronger motivation to perceive and present their relationships with their children as being positive.

9.4 Interpretation of findings concerning the relative wellbeing of children in different contact groups

The third aim of the present study was to determine whether children who had contact with their birth family differed from children who did not have contact on parent reported measures of emotional and behavioural adjustment and the quality of the parent-child relationship. The findings in relation to this aim are summarised in Table 25, in Section 7.4. The following sections discuss those findings.

9.4.1 Summary of findings

The quantitative results indicated that, contrary to expectations, children in different contact groups did not differ in terms of reported adjustment and the quality of the parent-child relationship. In line with expectations, they did differ in terms of satisfaction with the pattern of contact, based on parents' reports. Children having regular, ongoing contact with their birth family were more satisfied than those with limited contact or no contact, and higher ratings of satisfaction were significantly associated with lower CBCL problem scores. These results were similar to those of the MTARP (Grotevant & McRoy, 1997; Grotevant & McRoy, 1998; Wrobel et al., 1996), which found that children were generally well adjusted, were more satisfied than dissatisfied, and that there was little difference in outcomes for children in different levels of openness.

9.4.2 Emotional and behavioural adjustment

The findings of the present study do not support previous empirical findings, as reviewed in Section 3.2.1, that children in open adoption have fewer emotional and behavioural difficulties then those in closed adoption (Berry, 1993), but they also do not support the arguments, as outlined in Section 1.4.1, of those who predicted open adoption would result in greater emotional difficulties for children (Berry, 1991; Kraft et al., 1985c). On the contrary, there were nonsignificant trends in the present data indicating that children who have ongoing, regular contact with their birth family, may, in general, be better adjusted, emotionally and behaviourally, than those with less consistent contact or no contact. There were also indications, based on adoptive parents' reports, that those having inconsistent contact (boys in particular) may be the worst off, in terms of emotional and behavioural difficulties. These results indicate that contact with birth families does not necessarily improve or worsen outcomes for adopted children, but that adjustment outcomes may be associated with the *pattern* of contact experienced.

The present findings contrasted with those of previous research as no association was found between sex and emotional and behavioural adjustment. As noted in Section 2.1.2, previous closed adoption researchers have often found higher levels of maladjustment in adopted boys than adopted girls (for example, Brodzinsky, 1993; Wierzbicki, 1993). In fact in the present study, parents' qualitative reports indicated that girls in the no-contact group were more likely than boys to be reported as having had a troubled experience of contact. Further, a positive association was found between such reporting and CBCL problem scores.

An exception to this, though, was in the limited-contact group, where there was a trend found for boys to have the highest problem scores of all children. This trend was not significant so it may reflect a randomly skewed distribution of children, with these boys perhaps being in qualitatively different situations, with regard to contact, than other children, or having high problem scores for reasons not associated with their adoption. However, it may point to an impact of limited contact that particularly affects boys. This may be associated with the added difficulties for boys, as identified by Grotevant et al. (2000), of dealing with the complexities of relationships that adoption presents. These complexities are likely to be exacerbated in situations where contact with the birth family is irregular or unreliable.

The fact that adoptive parents' reports of children's experience of negative life events and the happiness of the parents' marriage, predicted so much of the variability in adjustment, may explain the finding of no significant difference in adjustment between children in the different

contact groups. This finding was in accord with those of the MTARP research (Grotevant, 2001), which concluded that factors such as the quality of adoptive family relationships, and adoptive kinship network relationships, were more predictive of adjustment outcomes than the degree of openness. In other words, other factors in the child's life and environment were also found to be more strongly associated with wellbeing than the pattern of openness. The distribution of such factors is likely to vary randomly across contact groups, such that children with ongoing contact are just as likely to experience negative life events as those without contact, or to have parents with happy or unhappy marriages, or to have high quality adoptive family relationships.

Children's adjustment is multiply determined and hence, pattern of contact is only one factor that might contribute to adopted children's overall adjustment. For most children, it may not be a major contributor to their overall emotional and behavioural functioning, or the effect of it may be counterbalanced by other factors such as the quality of their significant relationships. It may take a number of factors being present before overall adjustment is affected, as indicated by higher scores on problem scales. These factors might include pattern of contact and satisfaction level, but it may be that children also need to have experienced other adverse factors for them to score high on measures of maladjustment.

9.4.3   Quality of the parent child relationship

The present findings do not support previous research findings, as reviewed in Section 3.2.2, that greater contact with birth families is associated with better quality parent-child relationships (Grotevant et al., 1994), but they also do not support predictions, as outlined in Section 1.4.1, of poorer relationships for families in open adoption (Kraft et al., 1985b). Rather, the present findings are in accord with those of the CLRAS researchers (Berry et al., 1998), as reviewed in Section 3.2.1, who found no significant differences in any measured aspects of the parent-child relationship between those who had contact with the birth family and those who did not have contact. Nevertheless, there was a nonsignificant trend in the present data, and a significant univariate difference between contact groups on the "Mother's Relationship with Child" subscale, for better quality relationships between mother and child for children with no contact compared to children with contact. This trend should be further investigated in future research.

There was evidence that boys with no contact had the highest quality parent-child relationships. The reason for this can only be speculated upon, as the present study did not

explore this issue and previous studies have also not addressed it. It may, again, relate to the issue of how boys cope with complex relationships (Grotevant et al., 2000). Boys with no contact may have less complex relationships and, therefore, they may feel more secure and settled in their relationships with their adoptive parents than boys who do have contact. Alternatively, adoptive parents of boys may somehow be affected by lack of contact in a way that does not affect parents of adopted girls.

9.4.4 Satisfaction with contact

The present results are in line with previous empirical findings that children in open adoptions tend to be more satisfied with their situation than those who do not have contact with their birth family (Wrobel, 2003). Wrobel et al. (1996) found that while older children were generally less satisfied with their situation than younger children, older children in fully-disclosed adoptions tended to be satisfied, while older children in confidential and mediated adoptions tended not to be satisfied.

Perhaps the most interesting quantitative finding of the present study was the significant, negative relationship found between satisfaction rating and emotional and behavioural problems, as measured by the CBCL. Children who were rated as most satisfied tended to have the lowest CBCL problem scores, while those who were rated as least satisfied had the highest problem scores. As noted in Section 5.2.5, consistency between the two factors would be expected as children's level of satisfaction was rated on the basis of their reported response to their contact situation, which included emotional and behavioural symptoms, such as crying or worrying. While this finding may indicate that some of adopted children's level of emotional and behavioural adjustment is determined by their level of satisfaction with their contact situation, it may also suggest that children who are more maladjusted are more prone to feeling dissatisfied with their contact situation. There has been no previous research on this matter, and it is difficult to speculate about causal relationships, but it seems likely that both explanations may apply. That is, some children might otherwise be well adjusted, but their dissatisfaction with their contact situation may be high and it might manifest in emotional and behavioural symptoms that result in them rating higher on scales of overall maladjustment. Other children might be troubled due to their temperament or life experiences and this might make them more likely to view their contact situation negatively, no matter what that situation is.

The two significant findings associated with children's reported satisfaction with their pattern of contact provide further evidence to support the hypothesis that higher levels of openness are associated with better emotional and behavioural adjustment. These were, firstly, the finding that children who have ongoing, regular contact were rated as being more satisfied than those who had limited contact or no contact, and, secondly, the finding that higher satisfaction ratings were associated with lower emotional and behavioural problem scores. The other evidence found in support of this was the nonsignificant trend for those with limited contact to have the highest CBCL problem scores compared to those with ongoing contact, as discussed in Section 9.4.2 above. It may be that there is a mediating factor between pattern of contact and adjustment that has something to do with children's satisfaction. Alternatively, it may be that the combined effect of having limited contact or no contact, and being very dissatisfied with that situation, contributes to higher levels of maladjustment.

In contrast to the findings of the MTARP researchers (Wrobel et al., 1996), as noted in Section 6.2.10, the present study found no association between age and satisfaction rating, and no difference in the satisfaction ratings of boys and girls. There was a strong correlation between satisfaction and the quality of contact rating from the child's perspective, as reported by parents, reflecting the common basis of the two concepts. As noted, children who had ongoing contact were found to be rated as significantly more satisfied than those with limited contact or no contact. Interestingly, however, those children having limited contact with the birth family were not found to be rated as any more satisfied than those who had no contact. In fact, there was a nonsignificant trend suggesting they were actually rated as less satisfied than those having no contact.

9.5   Interpretation of the qualitative findings

The fourth and final aim of the present study was to explore adopted children's experience of open adoption, as reported by their adoptive parents, and the perceived impact of contact or lack of contact on children's psychological wellbeing. The following sections discuss the findings of those explorations, and how they compare with the limited, comparable previous research available.

Based on adoptive parents' reports it seemed that, in general, most children in all groups were contented with their situation. This was also the finding of the MTARP (Wrobel et al., 1996) using a United States sample. In the present study, most children who had contact with the birth family were described as being satisfied with the pattern of contact they had, the only

exception being the children reported as having had a troubled experience in the limited-contact group. The majority of children in all groups were reported as having had an untroubled experience of their situation and, according to their parents, even those who were reported as having had a troubled experience tended to show signs of distress only occasionally, most of the time functioning well.

Based on adoptive parents' reports, most children seemed to feel a sense of connection to the birth family, even when there had been no contact with them at all, and parent reports indicated that children could be interested in their birth family, but not seem to be disturbed by lack of contact. There was a small group of children in the no-contact group whom parents indicated did not seem to be interested in their birth family at all, but these were generally the younger children. The fact that the majority of them were boys, along with the fact that girls in that group were more likely than boys to be reported as having had a troubled experience, may lend further support to the theory of Gilligan (1993) that boys are less oriented towards relationships than girls. The present findings are similar to those of the MTARP, where most children were found to be curious about their birth family, no matter what their level of openness in adoption (Wrobel et al., 1996). The MTARP also found that girls tended to be more curious than boys, which they attributed to gender differences in sex and parent role identity and socialisation.

The fact that identity issues did not feature in parents' qualitative reports of their children's experience was interesting, given that, as discussed in Section 2.2.5, this has been one of the major concerns of adoption theorists and researchers. It seemed that identity issues were not salient in the minds of the adoptive parents in the present sample. As discussed in Section 2.2.5, identity issues tend to be an important focus of adolescents and therefore, the skew in the present sample towards younger, preadolescent, children may explain the finding of low reporting by adoptive parents of identity issues for children. However, it may also indicate that open adoption, even at the very minimal level of information provision only, does provide children with what they need for positive identity formation, and thus, identity is not an issue for children who receive such information. Such a conclusion, however, would be contrary to Grotevant's (1997a) theory that the identity formation process is a particularly complex one for adoptees, and that it is dependent on more than simply the acquisition of information or knowledge about genealogical background.

Perhaps the most important qualitative finding was that, based on adoptive parents' reports, there were children who had a troubled experience of their adoption and contact situation in each of the three contact groups. Conversely, there were children who were

reported as having had an untroubled experience in each contact group. Reporting of untroubled experiences, therefore, was not dependent on pattern of contact. Similar proportions of children with no contact and children with limited contact were reported as having had a troubled experience (approximately one third of each of these groups of children), while a smaller proportion of children with ongoing contact (approximately one fifth) were reported as having had a troubled experience. Further, across all groups, children who were described as having had a troubled experience were reported to experience very similar issues to each other, but reports differed between groups of what the trigger or focus was for those issues.

As noted in Section 8.4, it is possible that these findings about troubled and untroubled experiences of contact do not represent the true situation as there may have been systematic under or over reporting of troubled experiences by certain adoptive parents. It is possible that some parents may have had less knowledge of their children than others, or were less willing than others to acknowledge difficulties their children may have been having with open adoption, and hence they under-reported the incidence of troubled experiences. In line with Kirk's (1964) theory about acknowledgment of differences, there may be more room within families that do not have contact with the birth family to deny any difficulties they may have than there is in families having ongoing contact. Therefore, it is possible that there could be more children within the no-contact group and limited-contact group who had a troubled experience of their contact situation, but this was not reported during the interview. If this were the case then emotional disturbance would be much more associated with lack of contact than with contact.

