UNIVERSITY OF SOUTHAMPTON

ADOPTION AFTER BEREAVEMENT

A STUDY OF THE PLACEMENT OF CHILDREN FOR ADOPTION IN FAMILIES WHO HAVE EXPERIENCED THE PRIOR DEATH OF A BIRTH CHILD.

EVE HOPKIRK

Thesis submitted for the qualification of

Master of Philosophy

Department of Social Work Studies, Faculty of Social Sciences

May,1999

UNIVERSITY OF SOUTHAMPTON

<u>ABSTRACT</u>

FACULTY OF SOCIAL SCIENCES

SOCIAL WORK STUDIES

Master of Philosophy

ADOPTION AFTER BEREAVEMENT

by Eve Hopkirk

This thesis is a qualitative study of an aspect of adoption practice. It's aim is to throw light on how and when adoption can be successful by those who have experienced the prior death of a birth child. It argues that it is necessary to revise the conventional thinking guiding the selection and assessment of bereaved parents as adopters and the placement with them of a child.

Bereaved parents have traditionally attracted professional concern to establish whether they are seeking by adoption "to replace" their deceased child. This has been thought an unacceptable reason for adoption. It is a deeply held view that those seeking to "replace" a child in this way will not provide an adopted child with opportunities to develop his / her identity and potential. This idea is not based on empirical research. It is also a common sense view. The study evaluates the available evidence for it and analyses and deconstructs it.

The research is in two parts. The first investigates by individual interviews and group discussions the thinking which underlies their practice of a number of professional adoption workers. The second part involves case studies of five families who successfully adopted after the death of a birth child.

The study demonstrates differences in their perception of parental bereavement between the professional adoption workers and the families. Informed by psychoanalytic grief theory, biases in the literature and common sense, professional expectations of bereaved families are shown to be at variance with the families' experiences whilst the former do not always understand the latter. It is suggested that "replacement" can be a pathologising assumption sometimes made when professional expectations are not met, the actions of the bereaved parents are not understood or their personal anxieties are aroused. Viewing bereavement as a social experience is proposed as an alternative way of understanding applications to adopt by bereaved parents. This involves a disruption of social reality, a loss or weakening of identity and a collapse of meaning. Adoption can be understood as a means by which reconstruction of reality and identity and a reformulation of meaning can take place. Use of a strengths perspective for the assessment of bereaved parents as prospective adopters is also proposed.

LIST OF CONTENTS

Preface

Acknowledgements

Abbreviations

Appendices

PREFACE.

My interest in bereaved parents as prospective adopters and the thoughts of social workers about them arose from my own practice as a social worker specialising in adoption work. In 1987 I had the task of assessing a couple whose only child, a daughter, had died suddenly as a young adult. Central to the thinking which I brought to the work was the notion that I must satisfy myself that the applicants were not seeking by adoption "a replacement" for their deceased daughter. This I "knew" to be an unsatisfactory reason for adopting since it implied that a child placed in such a situation would not be loved and valued for himself but always be a poor substitute for the dead child. My thinking seemed similar to immediate colleagues, my supervisor and to members of the adoption panel who, informed by my assessment, eventually considered the application in question. During the process of assessment I began to question my thinking. I turned to research to help me. Enquiries made of the National Children's Bureau, British Agencies for Adoption and Fostering and major child care organisations revealed that no research on bereaved parents as suitable adopters could be traced. Having found this gap in knowledge, I wanted to make a contribution towards closing it in order to help colleagues and children and families. This led me to undertake the following study.

ACKNOWLEDGEMENTS

ABBREVIATIONS

A.O.   Adoptions Officers

A.P.   Adoption Panel

A.R.E.   Adoption Resource Exchange

B.A.A.F.   British Agencies for Adoption and Fostering

C.O.A.   County Adoptions Officer

C.S.W.   Children`s Social Worker

D.D.   Divisional Director

N.L.   National Level

N.O.R.C.A.P.   The National Organisation for Counselling Adoptees and their Parents.

P.P.I.A.S.   Parent to Parent Information on Adoption Services

SIDS   Sudden Infant Death Syndrome

W.L.   Wider Level

Chapter 1   Introduction

This study focuses on a small aspect of adoption practice. It argues that adoption workers should revise their traditional thinking which guides the selection and assessment of bereaved families as prospective adopters and the placement with them of a child. Although those who have been unable to conceive or give birth could rightly be described as "bereaved", this study is concerned only with those who have lost a birth child by death. This group has traditionally attracted professional concern to establish whether or not the bereaved family is seeking by adoption "to replace" the dead child. This is conventionally considered an unacceptable reason for adoption. It is thought that those seeking to replace a dead child will not provide an adopted child with opportunities to develop his or her own personality and potential. This thesis argues that these deeply held concerns about replacement have been given undue weight. The following research seeks to throw light on how and when adoption by bereaved families can be successful and replacement a positive experience for parents and children.

There are four reasons for this study.