On the other hand, it is possible that difficulties experienced by children with ongoing contact were under-reported due to the design of the interview. Adoptive parents were not specifically asked about children's psychological response to contact or noncontact, but rather responded to an open question about how the contact, or lack of it, had been for the child. It may be that where there was contact, parents had more to say about the contact situation itself than did parents of children without contact, and therefore they may have tended to focus on describing the situation rather than the child's emotional response. Parents of children without contact may have been more likely to focus on the child's emotional response because they did not have other matters to talk about during the interview. Evidence against this hypothesis is that parents of children with ongoing contact did discuss their child's emotional responses to contact, but they generally referred to positive responses rather than negative ones.

Given the above, it seems difficult to speculate about which groups, if any, might have under or over reported troubled experiences of contact. The following discussion about the

findings of the qualitative analysis, therefore, assumes that they do validly represent the situation, but the possibility that they do not should be borne in mind.

The finding that reporting of troubled experiences of contact was not dependent on pattern of contact was similar to that of the MTARP in relation to their "preoccupation" variable (Kohler et al., 2002). That study found that, at the extreme end of the continuum, preoccupation involved "intensive reflection" (p.11) about adoption, and, for many children, alienation from the adoptive family. Such levels of preoccupation, however, were not found to be associated with any particular level of openness in adoption. That is, level of preoccupation was not dependent on level of openness. In the present study, it also appeared from parents' reports, that the psychological experience that children have of openness is not so much dependent on the amount of contact as it is on other factors, such as whether or not the experience of contact is generally troubled or untroubled.

This finding leads to the conclusion that openness is generally positive for children but it does not necessarily ameliorate the problems of adoption for children, as was expected by those who supported the introduction of open adoption. Further, it suggests that children's experience of their contact situation is highly complex and not a unidimensional experience. It appears from parents' reports that children can simultaneously benefit from a positive, open relationship with the birth family, and be disturbed by it at times. If a situation of unpredictable or infrequent contact is then overlaid on this, it is even more likely that children will become troubled by their relationship with the birth family, even though they might in other ways benefit from contact.

This finding also suggests that it is vitally important to understand the factors that contribute to adopted children having a troubled experience of the contact situation, in order to assist them to have an optimal experience of open adoption, no matter the pattern of contact that develops. Section 8.4 discusses possible explanations for why some children were reported as having had a troubled experience of their situation while others were not. These involved age and gender factors, differences in individual contact situations amongst children in the same contact group, and the influence of children's personality, and history of life experiences. Each of these factors seemed relevant to variations in reported disturbance, but none, in isolation, explained every case. It is likely that a combination of factors determine children's psychological response to open adoption, and that pattern of contact is only a minor predictor.

Amidst the exploration of possible predictors of disturbance that was made in Section 8.4, one finding stands out. In the limited contact group, stability or predictability of contact,

particularly with the birth mother, seemed to differentiate cases in which children were not reported as having had a troubled experience of their contact situation from those which were. Children who appeared to have more stable and predictable situations, even where no further contact from the birth mother was expected, tended not to be reported as having had troubled experiences, while adoptive parents who expected further contact, but could not predict when it might occur, tended to report that their children had troubled experiences. This finding seems important as it highlights one factor that could be influenced by adoption agency policies and practices that may have significant impact on the psychological health of children in open adoption. This will be discussed further in the following chapter.

The findings of Wrobel et al. (1996) that children's curiosity about their birth family was negatively related to both their self-esteem and their satisfaction with openness level may help to understand the current findings about children described as having had a troubled experience of their contact situation. Children who have lower self-esteem may be more prone to being dissatisfied with their contact situation than children who have higher levels of self-esteem. This might support the idea that it is disturbance in the child that leads to them having a troubled experience of their contact situation, rather than the contact situation that causes them to be disturbed.

The finding of the MTARP researchers (Kohler, et al., 2002) that girls were more preoccupied about adoption than boys may help to explain the present finding of there being a higher proportion of girls than boys reported as having had a troubled experience in the no-contact group. In line with Gilligan's (1993) findings that girls are more oriented towards connection in relationships than boys, girls may be more likely than boys to appraise adoption as being meaningful and important to them. When there is no contact with the birth family, children may have nowhere to channel this concern other than into forms of preoccupation that have been coded in this study as indicating a troubled experience of the contact situation, such as missing and worrying about the birth family, and fantasising about the circumstances of their birth and relinquishment.

The issue that was common to all reports of children described as having had a troubled experience was a sense of rejection. According to the adoptive parents in this sample, children could experience this even when they had close and loving relationships with the birth family. This suggests that the experience of loss associated with adoption is not necessarily ameliorated or compensated for by contact with the birth family. This finding is contrary to the expectations of those who supported the introduction of open adoption, as outlined in Section 1.4.2. Theorists at that stage expected that openness would ameliorate the losses of adoption

(Baran et al., 1976; Baumann, 1997; Caplan, 1990; Chapman et al., 1987b; Triseliotis, 1991). In the present study, it seemed that this was often the case, but not always.

Despite this, however, from parents' reports it seemed that contact with the birth family had positive effects for children, compared to receiving information alone, which did not appear to be sufficient to satisfy the curiosity of many children nor, apparently, to reassure them that they were loved. Meeting the birth mother herself, as compared to meeting other birth family members, seemed particularly important to children. Children were often reported to enjoy contact with other birth family members, but it was contact with the birth mother that they were reported to want most, or to value most highly.

9.6 Integration of quantitative and qualitative findings

For the most part, the quantitative findings of this study showed some interesting trends but they were not statistically significant. That is, there were indications that there may be associations between variables, often in the predicted direction, but these findings may have been due to chance. This was perhaps because the sample size was not adequate to provide a large enough number of cases in some cells. However, in many cases, the qualitative data provided converging evidence of the validity of some of the trends, or it helped to further explain the trends. Similarly, some of the quantitative results provided further support for the validity of the qualitative findings. Areas in which results from the two research methods converged, or were discordant, are discussed below.

9.6.1 Emotional and behavioural adjustment

In the test of Hypothesis 1, it was found that family type (adoptive/nonadoptive) was not as important a predictor of emotional and behavioural adjustment, as measured by the CBCL, as the reported quality of the parents' marriage and children's reported experiences of negative life events. This finding helps to explain the qualitative finding that there were reports of children having a troubled experience in all contact groups. That is, being reported as having had a troubled experience was not necessarily, perhaps, a function of the child's pattern of contact, but rather of the child's overall life experience, such as their family relationships and events that impact on them psychologically. It may be that children's overall life experience can make them more susceptible to having a troubled experience of their contact situation, no matter what that situation is. This finding was similar to that of the MTARP where the quality of

the adoptive kinship network relationship was found to be a better predictor of children's adjustment than level of openness in adoption (Grotevant 2001).

The validity of the qualitative finding of the type of disturbance shown by most children reported as having had a troubled experience of their contact situation, was supported by the quantitative findings pertaining to the clinical significance of the CBCL scores. That is, children tended to have clinically significant CBCL scores on the Internalising subscale rather than on the Externalising subscale, and parents' qualitative descriptions of children reported as having had a troubled experience of contact tended to be of internalised emotions and behaviour, such as feeling rejected and sad, missing the birth family and anxiety about relationships. Parents tended not to describe their children as exhibiting externalising behaviour such as aggression, hyperactivity, or antisocial behaviour.

The qualitative finding that a smaller proportion of parents reported that their children had a troubled experience of contact in the ongoing-contact group compared to the limited-contact and no-contact groups, provided further support to the validity of a trend found in the test of Hypothesis 3. That is, children with ongoing contact tended to have lower CBCL Total Problem Scores than children in the other two contact groups. This convergence of results can be explained by the finding that, as discussed in Section 8.4.3.1, higher problem scores were noted for children reported as having had a troubled experience. A group containing fewer children who had a troubled experience of contact would, therefore, be expected to have a lower mean problem score.

The qualitative finding that, based on adoptive parents' reports, some children in the limited-contact group seemed to be more acutely distressed by their contact situation than most children in the other two groups was supported by a trend found in the test of Hypothesis 5. That is, boys with limited contact tended to have higher mean CBCL problem scale scores compared with children in other groups. Qualitatively, it appeared from parents' reports that some girls in the limited-contact group were also acutely distressed, but statistically this trend was not as apparent for girls as it was for boys.

It was predicted in Hypothesis 5 that, according to parents' reports, adopted girls would be more adversely affected by a lack of contact with their birth family than adopted boys, and conversely, that girls would benefit more from having contact than would boys. This prediction was based on the findings of Gilligan (1993), noted in Section 4.3.2.3, about differences in the primary needs and interests of girls and boys (Gilligan,1993). The quantitative data analysis did not support this hypothesis, but the findings of the qualitative analysis in relation to children with no contact were consistent with it. That is, a higher proportion of girls with no contact were

reported to have had a troubled experience of their contact situation, compared to boys with no contact. It seemed that, qualitatively, girls with no contact may have been more adversely affected by this situation than boys, but that this did not translate into higher CBCL problem scores. No such differences were found in the qualitative analysis for boys and girls who did have contact with the birth family. This was not consistent with the Hypothesis 5 prediction, but it should be further explored in a sample with more boys, as, in the present study, there were very few boys in the ongoing contact group.

In the test of Hypothesis 5, it was noted that there was substantial variance amongst CBCL problem scale scores in most subgroups of the sample, and particularly among boys and among girls in the three contact groups. It was speculated that this might have indicated the presence of subgroups within the broad contact groups. This theory was supported by the qualitative finding that there seemed to be a division within each contact group according to whether or not children had a troubled experience of their contact situation. Further analysis, reported in Section 8.4, showed that mean CBCL problem scores tended to be substantially higher for children reported as having had a troubled experience than they were for those who were reported as having had an untroubled experience of their contact situation. This suggested that there are indeed subgroups within the broad contact groups, based on the child's reported level of satisfaction with, or disturbance by, their contact situation. In a large enough sample, it would be predicted that children with no contact, or limited contact, who had a troubled experience of their contact situation, would have significantly higher CBCL problem scores than children who had an untroubled experience, no matter what was their pattern of contact.

9.6.2 Quality of the parent-child relationship

In the tests of Hypotheses 2 and 4, it was found that adoptive mothers as a group tended to rate the quality of their relationship with their child more highly than did mothers of nonadopted children, and that mothers of children who had no contact with the birth family tended to rate their mother-child relationship higher than did mothers of children with contact. These findings can be related to the discussion in Section 9.5 regarding the reporting of problems or dissatisfaction during the research interview. These findings may indicate that mothers of children who do not have contact with the birth family feel closer to, and more in tune with their adopted children, and are therefore more sensitive to any difficulties they perceive the child may have with regard to their contact situation. If this were the case, it could

be that parents of children with contact may have under-reported the incidence of emotional difficulties with contact. On the other hand, it may be that the higher ratings on the PCRQ by parents of children with no contact was evidence that these parents may have been presenting an idealised picture of the child's emotional situation.

9.6.3   Satisfaction with contact

Complementary information about the child's experience of contact was provided by two quantitative variables, namely, the quality of contact rating and the satisfaction with contact rating; and by one qualitative variable, that is, the coding of children's reported experience of contact as being either troubled or untroubled. The present study found that, according to adoptive parents, both they and their children were very positive about the contact they had with birth families. Some families who had only limited contact were dissatisfied with the amount or regularity of contact they had, but when contact did occur, almost every adoptive family felt the quality of contact was high. Similarly, most children were rated as being either satisfied or very satisfied with the pattern of contact they were having with their birth family.

Interestingly, those children having limited contact with the birth family were not found to be rated as any more satisfied than those who had no contact. In fact, there was a non-significant trend suggesting they were actually less satisfied than those having no contact. Together with the qualitative finding that, based on adoptive parents' reports, children in the limited contact group appeared to experience the most difficulties with their contact situation, this further suggests that irregular or infrequent contact may in some respects be worse for children than having no contact at all with the birth family. This hypothesis, though, must be weighed against the benefits for children, as noted by adoptive parents, of having any contact with the birth family, such as gaining genealogical knowledge important for identity development. Further, there was evidence that this finding of greater reported dissatisfaction and disturbance amongst children in the limited contact group only applied to children whose contact was expected to be ongoing, but irregular and unpredictable. Those children who had more stable patterns of contact, albeit limited, did not seem to fare any worse than children with no contact, according to adoptive parents' reports.

CHAPTER 10

IMPLICATIONS AND CONCLUSIONS OF THE STUDY

Implications of the findings of the present study for open adoption theory, policy and practice, and for further research are discussed in this chapter. The overall conclusions of this research are then drawn out with regard to the wellbeing of children and their experience of open adoption.

10.1   Implications for open adoption policy and practice

The patterns of contact found by the present study, described in Chapter 6, and the experiences families reported of open adoption, described in Chapter 8, have implications both for the way in which adoption agencies and professionals practice open adoption, and the policies they and governments make about openness. It is clear from the reports of adoptive parents in the present study, and from discussions with social workers (Allen, 1999), that adoption agencies put considerable effort and thought into deciding how they manage open adoption. Further, their policies and practices change and develop with experience and changing circumstances. The particular adoption agency that assisted with the present study, Centrecare-CFS, seemed to put considerable effort into educating prospective adoptive families about open adoption and preparing them for future contact with the birth family. The findings of the present research may add to the evidence on which adoption agencies base their open adoption policy and practice, and it is hoped they may assist agencies with the complex task they undertake.

The implications for practice arising from the present findings fall into three primary categories. First, there is a need to facilitate birth and adoptive families having clear and predictable patterns of contact. Secondly, there is a need to facilitate birth family members maintaining contact if they begin it at all. Thirdly, there is a need to encourage contact from birth family members in addition to the birth mother, particularly birth fathers and grandparents.

The present findings that initial agreements for contact are often unfulfilled, and that, according to adoptive parents, children are often dissatisfied when this occurs, have implications for the practice of negotiating agreements between birth and adoptive families about future contact arrangements so that the expectations of adoptive families and children are realistic. Families may require more support to make practical agreements in the first place,

and if it appears in future years that these are not being fulfilled, then further intervention by agencies may be required to attempt to renegotiate agreements. Further, it would seem important that if agencies are aware that birth families have agreed to a minimal amount of contact in the initial adoption agreement, but they seem unlikely to fulfil it, that adoptive families are made aware of this.

The fact that the amount of contact between the birth and adoptive families in the present research was more likely to decrease or cease than to increase, combined with the findings about the reported negative impact of this on children, suggests that adoption agencies may need to consider playing a more proactive role in facilitating ongoing relationships between birth and adoptive families. Contact arrangements may need to be reviewed by agencies periodically throughout the adoption, and agencies may need to play a role in initiating renegotiation of arrangements, and facilitating renewal or maintenance of contact where it has reduced or ceased. The imposition of this on the privacy of the adoptive and birth families, and their right to live without the ongoing involvement of an agency, must be weighed against the value for children of having consistent contact with their birth family. Based on the reports of adoptive parents, it seemed that they were often concerned about imposing on the birth family, and did not ask for more contact when the child wanted it, and the same is likely to be true for birth families wanting more contact. This situation could be improved by agencies initiating a review of contact arrangements from time to time over the period of the adoption, until the child reaches18 years of age.

The present findings also have implications for identifying birth family - adoptive family relationships that may be vulnerable to having contact cease, reduce or become unstable. That is, the present findings suggest that relationships may be most vulnerable when a regular pattern of contact is not established in the first few years after placement, and when birth mothers experience major changes in their lives, such as moving interstate or overseas, marrying, or having another child. The present study also indicated that birth mothers of boys may be more vulnerable to not establishing ongoing contact than birth mothers of girls. These potentially vulnerable relationships may need to be targeted to receive special attention from agencies for monitoring and support. In addition, the present findings suggest that there may be a need for greater emphasis to be placed on educating birth parents about the potential effects of unstable contact on children, and the importance for children of having clarity about their relationships.

The breadth of extended family contact reported in the present study, and the apparent benefit of this for adopted children, suggest that the role of the extended birth family in

facilitating ongoing contact should be acknowledged and supported, where appropriate. Similarly, the present finding of reports of children enjoying or desiring contact with the birth father, but few children actually having this contact, suggest that greater emphasis should be placed on involving birth fathers in contact plans, and perhaps, on facilitating his contact with the child, even when the birth mother does not want contact with him herself. There may be a need for greater education of birth mothers about children's need for contact with the birth father to facilitate birth mothers' cooperation in establishing this contact.

10.2   Implications for theory

As discussed in Section 2.2, several factors have been theorised to be mediators of adjustment in adopted children, including biological and pre-placement factors, factors associated with the adoptive parents or the parent-child relationship, attachment issues, psychodynamic issues and issues associated with adolescent identity formation. Theory in this area is rudimentary, with inputs from a number of authors including Cadoret (1990), Brodzinsky (1987), Grotevant et al. (1988), Groza and Rosenberg (1998), Brinich (1990;1995) and Grotevant (1997a; 1997b). The possible operation of these factors, or their relevance to open adoption is discussed in Section 3.1, but there has been little empirical research available on which to draw conclusions. The present results provide some further insight into how these factors operate, or the impact they have, in open adoption, and hence they contribute to theory development with regard to the process of adoption adjustment in general.

10.2.1 Biological and pre-placement factors

Section 2.2.1 reviewed theory and empirical evidence about the contribution of biological and pre-placement factors to the adjustment of adopted children, and in Section 3.1.1, the possible operation of these factors in open adoption were discussed. As the present study included adoptions of "healthy babies" only, it is likely that many of the biological and pre-placement factors discussed in Section 2.2.1 would not have been important determinants of children's wellbeing. This is because, by definition, infants are not classified as "healthy", for the purposes of adoption, if it is evident that they have been exposed to biological and pre-placement risk factors. It is therefore, not possible to draw conclusions about the operation of these factors in open adoption from the present study. However, while there was no direct evidence to support the theory that biological and pre-placement factors were important

determinants of children's wellbeing, there was evidence that two environmental factors were associated with wellbeing, namely, reported experience of negative life events and happiness of the adoptive parents' marriage. These findings suggest that, along with pattern of contact, there are other factors that influence adjustment that are randomly distributed across contact groups. These may include biological factors as well as certain environmental factors.

10.2.2 Adoptive parents and the parent-child relationship

The present study found higher ratings of the quality of the parent-child relationship in the adoptive sample compared with the nonadoptive sample. This did not support the findings of some previous closed adoption research, discussed in Section 2.2.2, that adoptive families have more dysfunctional relationships than nonadoptive families (eg. Berry 1992; Goldberg & Wolkind, 1992; Peters et al.; Talen & Lehr, 1984), and therefore the present findings may imply that these patterns of dysfunctional relationships do not occur in open adoption. However, as other closed adoption studies have not found any differences between adoptive and nonadoptive family relationships, or have, in fact, found better relationships in adoptive families (eg. Golombok et al., 1995; Rosnati & Marta, 1997), as discussed in Section 2.2.2, it would seem that any such conclusion would be preliminary. In other words, it is unclear from the present study whether the finding of higher quality parent-child relationships in adoptive families was due to the fact that the present adoptive families were in open adoption, or whether it was due to other factors that could also have caused similar findings in closed adoption studies.

10.2.3 Psychodynamic factors

The present findings provided further insight into how some of the psychodynamic issues theorised to affect adoptive parents and children, as discussed in Section 2.2.4, might be affected by openness in adoption. Brinich (1990; 1995) has argued that adopted children may find it more difficult to resolve the family romance fantasy and reconcile feelings of ambivalence, because they do not have the same pressure of reality, as do nonadopted children, of having only one set of parents. In the present study, a common theme in parents' reports of the children who had ongoing contact with the birth family was that the children had a very good grasp of reality with regard to their origins, their place within the birth family, and the circumstances of their birth parents, and they tended not to engage in fantasy about these

200

matters. This would suggest that having ongoing contact with the birth family may help children to work through and resolve this critical issue, which would then have a positive effect on their psychological development and wellbeing. Parents also spoke about how knowing the birth family helped them to more easily see the child realistically, and to accept the child and their heritage. Some also felt that contact with the birth family allowed the child to be more accepting of themselves, and to express their true self. Intuitively, it would seem that these experiences must be helpful for adoptive parents and children to avoid splitting their feelings, and disowning or rejecting aspects of themselves and each other.

A second issue raised by some psychodynamic theorists is the impact of loss and grief on each of the parties to adoption, and how this can affect adjustment (Brinich, 1990; Brodzinsky, 1987 & 1990). The present findings, based on adoptive parents' reports, suggest that while the experience of grief varies for each child, and is not necessarily resolved by having contact with the birth family, contact does seem to reduce the experience and impact of loss for most children. Based on adoptive parents' reports, it seemed that any amount of contact prevented the grief associated with not knowing one's heritage, and most children who had ongoing contact were reported to experience feelings of being loved and accepted by their birth family, rather than rejected by them. This latter finding may help to explain the lower incidence of children being reported as having had a troubled experience in the ongoing contact group compared to the other two contact groups. However, according to their parents, a number of children who had contact with the birth family still experienced feelings of rejection, either associated with insufficient or irregular contact, or with specific events that the child perceived as rejecting, such as the birth mother having another child. This suggests that the grief associated with adoption may be so intrinsically linked to the fact of relinquishment itself that, for some children, even having a positive, ongoing relationship with the birth family cannot fully extinguish it, or compensate for it. Therefore, if grief is a determinant of adopted children's adjustment, then it could be expected that the adjustment of many children would be improved by open adoption, but that the adjustment of some children will still be affected by the losses associated with adoption.

10.2.4 Identity issues

Section 2.2.5 presented theoretical and empirical evidence about the importance of identity issues for adopted children's adjustment. It has been proposed that the identity formation process may be more complex for adoptees than nonadoptees, but this does not

necessarily translate into a greater incidence of identity problems or corresponding maladjustment (Grotevant, 1997a; 1997b). It has also been proposed that while open adoption might help adoptees in their quest for identity by giving them access to genealogical information, it does not necessarily provide greater benefits than closed adoption for adoptees who are faced with the many other challenges of identity formation, such as resolving their adoptive identity (Grotevant et al., 2000). The present results support these proposals as no differences were found in the wellbeing of children having different patterns of contact. If open adoption does enhance identity formation, then it would be expected that this would be evidenced by greater wellbeing for children who had contact with the birth family than for children with no contact. However, it would be more appropriate to test this hypothesis in an adolescent or young adult sample, rather than the present group of children, which was skewed towards younger children.

Despite this statistical finding of no differences in wellbeing, there was qualitative evidence from parents that children "felt good" about having information or knowledge about their genealogical identity. This may not have translated into better global adjustment outcomes, but it may have made a difference in ways more specifically related to identity, such as self-esteem. This factor was not measured in the present study because children were not consulted directly, but it should be investigated in future research.

10.2.5 Conclusions regarding comprehensive models of adoption adjustment

In a global sense, the findings of the present study support a theoretical model of adoption adjustment in which multiple factors combine to determine outcomes, and the pattern of contact children have with their birth family is only one factor among others. Other factors include family relationships and life experiences, as well as factors not investigated here, such as biological makeup.

The psychosocial model of adoption adjustment put forward by Brodzinsky (1987) appears particularly useful for explaining the current findings with a group of children in open adoption. In this model, Brodzinsky contended that adopted children face additional challenges to their psychosocial development that are not faced by nonadopted children. Brodzinsky was writing about children in closed adoption, but it would seem that children in open adoption also face similar challenges. For instance, even when there has been positive, regular contact with the birth family from the beginning of the adoption, children's understanding of adoption still develops over time with their growing cognitive and emotional maturity. They are, therefore, still

vulnerable to the difficulties described by Brodzinsky in his psychosocial-developmental model of adoption adjustment. That is, they may have uncertainty and confusion about their relationships, as well as grief about their separation from the birth family, and to the consequent emotional and behavioural problems associated with this. Openness in adoption may reduce some of these challenges, or make it easier for children to negotiate them, but they are still there to a greater or lesser extent for each adopted child.