1. Although it is commonly assumed that there is, there appears to be nothing, at least in British adoption literature, which deals specifically with this subject. Nor does there seem to be any research on this aspect of adoption. It is with a contribution to this gap in knowledge that this study is concerned. Anecdotal evidence from child guidance clinics tells of emotional and psychological problems experienced by children adopted in such circumstances. Clinical studies of natural children conceived immediately or soon after the death of a child, a stillbirth or miscarriage, indicate that such difficulties can develop not only in those children but in other family members and also in subsequent generations. However, these studies deal with those families which do experience difficulties. Less appears to be known about children and families with similar histories who do not.

2. There is a general need for critical evaluation of conventional professional wisdom. This study both illustrates this need and describes such an analysis of one example of traditional thinking.

3. Adoption workers are in a position of power. Those in such positions are sometimes accorded the right to know, to be the experts and their understandings are given credibility. They have a responsibility to scrutinise the basis of their knowledge to avoid abusing their power and possibly damaging people in the process.

4. The replacement of a dead child is invariably construed in a negative sense. It is commonly associated with "unresolved" or "unhealthy" grieving in the bereaved family and with subsequent psychiatric, emotional and / or identity problems in the adopted child. However, bereaved applicants may have survived and coped with enormous stress, demonstrating a quality needed in adoptive parents. Their marriages may have withstood the ultimate test. They may have experience of parenting which could stand them in good stead as adopters. Further, infertile couples, denied the experiences of pregnancy and childbirth sometimes suffer damaging effects on confidence, self esteem and a sense of completeness as men or women. This study asks whether replacement of a dead child by another need always be negative. Indeed, it proposes that "replacement" can be positive.

It will be argued in this study that professional ideas on assessment of bereaved families seem to derive, often implicitly, from a disease model concerned with diagnosing pathological conditions. Clinical studies which offer some relevant knowledge have a similar tradition. This study is concerned both with offering some critical analysis of the pathologising assumptions of the orthodox approach and with proposing a different model of assessment. This may provide a different perspective on bereaved families which lends itself to looking at strengths rather than pathology. Further, it will be suggested that reconceptualising grief as a social process as well as a mental and emotional one offers adoption workers an alternative way of understanding applications to adopt by bereaved parents.

Introductory overview of the thesis.

In the following chapter, the main characteristics of the research and the thesis are described and the theoretical basis of these is discussed. Drawing on the work of Schon (1983), the research was reflective in its approach, as some of the key actors in the adoption process were asked to think back on their experiences so that others might learn from them. Also, through this reflective process, certain themes were identified which seem to form a major part of adoption workers' thinking about bereaved families. How these were identified is explained. These themes became the areas which were thought important to explore in the research. They form the framework of several subsequent chapters. The use of a qualitative approach is explained and this and the phenomenological underpinnings of the study discussed.

Chapter 3 focuses on the literature and the surprising lack of information about bereaved parents as adopters. It is argued that the literature is biased and unbalanced. It fosters unrealistic expectations of

how such parents respond to the death of their child and pathologises them. The literature which specifically reflects views and ideas about the effects on children of the prior death of a child in the family is dominated by the voices of psychiatrists and other mental health professionals so that the emphasis is on those families who experience difficulties. It is these that are then reflected in the wider literature of biography, fiction and in the popular media. Little, if any, attention is paid to those bereaved families whose children develop normally. The written work which focuses more generally on how people respond to the death of an individual important to them, contains a number of biases and gaps. It promotes unfair expectations of bereaved parents, rendering them liable to pathological assumptions being made about them and their grief.

In Chapter 4 which then follows, the evolution of the methodology by which one phase informed the next is described. A brief account of preliminary research with a number of key adoption workers is given. This established that the subject merited further and wider study. The actual steps which were taken to engage with the key participants in the qualitative research are described. These form two main groups - the professional adoption workers and bereaved families themselves. The chapter continues with a description and discussion of the selection from the professional adoption workers of a number of groups and individuals from whom to learn through a series of interviews and group discussions. It then moves on to report on the means by which five families who had lost a child through death were identified and how their active participation in the research was continuously negotiated. The suitability of case studies to the investigation of the families' perspectives is argued.

Chapter 5 introduces the thoughts and views of the professionals about grieving parents and their suitability as adopters. The chapter is arranged around their expectations of bereaved families as adopters, their understanding of the experience of parental bereavement, the interpretations which were made of some of the behaviour of bereaved parents and the personal anxieties of the professional adoption workers which may be aroused when working with such families. This study suggests that pathologising assumptions about bereaved families are sometimes made when professional expectations are not met, the actions of the families are not understood or personal anxieties are aroused.

In Chapter 6, the themes described in Chapter 2 are resumed to guide its framework. This chapter turns to the bereaved families themselves and to the common threads which emerged in their chronicles. The main findings about the thinking of the professional adoption workers identified in the previous chapter are applied to a cross -case discussion of the families' experiences and ideas. In the concluding chapter, the main differences in the views of the two groups are identified and discussed in relation to the literature and possible reasons for the dissonance suggested. Proposals for future research and practice are offered.

Now that some indication of the organisation and content of the thesis has been given, it is appropriate to focus on its topic which is the emotive and often controversial one of adoption. Any discussion about adoption first demands a definition of what this means, a description of its present form and professional practice and how these have arisen.