Brodzinsky's (1990) stress and coping model of adoption adjustment seems less applicable to the open adoption situation. This model is based upon the assumption that the losses inherent in adoption mean that adoption is a potentially stressful factor for children, and that various factors combine to determine the coping strategy children employ to deal with this stress. Avoidant strategies are theorised to be associated with poorer adjustment outcomes. There is some evidence from the present study that most children do not experience the same level of loss when they have ongoing, substantial contact with their birth family as they do when there is no contact, or more limited contact, although some children did still appear to be affected by loss and perceived rejection. Further, it may be easier for a child to employ avoidant coping strategies when there is no contact with the birth family than when there is contact. Children having regular contact with the birth family could conceivably avoid facing and dealing with their loss by not engaging emotionally with their birth family when there is contact, but parents in the present study reported that this did not occur. Rather, they saw their children enjoying close relationships with their birth families. Indeed, adoptive parents' reports of the children who were described as having had a troubled experience of their contact situation in the ongoing contact group, involved a high level of attachment to, and engagement with, the birth family. These considerations suggest that the stress and coping model needs further elaboration if it is to serve as an explanation for the adjustment of children who have ongoing, substantial contact with their birth family.

10.3   Recommendations for future research

The implications of the present findings for research into open adoption are drawn in this section. Some of these were raised previously, in Chapter 9. The implications for research fall into three main categories, which are discussed below. First, implications for the model used for classifying contact in open adoption research. Second, implications for the design of future research in terms of from whom, and how, data is collected. Finally, implications for directions for further research.

10.3.1 The model used for classification of contact in open adoption research

The findings of the present research concerning patterns of contact with birth families, have implications for the model that is used in future open adoption research for classifying contact with birth families, particularly research with Australian samples. Two findings seem to have particular bearing on this issue. Firstly, that within the group that had some unmediated, in-person contact, there were marked differences in the patterns of contact reported to be occurring for different subgroups of the sample. These differences pertained to the frequency, regularity, continuity, and primary mode of contact, as well as the primary birth family member involved in contact. Secondly, there were indications that these different patterns of contact may affect children's wellbeing and response to contact differentially. These findings suggest that researchers need to discriminate between these different patterns of contact when grouping cases for comparison. Most importantly, it would appear to be highly inappropriate to conduct future research on open adoption using only a dichotomous classification of contact, that is, contact versus no contact. Such a model would group together children who have very different experiences of open adoption, and therefore, as a false distinction, would fail to provide any meaningful conclusions about it. Further, the present findings suggest that the model used in previous research, that is, the mediated/unmediated model used in the MTARP research (Grotevant & McRoy, 1998), is not appropriate to the Victorian situation as most contact in that state is unmediated, and, therefore, by using this model there would be no discrimination between patterns of contact for those who have post-placement contact.

The present study has shown that other variables must be used to distinguish contact groups in Victoria, and possibly Australia, including variables that more finely discriminate patterns of contact for those who have in-person, post-placement contact. Based on the findings of the present study, it is recommended that these variables should include the amount of contact, the primary mode of contact, and the continuity or stability of the pattern of contact.

Another issue pertinent to the classification of contact was the qualitative finding of two distinct clusters of children's reported experience of contact that appeared to be largely independent of the pattern of contact experienced - that is, troubled or untroubled experiences. This finding had not been considered in previous research when the focus was on investigating outcomes according to level of openness, but it seems very important for understanding children's experiences and outcomes of open adoption. This suggests that it should be incorporated in future quantitative and qualitative research, so that researchers can investigate

differences in experiences and outcomes for children having troubled and untroubled experiences of contact.

10.3.2 Data collection sources and instruments

In Section 9.1.2.2, the limitations of collecting data about children from adoptive parents only are discussed. Future studies should aim to determine children's perception of the pattern of contact, their experiences of open adoption, and their wellbeing. Information from other informants could be used in addition to information from children, as was done directly in the MTARP study (Grotevant & McRoy, 1998; Grotevant 2001), but it is important that research investigates children's views.

Related to this is the need for more sensitive and appropriate wellbeing measures to be used in future research into open adoption outcomes. The present research used only a global measure of emotional and behavioural wellbeing, and a parent reported measure of the parent-child relationship. Partly because children were not directly involved, other dimensions of wellbeing could not be measured, such as self-esteem. Future research should use child reported measures of wellbeing, in addition to parent's reports, to improve the relevance and reliability of findings.

Future studies could also investigate dimensions of wellbeing that may be more strongly associated with openness in adoption than global psychological adjustment. In addition to such a global instrument as the CBCL, protocols could be used that measure factors associated with identity, self-esteem, life satisfaction, feelings of rejection and belonging, adoption grief, and understanding or confusion about relationships.

10.3.3 Directions for future research

The following suggestions for areas for future research arose from particular findings of the present study. The finding that girls were far more likely than boys to receive any post-placement contact, particularly in-person, ongoing contact, requires replication and further investigation. Future research should investigate whether, and if so, why, birth mothers tend to keep contact with girls more so than boys.

Two findings suggest the need to investigate factors that lead to birth and adoptive families starting and maintaining contact, or to them not doing so. These were that some birth families did not establish contact with adoptive families, even when, according to the adoption agreement, they had apparently planned to do so. Further, some families did not continue

having contact after having it initially. The reasons for these occurrences should be investigated with birth and adoptive parents because there were indications in the present study that they were associated with more troubled experiences of open adoption than when there was ongoing, regular, in-person contact with the birth family. Research into these factors could contribute to improvement in agency practices supporting contact in open adoption.

In the present study, there was evidence that boys with no contact had the highest quality parent-child relationships. This finding should also be investigated in future research, and, if confirmed, it should be explored further, qualitatively, with adoptive parents and children. Such research should aim to determine what factors contribute to higher quality parent-child relationships for boys with no contact compared to boys or girls with contact. Two factors that could be investigated were noted in Section 9.4.3. These are firstly, the issue of how boys cope with complex relationships (Grotevant et al., 2000) and how this impacts on their parent-child relationship when there is contact with the birth family, and secondly, the possibility that adoptive parents of boys may somehow be affected by lack of contact in a way that does not affect parents of adopted girls.

The final recommendation for future research arose from the finding that, no matter what pattern of contact children had, some children were described as having a troubled experience of contact while others were not described in that way. Until now, open adoption research has focussed on differences in experience of children having different patterns of contact, but the present results suggest that the most important differences may actually be based on other factors, which are not well understood. It therefore seems critical that future research investigates the correlates of troubled and untroubled experiences of open adoption. Researchers could begin by further investigating the factors that were explored briefly in the present study, as reported in Section 8.4. That is, certain characteristics of the child, the nature of the contact experienced, and factors internal to the child. Such research would have implications for open adoption practice, in terms of how adoption agencies educate and support families, as well having implications for theory development with regard to adoption adjustment.

10.4   Conclusions about wellbeing and experience of open adoption

The risks and benefits of open adoption that were perceived by commentators when openness was first being introduced in Western countries are discussed above in Section 1.4. Later research has generally found no evidence to support the fears about the adverse consequences of open adoption proposed by its opponents, for any member of the adoption

triad (Brodzinsky et al., 1998). Evidence has been beginning to mount that open adoption does provide benefits for adoptive parents (Beek, 1994; Belbas, 1987; Berry et al., 1998; Grotevant & McRoy, 1997; Iwanek, 1987; Sykes, 2001), but there has been little evidence so far that children themselves necessarily have better outcomes in open adoption compared to closed adoption (Berry, 1993; Berry et al., 1998; Grotevant & McRoy, 1997; Grotevant 2001;). The MTARP research (Grotevant & McRoy, 1997; Gortevant 2001) indicated that children in open adoption have different experiences from children in closed adoption, but this does not necessarily translate into better overall psychological adjustment. The present results further support this conclusion, and they also provide a more refined understanding of how different patterns of contact can affect children.

The present findings, based on adoptive parents' reports, suggest that some children do indeed suffer from some of the adverse consequences of open adoption that were originally proposed by its opponents. For instance, it appears that some children can be very confused about their relationships, while feelings associated with grief may be exacerbated for some children who have only intermittent contact with birth family members. However, according to adoptive parents' reports, it seemed that these adverse consequences were largely confined to children who did not have ongoing, regular contact with the birth family. Where there was such contact, children seemed mostly to benefit from openness. These children had to deal with more complex relationships and situations than most nonadopted children from intact families would have to face, but it seemed that they were able to do so without a negative impact on their overall psychological wellbeing. It may be that the benefits of contact, for identity formation and countering feelings of rejection, balance the potentially negative factors, such as greater complexity in relationships and divided loyalties, resulting in no overall effect on children's adjustment. However, the benefits of contact may not be sufficient to balance the negative effects of some more limited forms of contact. Hence, a blanket statement about the benefit or risk of open adoption for children is not appropriate. Rather, the present findings appear to support the conclusion made by Haugaard (1998), that there are subgroups of adopted children who are more at risk than others of developing adjustment problems. Haugaard made this conclusion about children in closed adoption, but it appears equally valid for open adoption. It seems that each individual contact situation will present positive and negative consequences that will interact with the child's psychological makeup, life circumstances, and family relationships, to determine the overall level of the child's adjustment at any given time.

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Appendices

Family Information: (complete for all families)

Respondent: Mother / Father /Other (state)...................................

1. Family type (circle response)   1. Adoptive   2. Non-adoptive

2. Genogram of family - (indicating adopted and non-adopted children, age of each person, and target child's position in the family):

3. Age and sex of the child included in this research ('the target child'):
      Age: Years........... Months...........
      Sex: Male   Female

      Any siblings included? No/ Yes (name, age)...

4. Target child's usual living arrangements:
    a. Lives with both parents
    b. Lives with mother and stepfather
    c. Lives with father and stepmother
    d. Lives with mother only
    e. Lives with father only
    d. Other (state):

5. Are there any things that have happened in the target child's life that may have affected his/her well-being? If yes, state when it occurred and describe it briefly:

Year ....Event...

Year ....Event...

Year ....Event...

6. Does the target child take any medication on a regular basis? If so, please describe it and what it is taken for:

7. Does anyone in the family have health or well-being problems. If so, please describe them and how they are managed:
Who:...........................
Problem..

Who:...........................
Problem..

Adoption Arrangements (Complete for adoptive families only)

1. Age at which target child was adopted (in weeks/months):

2. Arrangement prior to adoption:

Arrangement:	Tick as many as applicable	Length of time
With biological mother		
With other family member		
Foster care		
Other		
Unknown		

3. Are you aware of any health or well-being concerns in your child's birth family? If so, please describe.
Who............................ Problem..

Who............................ Problem..

Who............................ Problem..

4. At the time of placement, what was your understanding about access arrangements:
   Amount of contact:

   Type of contact:

   Which birth family members were to have contact:

5. Has your expectation of the contact arrangements changed over time?
Yes / No

If yes: Describe how it has changed and when (complete one for each change):
   Amount of contact:

   Type of contact:

   Which family members were to have contact:

6. Describe how contact actually happened at the start of the placement

   a. No information or contact

   b. Information provided at adoption but no contact since (describe the type of information provided) ....

7. Comments on contact at the start of the adoption:

8. Has that pattern of contact changed over time? Yes /No

If yes, how has it changed ? (complete one table for each period of change, including one table for now).

9. Overall, how good has this contact been: 100% (perfect).....0% (nothing good at all)
        From your perspective: ....%
        From your child's perspective: ....%

10. How has contact/noncontact been for you and your child?

11. Other Comments:

c. Contact since adoption (complete table below)

Who has contact from the biological family?	Tick	Type of Contact*	Who makes contact**	Frequency of each type of contact***	Last contact?
Mother					
Father					
Grandparent/s					
Aunt/uncle					
Sibling/s					
Other					

*Type of Contact:	Code	*** Frequency:	Code
In person visits/access (where)	V	12+ times per year	1.
Telephone	T	5-12 times per year	2.
Letters/cards	L	2-4 times per year	3.
Other	O (State)	Once per year	4.
		Less than once per year	5.
		Other: state number of times since adoption	6

**Who makes contact:	
Birth family to child	BF-C
Birth family to adoptive parents	BF-AP
Child to birth family	C-BF
Adoptive parents to birth family	AP-BF

Please answer the following questions about yourself and your partner:

4. How long had you and your partner been living together as a couple at the time of your child's adoption/birth?

5. How would you describe the quality of your marriage/relationship?

1.	2.	3.	4.	5.
Very Unhappy	Unhappy	Neither Happy nor Unhappy	Happy	Very Happy

6. Socioeconomic information:

Mother
a. Highest level of education: (i.e. Primary, Secondary, Tertiary, Post-Graduate, Other).

....

b. Is mother currently in the workforce?: Yes / No
c. Occupation ....
d. Income bracket: 1. Less than $20,000
   (please circle)   2. $20,000 - $40,000
                        3. $40,000 - $60,000
                        4. $60,000 plus

Father
a. Highest level of education (i.e. Primary, Secondary, Tertiary, Post-Graduate, Other).

....

b. Is father currently in the workforce?: Yes / No
c. Occupation ....
d. Income bracket: 1. Less than $20,000
   (please circle)   2. $20,000 - $40,000
                        3. $40,000 - $60,000
                        4. $60,000 plus

Variable	Coding
Family size	1= one child, 2= two children, 3= three children, 4= four or more children (children could be adopted, nonadopted or permanent care).
Sibling position	0= only child, 1= first child, 2= middle child (in families with more than two children), 3= last child (including 2nd child in a two child family).
Child's experience of negative life events	All events reported by parents were counted. 0= no event reported, 1= event/s reported.
Children's and family's health	As reported by parents, excluding minor, temporary conditions. 0= no-one in family has health problem, 1= child has health problem, 2= both child and another family member have health problem, 3= family member other than the child has health problem.
Parent's marriage quality	Ratings as given on questionnaire. 1= very unhappy, 2= unhappy, 3= neither happy nor-unhappy, 4= happy, 5=very happy.
Mother's and father's education	0= not tertiary educated, 1= tertiary educated.
Mother's and father's occupation	Based on researcher's classification of parent's reported occupation. Only classified if parent was currently in the workforce. 0= not white collar or professional (including skilled and unskilled), 1= white collar or professional.
Mother's and father's participation in the workforce	As reported by parents. 0= not currently in workforce, 1= currently in workforce.
Family income	Responses to questionnaire items re: mother's and father's income were combined and total figure was re-categorised as: 0= below $60,000, 1= above $60,000.

Please answer the following questions in respect of the child included in this research.

1a. In relation to your child, to what extent do you feel you are:

	0. Not at all					5. To a great extent
Accepting	0	1.	2.	3.	4.	5.
Critical	0	1.	2.	3.	4.	5.
Understanding	0	1.	2.	3.	4.	5.
Caring	0	1.	2.	3.	4.	5.
Warm	0	1.	2.	3.	4.	5.
Respecting	0	1.	2.	3.	4.	5.
Close	0	1.	2.	3.	4.	5.

1b. In relation to you, to what extent do you feel your child is:

	0. Not at all					5. To a great extent
Accepting	0	1.	2.	3.	4.	5.
Critical	0	1.	2.	3.	4.	5.
Understanding	0	1.	2.	3.	4.	5.
Caring	0	1.	2.	3.	4.	5.
Warm	0	1.	2.	3.	4.	5.
Respecting	0	1.	2.	3.	4.	5.
Close	0	1.	2.	3.	4.	5.

2. To what extent do you agree with the following statements:

		1.Strongly Disagree	2. Dis-agree	3. Neither Agree nor Disagree	4. Agree	5.Strongly Agree
a.	I can usually sense when my child is troubled by something.	1.	2.	3.	4.	5.
b.	I feel I usually understand my child: his/her needs, wants, thoughts and feelings.	1.	2.	3.	4.	5.
c.	I allow my child a lot of freedom to do the things he/she wants to do.	1.	2.	3.	4.	5.
d.	I usually let my child make his/her own decisions.	1.	2.	3.	4.	5.
e.	Within reason, I usually let my child try new things, even if they are a bit risky.	1.	2.	3.	4.	5.
a.	My child almost always shares his/her feelings, concerns or troubles with me:	1.	2.	3.	4.	5.
b.	My child easily makes new friends.	1.	2.	3.	4.	5.
c.	My child has close friendships with other children.	1.	2.	3.	4.	5.
d.	My child keeps his/her friends for a long time.	1.	2.	3.	4.	5.

Dear Parents,

I am writing to invite you to participate in research I am conducting into the well-being of adopted children in Victoria. This research is part of my Doctoral studies in Clinical Psychology at Victoria University of Technology. Dr Jenni Rice and Dr Suzanne Dean from the Department of Psychology are supervising the project.

Open adoption has been in place in Victoria for 15 years and yet we have very little information about how the children adopted under these arrangements are getting on. This research is designed to learn about the well-being of local children aged between 8 and 16 years, and find out what sort of contact they may have with their birth families. I wish to include families who have no contact with their child's birth family, as well as families who do have contact.

The research is being conducted with the co-operation of Centacare Catholic Family Services (formerly the Catholic Family Welfare Bureau) Adoption Service, and they have sent this letter to families, including yours, who adopted a child between 1985 and 1992. I do not yet have your name or address - this will be provided by you if you choose to participate.

Participation involves an interview of approximately one hour, at home or elsewhere. The interview is conducted with adoptive parents only, and covers questions about your family's characteristics, your relationship with your child, your child's adoption arrangements and any arrangements for contact with his or her birth family. There will also be questions about your child's emotional and behavioural well-being. I will be collecting information on the well-being of children in non-adoptive families as well, which will be used as a comparison to that of the adopted children.

Please note that the information families provide will be treated confidentially and the report will not identify any individual family. At the end of the project I will send a summary of the results to all participating families if they wish to receive it, and my thesis will be available through the Psychology Department at Victoria University.

I am keen to have as many families participating as possible so that I get an accurate overall picture, and therefore I would greatly appreciate your participation. Please note that if you choose to participate you are free to withdraw at any stage. If you are interested in participating please complete the enclosed form and return it to me in the enclosed envelope as soon as possible. If you are not sure about participating and would like to discuss it with me, or if you have any questions or comments, you are welcome to call me on (03) 9853-3799, or Dr Jenni Rice on (03) 9365-2586.

Should you have any complaints regarding the manner in which this research project is conducted, please do not hesitate to inform me or my supervisors directly. My supervisors may be contacted on either (03) 9365-2586 (Dr Jenni Rice) or (03) 9365-2336 (Dr Suzanne Dean). Alternatively you may write to the Chair of the Psychology Department Research Ethics Committee at Victoria University.

At a later point there will also be an opportunity for your family, if you wish, to participate in a separate longitudinal study of open adoption. Dr Jenni Rice will provide further information about this later in the year.

Thanking you in anticipation.

Robyn Ball

To: Ms Robyn Ball
C/- Dr Suzanne Dean
Psychology Department
Victoria University Of Technology
St Albans Campus
PO Box 14428 MCMC
Melbourne Vic 8001

Please complete the details below if you are interested in participating in the research.

Name (parent/s):

....

Age, sex and adoptive status of children:

Age...................... male / female ....adopted / non-adopted

Age...................... male / female ....adopted / non-adopted

Age...................... male / female ....adopted / non-adopted

Age...................... male / female ....adopted / non-adopted

Address: ....

Telephone:......................................

Best times/days to call to arrange interview

....

When would you prefer to be interviewed (you may circle as many as relevant):
- **Day**
- **Evening**
- **Weekend**

Please return this form in the envelope supplied.

Thank-you.

Dear Parents,

I am writing to invite you to participate in research I am conducting into the well-being of adopted and non-adopted children. This research is part of my Master's studies in Clinical Psychology at Victoria University of Technology. Dr Jenni Rice and Dr Suzanne Dean from the Department of Psychology are supervising the project.

The major aim of the research is to investigate the well-being of adopted children and to compare their well-being to that of non-adopted children of the same age. This letter has been sent to you via .... and I do not yet have your name or address (this will be provided by you if you choose to participate). I am seeking to match families with non-adopted children with families who have an adopted child in the age range of 8-16 years.

Participation in the research involves a half hour interview which I would conduct in your home, or elsewhere if you would prefer. The interview is conducted with parents only and covers questions about your family's characteristics, your relationship with your child, and information about your child's emotional and behavioural well-being. Please note that the information families provide will be treated confidentially and the report will only contain grouped data which will not identify any individual family. At the end of the project I will send a summary of the results to all participating families if they wish to receive it, and my thesis will be available through the Psychology Department at Victoria University.

I am keen to have as many families participating as possible so that I get an accurate overall picture, and therefore I would greatly appreciate your participation. Please note that if you choose to participate you are free to withdraw at any stage. If you are interested in participating please complete the enclosed form and return it to me in the addressed envelope as soon as possible. If you are not sure about participating and would like to discuss it with me, or if you have any questions or comments, you are welcome to call me on (03) 9853-3799, or Dr Jenni Rice on (03) 9365-2586.

Should you have any complaints regarding the manner in which this research project is conducted, please do not hesitate to inform me or my supervisors directly. My supervisors may be contacted on either (03) 9365-2586 (Dr Jenni Rice) or (03) 9365-2336 (Dr Suzanne Dean). Alternatively you may write to the Chair of the Psychology Department Research Ethics Committee at Victoria University.

Thanking you in anticipation

Robyn Ball

Summary of contact with birth families for each adopted child

Case No.	Sex	Age	Gift	Letter	Report	Contact Description
Limited-contact						
109	F	9	-	-	B	Regular visits and letters with BM until child 2yo then BM returned to country of origin. One visit since when child 6yo. Occasional letters now. APs expect there will be more contact but intermittent. They cannot contact BM so relying on her to make contact. BM probably lives overseas.
110	F	9	-	-	B	Regular annual visits first 3-4 years, now letters and gifts only. Child can't remember visits but has photos and writes to BM.
111	M	11	-	-	B	Met BM and MGM on placement day. Met BM once or perhaps twice since then when child 3 to 4 yo - child probably doesn't remember. BM since moved interstate and never makes contact but AM writes to her. MGM sends cards and letters twice every year but AM thinks child does not relate these to BM.
115	F	14	-	-	P	BM died after long illness when child 10yo. BM and child exchanged regular letters and child met BM and BMs sister twice when child was 9yo. Aunt now writes to child and may visit in future
118	M	11	-	✓	B	Five visits in total until child 3 yo then BM moved interstate. No visits since but intermittent letters and photos. No contact at all for 3-4 years but initiated again last year by AM because child distressed by noncontact. Phone call, letter and photos then sent by BM.
121	F	11	✓	✓	B	One visit by BM and GPs when child a baby then no further contact until two letters from BM 3 months before interview. Child reluctantly wrote back. AM expects there will be further contact.
122	M	12	-	-	P	One meeting with grandmother when child a baby -- never with BM. BM has written twice ever, GM writes annually.
126	F	12	-	✓	B	Visits and letters in first 6 years then irregular letters, then no contact for 2 years until a letter 4 months before interview.
146	M	8	✓	-	B	Letter contact for first 6 years then stopped 2 years ago. Child has photos, letters and gifts.
154	M	13	-	✓	P	Early letters from both BPs until BM died when child 5yo. One meeting before BMs death with BPs and GPs. No contact with any of BF since BM's death.
156	M	11	✓	✓	P	Irregular ongoing contact with BM. Early visits with birth father, none for last 3 years, but still phone calls. Irregular visits with ExtFam, plus cards.
158	F	10	-	-	P	3- 4 visits first two years then stopped, no contact since with any BF members. APs met birth father before placement.
Ongoing-contact						
105	M	8	-	-	B	Regular visits ongoing with BM and her parents and child's sibling. Families are friends and go out and away together.
107	F	12	-	-	P	Ongoing in-person contact and letters and phone calls. BM interstate so visits irregular. More recently had contact with BM's family and birth father.
108	F	9	-	-	B	Frequent in-person contact with BM and child's siblings.
117	F	11	-	-	B	Ongoing annual in-person contact with BM and occasional contact with ExtFam.
119	M	9	-	✓	B	Ongoing annual in-person contact with BM and occasionally other BF members.
124	F	13	-	✓	P	No contact from BF in first 4 years, now ongoing, regular contact with BM and ExtFam.
128	F	11	-	✓	P	Ongoing visits, letters and phone calls with BM and her children.
132	M	11	-	-	B	Ongoing, regular contact with BM and ExtFam.
133	F	11	-	✓	P	Ongoing frequent in-person contact with BM and her family, also with birth father and his family (living overseas).
134	F	15	✓	-	P	Letters from BM from when child 8 years old and then meetings since age 11. Now regular ongoing in-person contact.
137	F	10	✓	-	B	Ongoing annual visits with BM since child 2 yo. Letters before that.
140	F	8	-	-	B	Regular contact with aunt and ExtFam since placement, including visits. Met with BM only 2-3 times ever- first time when child 5 yo.
141	F	11	✓	✓	B	Regular, ongoing visits with BM. Also contact with ExtFam.
142	F	10	-	✓	B	Letters only until child 3 yo, then regular visits since then with BM. Also met ExtFam.
145	F	8	-	✓	P	Ongoing, regular visits with BM.
147	M	8	-	✓	P	No contact in first year then substantial contact with birth father and his family since then, i.e. 3-4 visits a year & phone calls in between. No contact with BM.
148	F	10	-	-	B	Regular, frequent contact with BM. Also met ExtFam members who live overseas and has phone calls and letters to and from them. BM about to move back to country of origin but child has not yet taken that in.
152	F	14	-	✓	P	Regular, ongoing meetings with BM, birth father and their families.
157	M	16	-	✓	P	Letters only for first 7 years then irregular, ongoing visits with BM and also GF (separately) as well as letters. BM lives interstate.