The Nature of Adoption and its Historical and Legal Development.

Adoption is a legal process which permanently transfers to new parents all the duties and responsibilities of the original ones. Its irrevocable nature makes it a serious matter. The 1992 Review of Adoption Law indicated that adoption should continue in this form. As an institution, adoption has constantly evolved as it reflects changes in the society in which it is practised (Triseliotis, 1991a, p.6).

Its history has been described as marked by a number of dogmatic beliefs (Currer, 1996, p 5) whilst over thirty years previously, a plea was made for such views to be confirmed or refuted by research.

"So many of our pet phrases and assumptions could be checked without too much trouble and much benefit to the children whose future is daily being denied on the basis of what we think rather than what we know. "(Anonymous author,1963, p.3)

This research is concerned with checking out one such belief but first describes others which have prevailed in the historical and legal development of adoption.

Though first legally defined in England and Wales by the Adoption Act of 1926, some form of adoption has been practised in Britain, though uncommonly, since before the Reformation (Triseliotis, 1970, p .2). The occasional adoption of illegitimate children was recorded in the annals of eighteenth century institutions. Several biographers in the following century mention isolated examples of adoption mainly by relatives (Triseliotis, 1970, p. 3). Numbers of such de facto adoptions grew considerably from the mid-nineteenth century onwards as a result of the "boarding out" of deprived children and the practice of baby-farming (Triseliotis, 1970, p. 4).

The First World War resulted in many fatherless children and prompted the inception of a legal framework which gave security to all the parties. This provided for the first time in the United Kingdom the transfer, by court order from natural parents to adopters, a number of their rights and liabilities. The

child's rights and interest in property were excluded but with successive Acts the position of the adopted child in the new family was gradually strengthened. Now an adopted child has the same legal relationship to his / her adoptive parents as a child born to them. It also allowed legal adoption by other family members including the natural mother and her husband when he was not the child's father. This removed the stigma of illegitimacy.

Adoption could similarly mask infertility, also shameful. Up to the 1940s, the prevailing view was that working class families would be less concerned by the belief then that illegitimate children inherited the "immorality and badness" of their parents (Triseliotis, 1995, p. 41). As more came to be understood about inheritance and the influence of environment on children, adoption of illegitimate children by the middle classes increased (Triseliotis, 1989, pp.21-22; 1995, p. 41).

Kornitzer (1968) in her survey of some 500 adoptive situations from 1954 -1965, details specific requirements in the child sought by some such prospective adopters (p.65). Concern about illegitimacy and heredity is evident whilst it is clear from the study also that adoption was regarded then as a service for adults to acquire the child of their choice.

In the early 1960s, adoption was only considered for selected children. During this and the preceding decade thousands of children were discarded as unadoptable (Triseliotis, 1989, p. 22). Slightly older children, those with a minor physical disability and black and mixed race children were not usually accepted and were brought up instead in foster-homes or institutions. The professional belief then was that adopters would not be interested in them (Triseliotis, 1989, p. 22).

Yet this belief was not upheld in later decades (Smith, 1984, p. 3; Triseliotis, 1989, p. 22). Although the practice arose partly from professional assumptions, it was also informed by the misapplication by other disciplines of research findings on maternal deprivation which focused only on childrens' early years of separation and not on their long-term development (Triseliotis, 1989, p .22). This points up the need, not only for adoption workers to check out established beliefs, but also to scrutinise critically the research basis of others.

By the early 1970s, the number of babies available for adoption had greatly declined as a result of legalising abortion, better contraception and a changing social climate which enabled unsupported mothers to bring up children (Smith, 1984, p. 3; Triseliotis et al, 1997, p. 8). With fewer infants available for adoption, attention began to be focused on older children in public care and those with special needs (Triseliotis, 1991a, p.8). It was gradually realised that children other than those usually considered

suitable could be successfully placed. Research both in the United States and in the United Kingdom demonstrated this (Smith, 1984, p. 3; Triseliotis et al 1997, p.9).

Smith (1984, pp. 3-4) identified four further factors which contributed to this change in attitude and practice. Firstly, children from deprived and disrupted backgrounds could progress in adoptive families. Secondly, others who remained in residential care for a clearer picture of their potential to emerge, became more damaged and their future development could not be guaranteed. Thirdly, Rowe and Lambert's study (1973) showed that large numbers of children were growing up in care without hope of returning to their families. Fourthly, long-term foster-homes were shown to be legally insecure and incapable of safeguarding established relationships. Two more have been added to this list. Childrens' advocates pressed responsible agencies to plan for those in their care rather than allowing them to drift. Social Services departments appreciated the financial savings made by moving children into adoptive homes and out of costly foster homes or residential care (Triseliotis, 1997, p. 9).

In the past twenty years, there has also been a steady growth in the numbers of children adopted from overseas though not as great as has been noted in other European countries (Howe, 1996, p. 2).