Summary of contact with birth families for each adopted child

Case No.	Sex	Age	Gift	Letter	Report	Post-Placement Contact Description
No-contact						
101	M	13	-	✓	P	None ever.
102	M	10	-	-	P	None ever.
103	M	12	-	-	B	None ever.
104	M	8	-	✓	B	None ever.
106	F	12	-	-	B	None ever.
112	M	13	-	-	B	None ever.
113	M	9	-	-	P	None ever.
114	M	10	-	✓	P	One visit with BM when child 18-24 months old. No other contact.
116	F	10	-	-	B	None ever.
120	F	15	✓	✓	B	None ever.
123	M	9	-	-	B	None ever.
125	M	11	-	-	B	None ever.
127	M	13	✓	-	B	One visit from BM soon after placement without child present. No other contact.
129	M	10	✓	✓	B	One visit when child 12 months old, no other contact.
130	M	12	-	✓	P	None ever.
131	M	15	-	✓	P	None ever.
135	F	11	-	-	B	None ever.
136	F	11	-	-	B	None ever.
138	F	13	✓	-	B	None ever.
139	M	9	-	✓	B	None ever.
143	F	9	-	✓	P	Two meetings early in the placement between APs and BM without child present. No other contact.
144	F	9	-	✓	B	None ever.
149	M	16	-	-	B	No contact except after request from APs for photo of BM when child about 4yo. Received a brief letter and photo from BM.
150	M	12	✓	-	B	None ever.
151	F	13	-	-	P	None ever.
153	F	9	✓	-	P	One meeting with BM&F when child 3yo. No other contact.
155	M	11	✓	✓	P	None ever with birth family, but met ½ brother once (adopted by another family).
159	M	14	✓	-	P	None ever.
160	F	11	-	-	B	None ever.

Note: 1. "Gift" & "Letter" columns refer to items given to child by birth family at time of placement.

2. "Report" column refers to the profile given to the adoptive family by the adoption agency about the birth family at time of placement. "B" refers to a basic report containing limited information about the birth family and seeming not to have had any personalised input from the birth family. "P" refers to more personalised and detailed reports.

3. The following abbreviations are used in this table:

AP = adoptive parent

AF = adoptive family

BM / BM&F = birth mother / birth mother and father

BF = birth family

BP = birth parent

GP/GM/MGM/GF = grandparent/grandmother/maternal grandmother/grandfather

ExtFam = extended family

A18   Contact - Limited

M: So we had phone contact and then I wrote to her when we were overseas and then when we came back I wrote again and told her we were back and then we really haven't had much contact with her since. Although last year I did write and ask her to send photos and to write to ⬛ because he was having a tough time. *Response*
child
*

RB: Has he seen that letter?

M: Yes. He read it last year for the first time when he was having a bit of difficulty. I though it was appropriate for him to read it them. We've got a box with all the letters, all the cards, any little presents that they've been sent are kept down and they can have access to that any time but it was more appropriate last year to show him that particular letter.

RB: He hadn't seen it before?

M: No, just because it sort of hadn't sort of come up, hadn't need to.

RB: When he was ten?

M: Yes. It's quite difficult concepts in them for kids to understand but I felt he was old enough to...(inaudible) .   *und*

RB: So what was happening at that time?   *Und*

M: It's more the kids were asking him questions. I mean he was obviously divulging more, but kids were asking him questions and new kids that he met...He'd been away for two years so he'd come back to his old school and I guess it might have been part of re-establishing himself there and he probably divulged more information than...(inaudible) and just got older too, I suppose. He was no longer in Grade 3 but Grade 5 so ....
And we've always been really open about it but I think he's felt free to be open about it and then confronted these things from other kids...

D: ...who didn't understand it.

M: So, we've basically used the line that a lot of people don't understand about adoption. It's not something a lot of people experience and just gone through his story again about why he was put up for adoption and why we chose to adopt and all the different things about it. We just keep going over and over that all the time, and that seems to...trying to give him answers. So all that was happening and it was again that re-establishing himself within the group. It's almost like an identity. .at one time he was really concerned, he wanted to go back to ⬛⬛⬛, this was even a couple of years ago because he thought she was by herself. `We have ⬛⬛ now and she's by herself.' But then we found out she'd had another child since and that stopped him.   *ident* *feel→* *Respon*

The last year he got out of the bath and for some bizarre reason he was quite ballistic about the whole thing, about you know, he missed her and he wanted to see her and he just really wanted to meet her, he was hysterical. He wanted to get to know ⬛⬛,   *φ* *feel→* *Resr re*

her son, and why didn't she keep him and why she had got ▓▓ ~½ brother~ I suppose he was
sitting in the bath pondering things. So we had to talk all through that and then that's
when I wrote to her and asked her to send some photos. I think he'd sort of almost
forgotten what she was like. Because he feels strong attachment to her, he's got a very
strong attachment to her and ▓▓. And we foster that and try to keep that going. It
was a combination of lots of different things.

~½ brother~

RB: How does he seem now?

M: Great! Just before Xmas ▓▓ ~brother~ got a present from his birthmother and she always
used to send ▓ ~child~ one too, she's been fabulous. But she's obviously thought they're old
enough to deal with all it now and she'd only send ▓ ~brother~ one and ▓ ~child~ face was
...(inaudible) And we talked about it, you know it's really hard, isn't it, and people do
things differently, we've got to accept that people are different. But the very next day
a letter with photographs arrived from ▓▓ ~Bm~. Well, he was over the moon, it was
just like he'd won Tatts. It was great and he took them to show all my family and
everybody and we talked about how his hair is like ▓▓, his eyes are like ▓▓,
and he's been fine from then on. That was just enough to sort of give him that sense of
himself. He's been fine, good as gold. We haven't had anything again now, he's much
more confident about it.

~½ brother~

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M: But she's happy to talk ~her c.k→~ to him on the phone. He phoned her one day and spoke to
her for half an hour to ▓▓. I think if he ever phoned her she would be more than
willing to chat with him she's quite open to all that. He's asked a couple of times and I
said "yeah, phone" but he hasn't actually gone to do it. [You're given a lot of
information about them at the beginning, so you sort of know. Simple things that they
want to know like how tall they're going to be, what colour hair, and all that sort of
stuff, you're given that sort of information right at the beginning and that's a lot of
questions that they have now. So that's enough for them now.

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D: And also I know from being adopted that you have questions and for no reason
they come up. I suppose everyone does that, but normally people can just ask their
natural parent that question, you know, "why did that happen, or why am I like this",
or, you know, what ever it might be. And maybe some people read lots of things into
those sorts of occurrences but really ….. I see them as quite normal.
*

RB: I'm trying to get some percentage rating out of 100 of how good the contact has
been so from ▓▓ ~child's~ perspective and from your perspective.

M: I'd say for us...(inaudible)

D: I think the thing is because it's been really very flexible and we've got the
responses when we've asked for them and vice-versa...(inaudible), it's probably been
good for everyone involved. But then some people might say well maybe it's been too
flexible and there should have been more consistency and it might have been better.

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Resp - r
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M: I would probably like to see a bit more consistency. I'm in the process of writing
to ▓▓ to tell her how big an effect that letter had on ▓▓ and to ask her if she
could just make sure that she sends him a birthday card and a Xmas card. I think that
would really see him through his difficult period of adolescence and really help keep

his self- image together, because it really make a big impact on him last year.
*

RB: And from ⬛ (child's) perspective?

M: I think he'd want(?) more. 50%,,, no I think less than 50%.

RB: Have you any other comments about ⬛ (child's) contact or open adoption?

M: I think for him personally open adoption's really good, because he lacks self-confidence and he just needs that 'where I come from' to give him that identity. To be able to have found out and tap into things and for him to know that he can ring her up and ask, I think that for him...for his own self-image.
*

M: We decided, before we decided on adoption, to ask the adoption agency for lots more information about their birthmothers anyway, because we felt we wanted to tell them as much as we could about them because it's just honest. And I think that's the best aspect of this contact; these women become real people, they become part of your family then and it's just very natural.

D: Not in ⬛ (child's) case but in ⬛ (brother's) case it's been extended family as well.

M: It's normal. And it's good for us to know the women because then when the boys talk about them, we've met them, we know them personally, we're not just making something up. You know, like sometimes they want to talk about 'Why did they give me up?' and so and we talk about that. I say, 'I never, never want to hear you say anything bad about your birthmothers because we know them, they're really, really nice people, and they've done the hardest thing in the world to do for you'. Because we know them personally we can really say that honesty and that comes through.' I wouldn't have it any other way.

ID NUM: 118   **SEX:** M   **AGE:** 11   **CONTACT GROUP:** Limited

CONTACT DESCRIPTION:
5 visits in total until child 3 yo then BM moved interstate. No visits since but intermittent letters and photos. No contact at all for 3-4 years but initiated again last year by AM because child distressed by non-contact. Phone call, lett and photos sent since then by BM.

INTEREST IN BF/ORIGINS:
Issue hadn't come up before child 10yo, but then child interested and wanting contact, asking lots of questions. Child asks to phone BM but doesn't usually do it.

UNDERSTANDING OF ADOPTION: / OPENNESS ABOUT ADOPTION:
Letters/report had "quite difficult concepts in them for kids to understand but I felt he was old enough to...."
Child was open about adoption at school and got flak from other kids who didn't understand. "we've always been really open about it but I think he's felt free to be open about it"

KNOWLEDGE OF BF:

SATISFACTION WITH AMOUNT/TYPE OF CONTACT:
Became very dissatisfied with lack of contact and now satisfied with minimal contact. AM concerned about consistency for child, hoping BM keeps up some contact. Child would like more contact.

RELATIONSHIP WITH BF:
AM says child "feels strong attachment to (BM), he's got a very strong attachment to her and (½ brother).

FEELINGS OF REJECTION/BEING WANTED BY BF:
Questioned why he was given up and not ½ brother.

FEELINGS TOWARDS BF:
Child becme concerned about BM, thinking she was on her own while APs had 2 children, thought he should go and live with her, stopped when he found out she had another son. On one occasion suddenly "hysterical", saying he missed his BM and wanted to see her, wanted to get to know ½ brother and questioning why he was given up and not ½ brother.

EMOTIONAL /PSYCHOLOGICAL WELL-BEING:
Emotional outburst last year but after contact now "great". AM thinks minimal ongoing contact from BM is very important and "would really see him through this difficult period of adolescence and really help keep his self-image together"

IDENTITY:
Child needed lots of information about BM and adoption, APs went over story many times "trying to give him answers". Child was trying to re-establish himself at school with peers after being away – APs thought his interest in origins was "almost like an identity". Receiving letter and photos from BM was "just enough to sort of give him that sense of himself". Info at the beginning helps answer questions and "that's enough for them now". Child "lacks self-confidence and just needs that 'where I come from' to give him that identity", therefore open adoption "really good" for him – being able to have questions answered – boosts self-esteem.

RESPONSE TO CONTACT / NON-CONTACT / REDUCED CONTACT:
Child was "having a tough time" with lack of contact so AM wrote and asked for a letter. AM thought child had "almost forgotten what she was like" which led to his concern. After contact child was "great". When child received BMs letter and photos he was "over the moon" "it was like he'd won tatts" and he's "been fine from then on".

OTHER:

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 1   No Contact – Untroubled Experience – "Disinterested" Subgroup

Theme	Comments / Issues raised by adoptive parents
Lack of Interest	Not that interested in existing info "Hasn't really questioned" yet Occasional questions ++ Never talks about birth family + Never asks questions or to see info + Not particularly curious, never said anything about lack of contact Hasn't shown an interest yet +++ "Doesn't really care" about gifts from birth mother
Level of Understanding	Has good understanding of adoption "Knows where he came from and how it all worked", but hasn't shown interest yet Slower to understand "Not ready" to read report yet – it would confuse him "Not ready, maturity wise, yet" to read agency report "A bit young for some of the information" in the report Hasn't seen letter yet because "he's insecure"
Denial of relationship with birth family	Rejects relationship with birth family – doesn't want to know about them Disowns relationship with birth family Denies relationship with birth family – strongly identifies with adoptive family Denies he might ever want contact
Satisfied/content	"Doesn't question things yet" "I don't think he thinks about it" "It doesn't seem to particularly concern him" + "Doesn't show that it worries him" "Seems happy enough" "Content" + "Not bothered" by lack of contact Seems satisfied ++ "Quite happy where he is" "Not an issue" ++ "Seems OK"+
Emotional wellbeing	"An easy going girl" "A beautiful loving kid" "A very normal child – happy" "A great kid"
Indications of emotional difficulties/ concerns	Child seems OK "but you don't know" +++ Child "emotionally depleted" APs concerned child would feel rejected if he read report Child may be concerned about hurting APs feelings if he talked about birth family Indications of significant attachment difficulties in child who totally rejects his relationship with birth family Child very anxiously attached and worse since told he was adopted – therefore APs don't share birth family info with him yet. Child seems to have "shut off the past", she may be "holding something back inside"

Note: + indicates that the same or similar comment was made by parents of another child.

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 2   No Contact – Untroubled Experience – "Interested" Subgroup

Theme	Comments / Issues raised by adoptive parents
Level of understanding	"very well informed" "understands very well now" "a good, healthy understanding" because he has "something concrete" i.e letter and one meeting as a baby
Curiosity / Interest	"asked a lot of questions" Often asks questions Talks openly about birth mother "he needs to know...more inquisitive than his brother" Would like to know more Sometimes asks questions Curious from time to time, on her mind a bit "it comes up from time to time" Child thinks and talks about birth mother "all the time" Often asks questions about who she is like Sometimes goes through agency information Read, and touched by, birth mother's letter when he read it at age 13 but hasn't really talked about it or her before or since. "doesn't want to know too much" "Not really interested in reading report or birth mother's letter Wonders what birth mother is like
Feelings of connection to the birth family	Child "not interested" in birth mother's family at this stage – doesn't seem to relate birth mother's family to herself, feels they are "nothing to do with her" Child made a mother's day card for birth mother – he's "still very much aware that she's a really important part of his life" Child "treasures" gift birth mother gave to him Child "quite touched" by birth mother's letter and cried when he read it at age 13 Child still occasionally writes to birth mother even though there has been no response Sometimes wonders about birth parents – what they are doing
Satisfaction with contact situation	Noncontact "doesn't seem to bother him at all" "not an issue at all at the moment" APs "don't think it affects him much, not at this stage anyway" "seems to handle it all very well" Seems satisfied at this stage Satisfied with information he has for the moment There is "no concern there that he has no contact" Quite satisfied for now, vaguely interested, but not an issue Lack of contact "doesn't seem to worry her" "seems happy enough with where she is going and the reasons she was given up" "he's accepting" Started asking why birth parents don't contact her but "not worried by it" Child thought contact with half brother made up for lack of info about birth family compared to his adopted siblings
Desire for contact	Would like more contact Wants to meet birth mother when he's 18 May search for birth mother in future, but not an issue now "hasn't had the need for contact at this stage' Would like to meet birth mother "very much" "thinks she might like to meet her birth mother one day"
Emotional wellbeing	"a very warm, sensitive, caring child" "happy" ++ "well adjusted child" ++ "positive self image"

Note: + indicates that the same or similar comment was made by parents of another child.

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 3   No-Contact – Troubled Experience Subgroup

Theme	Comments / Issues raised by adoptive parents
Sense of rejection	Child fears rejection if he contacted birth mother Fear of not being liked by birth mother Parent senses rejection and unanswered questions in child Generalised feeling of rejection – not specific to birth family Child's questions indicate a sense of rejection eg. "why didn't she want me?" Adoptive mother senses unasked questions about why child was relinquished Sense that child thinks he was relinquished out of rejection Hurt and angry about noncontact Child "basically hasn't felt wanted" by birth family Child "feels rejected by the birth family" Child asked "'why?'….did her mother not like her?"
Emotionally troubled	Child in psychotherapy – emotionally troubled Child generally "very unhappy" Hurt and angry about noncontact Noncontact has had adverse effect on child emotionally/behaviourally Self-esteem and communication adversely affected
Interest/disinterest in birth family/ origins	Child never talks about adoption/origins + Child only occasionally makes comments + Child withdrew previous interest in contacting birth mother + (one child did so out of fear of rejection) Child asked questions since age 4 Child is "not talking about it much, but it's on her mind"
Contact would benefit the child / noncontact has had adverse effect	Contact would "reinforce wellbeing" Contact would "demystify" Noncontact has been "detrimental" for child Noncontact has had adverse effect on child emotionally/behaviourally Lack of contact became an issue at around 8-9 years old Child is "very disappointed she can't have contact"
Identity	Child wants to know about birth family and identity information Child "really wants to know who she is and who she is like" Adoptive mother has sense child is "trying to connect with somebody or wants to know" who she is like Child is often "looking for an identity" There is a sense of a "missing link" for the child Sense of a lack of connection to the past or a sense of belonging

Note: + indicates that the same or similar comment was made by parents of another child.

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 4   Limited Contact – Untroubled Experience Subgroup

Theme	Comments / Issues raised by adoptive parents
Interest in the birth family	Occasionally looks at photos – never asks questions or to meet the birth mother + Asks about birth father (who had contact until birth mother died), occasionally looks at photos and letters Talks about adoption Would be happy to meet birth mother again Wrote straight back to birth mother when she wrote Would be very interested in contact if offered Interested in birth mother when she was alive, but not mentioned now Shows little interest in birth family or report/letter but "delighted" to get letters Looks through letters etc regularly
Feeling of connection to the birth family	Keeps photo of birth mother in her room Wrote straight back to birth mother when she wrote Child does not relate MGM's letters to birth mother "doesn't seem to feel much of a relationship with his GM and none at all with his birth mother" Child has portrait of birth mother – this helps child "believe that she was liked...she knows she was really wanted" Child keeps birth mother's photo "under close guard" Child wanted to keep photo of birth mother in his room, parents kept it elsewhere but child keeps photo of birth mother's cat Wrote back in a genuine way to birth mother when she wrote recently – wanting to share herself with birth mother in her letter Regularly looks at letters etc. Once asked why birth mother hadn't seen him, "why she didn't want to" Child feels birth mother (now dead) was "an important part of his life somewhere" Book from birth family is "something really special to him"
Benefit of having met the birth mother	Receiving letter from birth mother meant child had "something to write back to" Difference for child between letters and actually meeting birth mother was "reality" Child "knows" the birth mother, "she got the reality very, very early" she "worked out from an early age (the birth mother's) problems" Early contact helped the child to not feel rejected Child very positive about early contact Meeting birth mother before she died was "positive" for the child's "identity" – to see likeness Child "can see photos of (her birth mother) and she knew that she saw her a few times early on" and therefore she is content
Satisfaction with contact	Not too concerned or distressed by limited contact but would be happy to have more. Enjoys any contact there is "Just seems to accept how it is and goes along" Satisfied with contact up until birth mother died Wouldn't be "particularly distraught if he didn't hear anything again" but "delighted" to get something eg letter or present Occasionally expresses dissatisfaction with birth mother's lack of contact but not distressed by it "Seems to cope" with lack of contact – "gets on with her life" Content, doesn't question lack of contact Sometimes comments about birth father's lack of contact since birth mother died Not having contact "has not made a difference" to the child "Happy and contented with her lot"
Desire for more contact	"Would probably be happy to have more contact" but "quite accepting" of situation Would be "very interested" if birth mother wanted a meeting Not mentioned now birth mother is dead Would have "embraced" contact if it had been there but OK without it Never asks to meet birth mother

Note: + indicates that the same or similar comment was made by parents of another child.

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 5   Limited Contact –Troubled Experience Subgroup

Theme	Comments / Issues raised by adoptive parents
Positive effect of contact for child	Actual contact "has been brilliant" Last visit "lived up to everything she wanted" "A different child" after seeing birth mother last time. Child was "very positive" for a while after asking birth mother lots of questions. Very excited beforehand Child had "emotional outburst" last year but since having contact he is now "great" At least minimal contact is very important and "would really see him through this difficult period of adolescence and really help keep his self-image together" Receiving letter and photos from birth bm Child "lacks self-confidence and just needs that 'where I come from' to give him that identity" and therefore open adoption is "really good" for him – being able to have questions answered – boosts self-esteem. After contact, child was "great". When child received birth mother's letter and photos he was "over the moon" "it was like he'd won tatts" and he's "been fine from then on". Birth mother's stories of time after child's birth "made him feel very wanted" Gets very unsettled before and after contact with birth mother – behaviour difficult. AM thinks this is due to him not coming to terms with being relinquished – confused. Being able to talk to birth mother on phone very important – helped answer questions and made him feel wanted. "he was obviously excited by the meetings but he didn't know what his relationship was with them". Child "sulked" for a week after birth mother wrote letter.
Relationship with birth family	"Like a pigeon pair the two of them" Asked a lot of questions of birth mother at last visit Thinks of birth mother often Very interested in birth mother, excited to see her or hear from her "After a while (of no contact) she was building this woman into a fictional figure" thinking her birth mother was "wonderful" – "she built her up into this fictional princess" "With more contact a greater degree of reality might set in …instead of maybe some false expectations that might be building" Child "feels strong attachment" to birth mother and ½ brother Hadn't come up until child 10yo, then interested and wanted contact, asks many questions Asks to phone birth mother but doesn't usually do it "Coming to terms with what adoption is has been very confusing and hard for him". "Didn't know what to say" when showing photos of BF at school. Very confused about relationship with birth parents. "So he just hasn't quite, he's enjoyed being with her, but it's like there's this depth of relationship there, that just comes and goes. There's all that, not being quite sure how much he's supposed to give of himself. And then knowing that this isn't going to be an ongoing weekly, daily arrangement" "He was obviously excited by the meetings but he didn't know what his relationship was with them". "And he and I are very close but to have somebody else who's also called your mother is like…. and feeling a great deal of warmth and responsiveness. She would always have given him a lot of total attention when she's with him" Child wanted to see birth mother recently. Doesn't want anything to do with them, rejects them. Angry towards birth mother, not wanting to respond to contact. Child said "I've got a mum and dad, I don't want to meet her". Angry with BM, rejected. Expresses disinterest – probably from anger/rejection. Until recent contact child, "never said anything what-so-ever"

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Desire for more contact	Wants to know more Contact has been "not good enough" from child's perspective She would want more contact Became very dissatisfied with lack of contact and now satisfied with minimal contact Child would like more contact Pretty happy with contact as it is. Recently wanted more in-person. Child not at all satisfied with birth mother's lack of contact and now limited contact. AM thinks child "doesn't mind because she's so independent.....she doesn't care". Child "upset" by birth mother's noncontact. Birth mother wrote to child who initially didn't want to respond but ended up sending some photos. Disappointed and angry when birth mother took a while to respond.
Sense of rejection	"Feels like she was given away" Often questions why she was given away or adopted out Questioned why he was "given up" but ½ brother wasn't "Treated like a king" at BF wedding. Child felt "very special". "Didn't understand why (birth mother) had to give him away", now understands better and not an issue. Seems to have a very strong underlying feeling of rejection. "Being relinquished has been a big deal for him to come to terms with". Birth mother's stories of time after child's birth "made him feel very wanted" Being able to talk to birth mother on phone very important – helped answer questions and made him feel wanted. Seems to feel very rejected and angry
Emotionally troubled	Wants to see birth mother, cries for her, misses her. Concerned about birth mother's "whereabouts and wellbeing", "gets really worried about it". Yearns for birth mother About once a year "gets depressed or sad or tired" Child became concerned about BM, thinking she was on her own while APs had 2 children. Thought he should go and live with her. Stopped when he found out she had another son. On one occasion suddenly "hysterical", saying he missed his birth mother and wanted to see her, wanted to get to know ½ brother and questioning why he was given up and not ½ brother. Child was "having a tough time" with lack of contact so AM wrote and requested a letter. AM thought child upset because he had "almost forgotten what she was like". "But just things like, he'd say to me (*about showing the photo at school*), `I don't know how to say it', but I think he was also saying "I don't know how to feel it either". "Whereas I think, as we've settled into this last 18 months with not having so much contact, in a way it's been a little bit more of a consistent pattern you know, ...it's not like "I'm going to see her to have this full-on thing happen and then it's going to be dragged away from me"...... And he's just sort of getting into the groove of you know, well there's just mum and dad basically, but there's these other interested people out there, you know" Child was very badly behaved up to age of 8 – AM thinks he was testing to see if APs would reject him like BM did. Child needed lots of information about BM and adoption, APs went over story many times "trying to give him answers". Child "upset" by BM's noncontact. Disappointed and angry when BM took a while to respond to her letter Child "tore down" BMs photos after a while.