During the 1980s there was an increased emphasis on adoption as a resource for children in care. Concern grew about children drifting in state care. Beginning with Lothian and Lambeth and influenced by the work of Goldstein, Freud and Solnit (1973; 1980) some local authority child care policies aimed to secure within a defined time scale, a child's place in a permanent family. The birth family was the preferred option. Such policies became controversial and aroused strong feelings both in the general public and some social workers (Smith, 1984, p.6). Concern for the rights of parents, identification with their feelings and the finality of adoption made such policies and adoption emotive issues.

The 1975 Children Act implemented in 1982, facilitated such permanency planning for children more effectively. It allowed children to be placed for adoption, without the consent of their parents, under certain circumstances. It clearly recognised adoption as an important option for them. It also allowed adopted adults to gain access to their original birth records. The secrecy traditionally surrounding adoption was beginning to be found unnecessary and unhelpful to many of those involved and this trend has steadily continued. The adoption provisions of this Act were later incorporated in the consolidating 1976 Adoption Act. There had been previous Acts of Parliament regulating adoption matters in the fifty intervening years but for the purposes of this brief overview it seems unnecessary to do more than acknowledge them.

As part of such permanency policies, some agencies followed a "clean break" policy also, so that many children had severed their links with birth relatives, which were important to them, . It was thought that a child placed in an adoptive family would not form new attachments if previous links were maintained. The basis for this was clinical practice and theoretical projections, the findings from which could not be applied to a general population (Triseliotis, 1991b, p. 403). Later empirical research, some from divorce, remarriage and step-parenting suggests that the very opposite may be true (Triseliotis, 1991b, pp. 403 - 407).

Thoburn (1996, pp.131 - 132) however, argues that the practice of total severance was not so much based on a belief that this was necessary for the child's welfare but for the benefit of the prospective adopters. It was thought impossible to recruit new parents for children unless they were given "a clear run", unhindered by previous reminders and attachments, to claim the child as their own and to form bonds with him or her. This model of exclusive parenting with its promise of a new beginning has been demonstrated by research to be false. Indeed, it was not advocated by some of the major writers on child care and substitute families (Thoburn, 1996, p. 132).

Although there is uncertainty amongst both practitioners and policy makers about how and when arrangements for continuing contact should be made (Fratter, 1996, p.9) adoption in the 1990s is concerned with maintaining important links for children. There has been a growing awareness of their importance to a child's sense of identity and self esteem. Such arrangements can range from an exchange of news and information through a third party, face to face meetings between the two families in a neutral venue supervised by a social worker to total openness between them. This marked departure from previous practice has been found to assist in creating an emotional climate in which discussion between child and adoptive parents about the birth family can easily take place (Fratter, 1996, p. 233). Such openness on the part of the adoptive parents about the childs first family has been emphasised as of great importance and confirmed by recent research (Fratter, 1996, p. 233). It contrasts with the secrecy and anonymity of the traditional exclusive model which is now widely thought to have contributed to psychological problems affecting not only adopted children and adults but also adoptive and birth parents (Fratter, 1996, p.9).

As stated, it has been argued that it will be impossible to recruit adopters willing to tolerate contact with their child's original family. Previously, it was similarly argued that adopters would not be interested in children with special needs. However, the decline in the numbers of prospective adopters of older children evident in the 1990s seems to be due to a range of reasons and not simply opposition to contact in principle (Lunken, 1995, p. 16).

Adoption has become a service for children rather than a cure for childlessness though the latter is sometimes how it is still perceived (Thoburn, 1990a, p. 13). The guiding principle is the welfare of the child (Children Act 1989). Adoption as a service has however broadened its scope to encompass the needs of all the parties involved. What was once regarded as a simple matter of providing a couple without a child with a baby which they wanted, is now more widely recognised as a very complex process with long-term social and psychological consequences for all parties.

Adoption has become increasingly professionalised (Triseliotis, 1995, p.43). Third party placements, which previously allowed individuals to link an infant requiring a home with those wanting a baby, were made illegal by the Children Act 1975. The responsibility for making arrangements for adoption was placed on local authorities and approved adoption agencies. The 1992 Adoption Law Review recommended that this remain "their exclusive responsibility" except where the prospective adopter is a relative (as defined by the 1958 Adoption Act) of the child. This was expected to encourage good practice (Department of Health, Consultation Document, 1992, p.28).

However, there is also an official view that adoption should be a common sense activity. It is a view with which this study takes issue. The Department of Health stated (Ball, 1994, p.21) that the government is attempting to bring common sense into adoption. Adoption, in the experience of the author of this thesis, is popularly perceived as no different from having children naturally, thus suggesting there is no need for professional intervention. However, a view informed by research and from the practical experience of adoptive parents, is that it is a very different experience (Kelmer Pringle, 1967 p.25; Smith, 1984, p.8 -9; Kirk, 1964, p.99; P.P.I.A.S. Adoption U.K. May 1995, No.73, p.3). Kirk particularly addressed this issue and hypothesised that it is the adoptive parents` " acknowledgement of difference " (from the naturally formed family) that leads to good communication, order and stability in adoptive families.

The activities of adoption workers are sometimes seen as unnecessarily bureaucratic. They are too concerned with political correctness, are intrusive and prevent people exercising their rights to a child. The previous government dropped the Adoption Bill with its proposal that the responsibility for adoption remains that of local authorities and other approved adoption agencies. Instead, it planned to place this responsibility with private agencies. Before its election, the present Government expressed a commitment to the Adoption Bill (Coffey, 1997, p.5). Its present intentions are not yet clear.

Although only a court can make an adoption order, adoption agencies have the responsibility for the selection of adoptive parents, the choice of these for a child and the decision that it is in the interests of a child to be adopted. In certain circumstances, the last is also the decision of a court. These are controversial functions. A child can be placed with permanent new parents long before a court has to

decide about granting an adoption order. Sometimes a court has little choice but to make an order though the placement order proposed in the Adoption Bill is intended to reduce the likelihood of this happening.

Triseliotis (1995, p.43) referring to the value placed on commonsense thinking, strongly supports the view that adoption should continue as a professional activity. By professionalism he means

"the purposeful application of skills and knowledge rather than relying solely on intuition and experience, which sometimes can lead to the repetition of past mistakes."

This author (Triseliotis, 1995, p.43) states that research evidence suggests that better outcomes in both adoption and fostering are associated with the application of such knowledge and skills. It is with making a contribution to knowledge on which informed decisions can be based that this study is concerned.

Selection and assessment of adoptive parents

The definition of who are suitable adopters has also changed as adoption has evolved. Research findings about this have been found to be "consistently inconsistent" (Thoburn, 1990a, p.12). In the early practice of adoption societies, it was birth-parents and children who were subjected to "rigorous inquisition" whilst prospective adopters were investigated little if at all (Kornitzer, 1968, p.82). Selection of the latter then focused on income, status and respectability. As Smith put it (1984, p.2),

"Prospective adopters tended to be viewed as generous public-spirited citizens whose wish to adopt amply suited them for the job."

In the late 1960s, these factors were still considered important (Kornitzer, 1968, p.82). With increased demand for adoption then, adoption agencies began to be more selective in their choice of adopters and laid down their particular requirements. Criteria varied from agency to agency and in the absence of reliable evidence about what sort of people made successful adopters, agencies and social workers substituted their own ideas and beliefs (Triseliotis, 1970, pp.79; 91; 95). Adoption work has been noted for the power it gives to its practitioners (Triseliotis, 1989, p.22) Such practices may have contributed to this power.

The selection and assessment procedures gained a negative reputation. Kornitzer (1968, p.214) refers to "the ordeal of assessment" while the process was frequently referred to as "vetting". Ryburn (1991) has

been particularly critical of it and refers to "the myth of assessment". He rejects the notion that an objective reality about those assessed exists and can be discovered through careful enquiry. He suggests that this erroneously accords adoption practice a scientific basis.

Ryburn advocates a different model in which it is the applicants who evaluate themselves and the social worker facilitates this. It is a programme of self-selection through education and support. Central to it is the belief that those declared "not good enough adopters" by the assessment process "could become so with the right help and support". However, this rests on the supposition that prospective adopters can understand the tasks of adoptive parenthood, anticipate how they will deal with these, learn alternative methods of communication and handling problems, can develop strengths and personal skills, and know themselves well enough to assess their own expectations and needs (Smith, 1984, p.14). There may also be cultural differences which make it difficult to apply this New Zealand adoption practice to the United Kingdom.

Cain (1992) taking issue with Ryburn argues that some degree of objectivity is possible whilst total objectivity is meaningless. Any statement about another contains an element of subjectivity. He argues that there are objective criteria available (i.e.children have objective needs related to their physical, social and emotional development) about which judgements can be made. He points out that social workers have to make judgements.

Three further models of assessment, though not specifically intended to focus on adopters, are the questioning model, the exchange model and the procedural model, a variation of the first (Smale and Tuson, 1993, p.7). In the first, the professional is assumed to be the expert while in the second both assessed and assessor are assumed to have equally valid perceptions and can jointly find a solution to the problem in hand. The procedural model assumes that the experts are the managers who set the criteria for their workers to follow.

Practice has now moved towards a preparation and education model with the use of group discussions involving a number of those considering adoption as well as social work interviews (Triseliotis et al, 1997, p.141). The relationship between social worker and prospective adopters has become more akin to a partnership, with the social worker helping applicants to understand the nature of the adoption task and assess themselves for it (Triseliotis et al, 1997, p.141). It is a joint activity based on openness and honesty similar to the exchange model (Smale and Tuson, 1993, pp.9 -18). However, there must remain an element of evaluation since the responsibility for the selection of adoptive parents and the choice of them for a child has been charged to adoption agencies. On the one hand they remain gate-keepers of resources but on the other they also have a responsibility for those same "resources" - the children, whose welfare

must be their prime concern. They remain the experts in a model similar to the procedural model where others besides the key worker are such. These are the Adoption Panel and the Adoption Agency. The position occupied by the individual who makes decisions on behalf of the Adoption Agency may vary from agency to agency. The roles of the Adoption Panel and the decision maker are described later.