Note: + indicates that the same or similar comment was made by parents of another child.

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 6   Ongoing-Contact – Untroubled Experience Subgroup

Theme	Comments / Issues raised by adoptive parents
Contact positive and good for child	"I think for her self-esteem and reassurance that it (i.e. knowing that her birth mother loves her) is going to be a wonderful thing" Contact has been ordinary "she doesn't get excited about it....she's just very comfortable.....it's just something she feels should happen and she's glad it's happening. I think if it didn't happen any more I think she would cope with that too". Contact is good "but I feel that (child) would still be the same person without it". Child "really likes contact" but "you wouldn't know it" if you saw her because she is naturally reserved Child doesn't ask questions now, not interested Child "loves" the contact + "It's just like an extended family for him....so he loves it" Contact is "good" and child "always really enjoys it", but it's "not a big deal" "she has her visit and then she gets on with her life" 100% satisfaction ++ "He's happy and it's really easy going" "It's worked really well for him. His attitude is: she's this girl and she's close, and he knows where she fits into the picture and they're good friends. "She really loves it (contact)" Quality is very good, very positive. "I think she thinks (contact is) very important because she thinks that it's important that we accept this part of her....it's very important to her that (her APs) accept that this is where she comes from" Visits are "fun" and "very emotional" It "doesn't matter" to the child that the main contact is with an aunt rather than the birth mother, "that was just as good" Contact is "a very positive experience" for child Child "gets all excited about it, it's a special day for them when they come over" Quality is 100% in child's view Child is "really excited about (BM) coming but she doesn't really spend very much time with her when she's here...(she is) out playing, so it's not a really big deal" Contact has been good for child to not feel unloved Contact is "good" and "fun" Child thinks she is "special having two mum's" Contact with BM has "allowed" child to have her natural creativity and exuberance like BM (which is different from more conservative APs) Child "looks forward" to birth mother's letters and any contact. Child "really enjoys" the visits of his birth grandfather
Dissatisfactions	Child would like contact with birth father now, wonders why he does not have contact Child would like more contact with birth mother + Child was "a little bit concerned to accept 100% of birth mother because she was worried it would affect us ....she was very upset, she was worried we would be hurt" Child was "very concerned" when birth mother stopped contact for a while.
Influence of child's personality on response to open adoption	Contact has been good "but I feel that (child) would be almost the same person without it" Child "doesn't have the questions (his brother) has had....he's much more matter of fact about it" Child "doesn't stew over things" he is "not a deep thinker", "self-confident" His personality has had an effect on how he has dealt with adoption APs think child would have accepted no contact just as easily. Child loves the contact "but I don't know if the contact is important for her psychological development because I don't think she is the type of child who would have issues anyway"

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Child feels wanted/loved, not rejected	"She knows she is as much loved by this other person as we love her" Child accepts "in a very mature, teenage way" that birth mother couldn't keep her Child was "very insecure about the whole thing" a few years ago, asking "why did (my birth mother) give me up?", but now OK. He sees her as very much his (birth mother's name)". "She adores him ....and thinks he's wonderful" Child is confident of his relationship with birth mother . "When the attention is really just towards her and its her day, and that must make her feel special underneath" Contact has been good because child "knows (birth mother) didn't give her up because she didn't want her" – this will help child in future to not feel "unloved" "You just have to look at them and they know they're loved to death" (i.e all the family's children by their birth families)
Close relationships with birth families	More interest in siblings than birth mother + Not really close to birth mother, but close to siblings Child "doesn't really connect" with birth mother, hardly talks to her – but knows she is loved by her Sibling is a "special friend and a special person" Child doesn't feel connection with birth mother's family – see's them as just birth mother's family "(child) and his birth mother are more like good friends than a mother-son relationship. They get on very well together" The birth mother "has a very strong bond with (child)....and he with her. He sees her as very much his (birth mother's name) and she's got a very strong bond". "He feels confident that she's there for him" Child has "close relationship" with birth mother Child rings birth mother spontaneously and "they'll talk like girlfriends" Birth family "is like our extended family"++ "It's just like a friend coming, it's like "oh, hi how are you....and then goes and does a bit of play or whatever" "She doesn't act any different around (her birth mother) as she would say with (her aunts)" Child "thinks a lot of her birth mother" Child is excited by visits but doesn't actually spend much time with birth mother when she visits. Contact has been really good Child gets a lot of attention and knows he's loved Child initiates contact herself so she sees as much of birth mother as she wants Child "loves the contact", "it gives her abuzz" Child's "relationship with his birth mother is very strong....given the distance" Child thinks he might have a holiday with birth mother when he is older
No fantasising	Contact means child "won't have these notions of fairytales of what it could have been like somewhere else" "There's no mysteries, no secrets. She can't say "I wonder who she is. Is she better than who I live with?". Child at age 8 "understands who his birth family is" + Contact "takes away any ideas of what they might think up about what their birth parents are like" "There's no wondering on her part" She doesn't wonder why her birth mother gave her up "she can see reality's a lot different to the fantasy of someone keeping a child" "There's no fantasy because she knows the truth about everything" "There's no sort of fantasising about what her birth mother's like" Child "fantasises a little bit about the birth mother, the family and things like that....she fantasises that life with her birth mother could be better"

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Child knows identity	"She just likes the comfort of knowing where she came from "It's just nice to know her as a person because it helps us to know him" "She just knows" her identity Contact is an important part of her life because it's her background or her genes ….she's very aware of her background but she treats all her background equally" Child "really likes it" when APs tell her she has a physical feature of the birth mother Child took photos to school "to show how she looks so much like her birth mother, now she's growing up" Contact is good because "she knows her roots and she knows what her birth mother is like….and different things that she does, or things that actually happen, like habits, she sees that someone in the birth mother's family does that and thinks "oh, that's why I do it" "He know, he just knows his background" Contact with birth mother has "allowed" child to have her natural creativity and exuberance like birth mother (which is different from more conservative APs) "She really likes the idea she's got a huge extended family" Contact "gives her her uniqueness" "He gets a thrill out of seeing similarities with his birth mother"

Note: + indicates that the same or similar comment was made by parents of another child.

Comments and issues for each subgroup arising from summaries of cases, grouped under thematic headings

Matrix 7   Ongoing Contact –Troubled Experience Subgroup

Theme	Comments / Issues raised by adoptive parents
Contact positive overall but some difficulties associated with it	Enjoys visits "a very good experience for him" Contact has made child "a bit more mature in knowing about relationships" "I think she would have dwelt on it a lot more ….if she didn't know who they were" 100% satisfaction with contact with birth father but less than 50% for birth mother – angry with her Quality good, but quantity not enough – wants more in-person contact "Very painful" for child to be separate from birth family after visits "She needs to know who she is" and therefore contact is "terrific" – but "pain of it is difficult" – contact "has caused her some problems" Child would say contact has been "a totally positive thing" "Enormously positive", but "painful" Initially child was very confused about relationships and where she belonged and became "quite distressed" "she wasn't really old enough to understand there were two families there and where she fitted into them and in what way" but "she seemed to work through that and move on"
Close relationship with birth family	"He's sort of invested in this relationship and he knows her, he knows the family and he's actually quite proud………I think it would be hard for him" if contact stopped Child "sees herself as part of (the birth family)" "Very close to her siblings" Child is "very attached to her birth mother so she has suffered from the separation" "Now and then she wishes she could live with (the birth family) but she doesn't really want to be out of our family either, so there's that tension" Child's relationship with birth mother is "good at the moment" after a period of anger and feeling rejected Child is now "very fond" of birth mother's other child, after initial envy of her Child has close and intense relationship with birth mother Child very close to birth father and his family, but not to birth mother Child visits birth father's family "all the time" and baby sits younger half siblings Child calls birth father "my dad" Child would like to go overseas with birth father's family Child was initially close to birth mother but cooled after birth mother went os a few years ago. Child would "cry at night for her mum" because she "never saw her". Child was "devastated" when birth mother found she was not pregnant
Sense of rejection and other emotional disturbance	Child wants birth mother to initiate contact to prove she cares Child feels rejected if birth mother doesn't contact him enough – "needs reassurance from us that we love and care from him" Needs to know he is loved by APs and birth mother Separation from birth family "very painful for her" – has had counselling Child is "easily jealous" and "possessive" of adoptive mother. Child "feels rejected" by birth mother but close to birth father Child is "a bit angry" with birth mother for relinquishing her Birth mother's possible pregnancy "brought up for (child) all this business of "well she was keeping this one, she gave me away, she didn't want me did she" Child "needs reassurance from her birth mother that she is loved" Child was "very angry" with birth mother when she had another baby – felt rejected and "displaced" – it was "very painful" – but resolved now Child "has an intense need to be special and to be the only one"
Dissatisfaction with no contact or limited contact	Child wants more in-person contact – experiences grief due to separation Child would "cry at night for her mum" when birth mother was overseas Child had "an intense yearning….to know who she is and where she came from –she strongly pressured for more information and for contact Child not happy with not having contact with her birth father

Note: + indicates that the same or similar comment was made by parents of another child.

Dear,

You may recall that as a post-graduate student in psychology at Victoria University, I conducted an interview with you in 1999 about adoption and contact with birth families. I have had a break from my studies for a couple of years, but I am now back to it and currently in the process of writing up the results of the study.

At the time I interviewed you I planned to report only grouped data, rather then data about any individual child or family, however I have now decided that the best way to present families' experience of open adoption is in the form of case studies. I am wanting to present cases that represent the range of open adoption experiences from no contact to frequent contact, and cases where children are coping well with their situation as well as cases where children have some concerns with their contact, or lack of it, with their birth family. I have reviewed all the 60 interviews I conducted to find the cases that seem to best represent the different experiences and I have selected your interview about (child's name) as one of the six cases I would like to present.

I am writing to ask for your consent to use the recording of the interview I conducted with you in 1999 to construct a case study that would be presented in my doctorial thesis. The case study would be a summary of (child's name) situation at that time with regard to his adoption and contact with his birth family, as well as his response to the contact. I would change his name and any other details that might directly identify him or your family, or the birth family. However, you should be aware that it is possible that someone who knew your family's situation might still be able to identify you from the case study, for example, the social worker from the adoption agency or a family friend. I would send you a copy of the case summary before it was published in any form, and give you an opportunity to make changes to anything that you think might possibly be identifying or sensitive.

I have enclosed a consent form for you to sign if you agree to me using the interview to construct a case study. If you have any concerns at all, or any queries, please contact me or my supervisors at Victoria University to discuss them. I can be contacted on (03) 9381-2321. My supervisors may be contacted on either (03) 9365-2586 (Dr Jenni Rice) or (03) 9365-2336 (Dr Suzanne Dean). You may also write to any of us at the address on the enclosed return envelope.

Yours sincerely,

Robyn Ball