The choice of adoptive family for an individual child

The Houghton Committee (p.23), whose recommendations were incorporated in the Children Act 1975 and later in the Adoption Act 1976, regarded the choice of family for a child as "the most important stage in the adoption process". This has been known as "matching" but is now usually termed "linking". From the late 1940s, efforts were concentrated on placing a child in a family which resembled his or hers by race, appearance, personality, class and religion.

This practice fell into disrepute in the 1970s (Reich, 1990, p.3). It was thought to collude with that of secrecy whereby the true nature of the child's origins and history were not acknowledged openly either to those outside the family or even to the child himself. The greater the resemblance of the child to the adopters, it was thought, the greater the temptation to concealment (Reich, 1990, p.3). Adoption agencies came to expect applicants to consider children from a wide range of backgrounds and were likely to reject those who seemed to be seeking a replacement for the child who might have been born to them (Reich, 1993, p.3). On the basis of this they too were assumed to be unable to bring up someone else's child and explain adoption to that child.

It seems that in apparently seeking a replacement for an unconceived infant, childless couples were assumed to be unable to face the reality of their infertility and thus explain to an adopted child the true nature of his / her origins. This is very similar to how those thought to be seeking a replacement for their deceased child are currently regarded, particularly if their interest is focused on a child similar in some important respect to their previous child. They are sometimes assumed to be unable to face the reality of their child's death and are seeking, in a replacement, a child to continue some aspect of their previous child's life. In so doing, it is thought they would not allow the adopted child to develop his / her own identity.

Thus the professional activity of matching had unintended but similar adverse consequences to those thought to occur through replacement, also regarded as unacceptable while concern about replacement as an undesirable reason for adopting seems to have a wider application than just to bereaved parents. In

fact it seems that matching, previously considered good practice, was the professional equivalent of replacement.

This disenchantment with matching was influenced by the work of Kirk (1964) to which reference was made earlier. He particularly addressed the nature of the adoptive relationship and the dilemmas which he thought faced adoptive parents (Smith, 1984, p.9). He identified four such dilemmas of which one is "enchantment versus disenchantment". Should adoptive parents acknowledge their status or pretend it is the same as natural parenthood? Another is "integration versus differentiation". Should the adoptive parents talk about adoption and thus differentiate their child from others or should they not do so in favour of integrating their child with others? Kirk suggested that there are two main ways of managing these dilemmas. One is by "acknowledgement of difference" in which little attention is given to matching or to natural spacing of children. The other is by "rejection of difference" in which, conversely, importance is paid to matching and natural spacing of children, there is reluctance to discuss adoption and the importance of the child's origins is not recognised. He argued that it is the former pattern which is essential to successful adoptive relationships.

Smith (1984) disagrees with Kirk's views, pointing out (p.10) that he did not demonstrate an empirical relationship between an acknowledgement of difference in adopters and successful outcome for adopted children as far as a happy and satisfying family environment is concerned. He simply hypothesised that there was one. She regards his views equating "rejection of difference" with a less favourable outcome as "somewhat simplistic" and his research design and interpretation of data as "open to criticism". She also cites a number of research studies which do not support the validity of his model and its implications for practice. One such study (Raynor, 1980, p.152) found "unequivocally" that

> *"Both adoptive parents and their grown up children have made it clear that a feeling*
> *of likeness is part of the feeling of kinship and a characteristic of less than happy*
> *adoptions is a sense of difference and not belonging".*

Describing contemporary views on matching in which Kirk's ideas are evident, Raynor says, (p.152)

> *"The successful placement of black children in white families can also be put*
> *forward as proof that matching is at best irrelevant and at worst positively damaging in*
> *that it appears to collude with peoples' fantasies and with their unwillingness to accept*
> *the inherent differences of adoptive parenthood".*

The acceptance by adopters of a very different child to one who could have been born to them (Reich, 1993, p.3) seems to have been regarded by professionals as indicating an acceptance of the differences between adoptive and natural parenthood. It also appears to have been thought that, with such a constant reminder to them that they are not biologically related to their child, the adopters would be encouraged to accept such differences. It seems that assumptions were made about prospective adopters' intentions in seeking a child who "matched" themselves. Applicants may have thought that a child resembling themselves would more easily fit into their family whilst those prepared to accept a wide range of children may have been desperate to adopt any child to meet their own needs rather than those of a child. Similarly, bereaved parents seeking to adopt a child similar in some way to their previous child may concern adoption workers that they are seeking a replacement for that child. However, they may have particular reasons for doing so. It is with exploring the meanings which professional adoption workers ascribe to the experiences and actions of bereaved parents as adopters and what these mean to the parents and children themselves and with demonstrating the importance of doing so that this study is concerned.

Currently, adopters are expected to acknowledge the difference between themselves as the psychological parents of the child and not the biological ones (Triseliotis, 1997, p.43). However, rather than emphasising the difference as Kirk's model suggests, it is thought preferable to achieve a balance between this and "rejecting difference" (p.37). They are expected to be open with the child about the fact of adoption and in imparting to him / her, information about the first family and to understand and respect his / her identity and need for access, in some form, to that family. As described earlier, this can be in a range of different ways. Information about his / her origins is considered essential to an adopted person developing a positive sense of identity. Achieving such a sense of self, which not only incorporates information about their past and biological and cultural inheritance but also resolving any sense of loss of or rejection by the original family, is one of the psychological tasks of adopted children. It is a task which is the responsibilty of adoptive parents to help their children to accomplish. It includes helping the child to understand the concept of having two sets of parents. It is an additional task to natural parenthood.

Matching, as a worthwhile practice, continues to be debated in the present controversial matters of trans-racial and same-race placements. The former, the antithesis of matching, were previously considered evidence of its irrelevance but are now considered by some, particularly the black community to result in severe identity problems in children so placed (Triseliotis et al, 1997, p.163). Placing a child with a family which reflects the child's racial origins is widely thought essential to the development of his / her identity since identity is viewed as rooted in culture (Triseliotis et al, 1997, p.161). However, empirical work on transracial placements suggests that children and adolescents seem to do well suggesting that the most important factor involved may be the quality of parenting rather than racial matching (Triseliotis et al, 1997, pp.171 -172).

Official policy is confusing as The Children Act (England and Wales) 1989 and a later circular letter from the Department of Health (1992) to local authorities stress the importance of placing children in families of the same race, religion and culture to them. However, the Department of Health's White Paper on adoption (1993) seems to encourage transracial adoption warning against a "reliance on ideology" (section 4.27.20) and of giving culture and ethnicity "an unjustifiably decisive influence" (section 4.31 - 4 -34) (Triseliotis et al, 1997, pp.165 - 166).

The subject is complicated and fiercely controversial. It has social, political, economic and moral overtones whilst research findings have been interpreted differently according to different theoretical perspectives (Triseliotis et al, 1997, p.172). It is not yet known how those trans-racially adopted in the past and studied as children and adolescents will fare as young adults. It is one for a separate study.

The choice of family for a child centres now on the emotional and other needs of the child being met by the personal qualities and capabilities of the prospective adopters, their tolerance of particular behaviour difficulties and interest in and commitment to helping children achieve their potential.

The adoption process and key people involved.

The organisation of this may vary slightly from agency to agency but the following describes the process in the agency studied.

Assessments and preparation of prospective adopters are undertaken by specialist social workers situated in area offices in different locations. Each area office serves all those requiring social work services in a defined geogaphical area. These specialist social workers are known as adoptions officers. Some work entirely in adoption while others combine this with fostering work. Others work only in fostering. In some agencies they are known as family placement social workers. The County Adoptions Officer is responsible for ensuring that the adoption work is properly carried out but does not have management responsibility. That is held by team leaders responsible for a team of social workers some of which are generic and others organised into "child" and "adult" teams.

The children's social workers work mainly with children and their families. Their responsibility is the welfare of individual children and planning for and making decisions about their future. This could involve adoption. All such plans and decisions are taken in conjunction with line managers and in partnership with the parents of the child/ren.

The Adoption Panel's function and composition is bounded by Adoption Agencies Regulations (1983 and 1997). It consists of a maximum of 10 people, (11 from November, 1997), two of whom are independent of the agency. In the agency studied, three are social workers. Two are employed, as the Regulations require, by this agency and one by another adoption agency. One of the two agency social workers is in charge of a children's home. There is also an adoptive parent and an adopted adult, consumers of adoption services. In the past there has been a birth parent. Thus there is a breadth of expertise and range of perspectives. The Adoption Panel is chaired by The County Adoptions Officer. The Panel debates a number of adoption issues and then makes recommendations to one of three senior managers (Divisional Directors) who make the final decisions on behalf of the Adoption Agency. These are whether adoption is in the best interests of an individual child, whether applicants should be accepted as prospective adopters and whether a particular family is suitable for an individual child or children.

Adoptions officers thus assess, prepare and support those applying to adopt and write descriptive reports about them and their circumstances. The applicants contribute to these and except for confidential references, see and discuss the contents. The adoptions officers present the reports to the Adoption Panel in advance. They attend the Panel meeting to answer any questions. Once an application is accepted, these social workers continue their relationship with the prospective adopters supporting them both before and after a child is placed. It is their role to suggest them as possible new parents for individual children.

The selection of the best new family for a child is made by the child's social worker in conjunction with the team leader since they are likely to know the child best. The proposed link between child and family is considered by the Panel and their recommendation ratified or not by a Divisional Director.

This chapter has introduced the study, the reasons for it and has given a brief overview of the thesis as a whole. The topic of adoption has been presented and an outline of its historical and legal development given. The changing and strongly held professional views about children to be adopted, adults to adopt them and how these can be best brought together to form new families has been indicated. The research is concerned with one particular group of adults, bereaved parents, and professional views about them as successful adopters. Now that the main features of adoption have been identified, the following chapter introduces the distinguishing characteristics of the research and the thesis itself. As this study is also the story of the author's personal journey towards a new understanding of this subject, it is thought appropriate to continue in the first person.

Chapter 2. The characteristic features of the research and the thesis.

The spiralling nature of the research process.

Although presented sequentially, the research process was not a linear but a spiralling one. It was not visualised and mapped out at its beginning. My journey through it was not as a traveller who knew the route but one who continually had to return to earlier landmarks to orientate myself, consult maps, ask for directions and take new turnings. It was whilst on the journey that I eventually found my way. The research process moved backwards and forwards, spiralling between reflection and theorising, research and the literature. Thinking about my understanding of the nature of grief and of adoption practice with bereaved families and the thinking which underlay the latter led me to the relevant literature. As will be described in Chapter 3, I was surprised and puzzled that this did not inform me as I had expected. This prompted me to undertake some initial research which will be outlined in Chapter 4. This led to further reflection, a return to the literature and the realisation that more research was justified. Reflecting on this wider exploration and the literature, I realised that my enquiry should be broadened still more. This stimulated new reflection which in turn suggested further reading and gave me fresh insights and understanding. The process has been aptly described,

"The process spirals through stages of appreciation, action and reappreciation.
(Schon, 1983. p132)

Recurrent themes.

It was through this spiralling process which will be discussed in more detail later, that I chose six categories which form recurring themes in the thesis. These guide the framework of some subsequent chapters. In Chapter 5 however, they are no longer useful. I identified these as a major part of adoption workers' thinking about bereaved families and the placement with them of a child. In the absence of a definition, description or explanation of "replacement" in social work literature, I reflected on what it meant both from my own practice and from informal discussion with colleagues. This was then further explored in a more formal and structured way by means of a brief survey of the thinking of key adoption workers in one agency (Appendix A. pp.2-6). This is described and discussed in Chapter 4. This initial

research enabled me to formulate my research question and overall research purpose. It confirmed that the themes selected are implicit in adoption workers' ideas about replacement. I have made them explicit by unpacking the concept of replacement so that it can be opened up for critical scrutiny and evaluation.

Everitt et al (1992, p.22) describe this process as deconstruction and analysis and draw particular attention to the need for social work practitioners to be research -minded and to think critically about what they know and how they have come to know it. This seems especially important in adoption work which, as indicated earlier, has been particularly noted for being susceptible to the manufacture of dogmatic certainties for which there is no substantial evidence (Shaw, 1984, p.46). Without this critical approach, Everitt et al assert (p.22), there is a danger of taking for granted commonsense views which are "likely to be imbued with discriminatory notions". Thus they contribute to the debate about a commonsense basis for practice though they refer to social work generally rather than to adoption particularly. The traditional thinking of adoption workers about bereaved families could be considered as commonsense as well as firmly held views.

These authors state (p.22),

> "Common sense views need to be analysed and deconstructed. This is a
> responsibility of a practitioner who is research-minded."

Further they say (p.33),

> "---fundamental to the process of research and that of the research-minded
> practitioner is the theoretical analysis of concepts and through this the deconstruction
> of commonsense terms."

and later, they state (p.34),

> "So the research-minded practitioner would deconstruct, or analytically unpack,
> everyday and organisational routine meanings in order to reflect upon theoretically
> constituted concepts.

Thus the themes form the framework for reflection on the concept of replacement and its deconstruction. They also form the main markers on the journey to adoption and beyond of a family bereaved by the loss of their child.

The themes identified are as follows.

1.Perceptions of the deceased child.

2.Perceptions of the family's response to the loss.

3.Perceptions of the family's motivation for adoption.

4.Perceptions of the bereaved family.

5.Perceptions of the child to be placed.

6.The attitude of the adoption agency

The choice and development of the themes.

1. Perceptions of the deceased child

The meaning of the loss of a child at differing points in the life of that child. both to the parents themselves and as perceived by others, seemed a key area to explore as how these were viewed and understood influenced how the likely experience of a subsequently adopted child was perceived. As the emphasis of the research is on understanding differing perceptions of common experiences, a qualitative approach is used and this is discussed later.

Reflecting on my own and other's adoption practice with bereaved families. I was struck by the attention paid to those families in which a child past infancy had died and the comparative inattention given to those in which a very young baby had not survived. Those in which a miscarriage or still-birth had taken place commanded even less attention. It is assumed, as is popularly supposed, that earlier losses are of less significance than the death of an older child. The very terms used suggest this. Not only is this a commonsense view but also one which is shared by health professionals (Lovell, 1983; Kohner and Henley, 1991, pp.63-64). However some of the literature, particularly the little that focuses on

understanding the parents' perspective, does not support this (Kohner and Henley, 1991) and even contradicts it (Lewis and Bourne, 1989, pp.937 - 938). A stillborn child can be a particularly difficult loss to grieve (Bourne and Lewis, 1984a, pp. 31-32) whilst grieving the loss of an older child though more distressing may be more straightforward (Lewis and Bourne, 1989, p.938).

It seems to be thought that the loss of an older child with a developed personality poses more risk to a subsequently adopted child being regarded as a replacement than one who has had no opportunity to establish him or her self. Comparisons would be more likely. It is assumed that these would be unfavourable to the adopted child. It would be harder for a subsequent child to compete with the image of the dead child when that child was older and known. Reflecting on this, I thought that the reverse could be equally so. It might be easier for a subsequent child to compete with the image of a child who had lived for some years and about whom there were memories of real events and achievements rather than that built from the fantasies of the bereaved parents of a child who had had no such opportunity.

Further, it is thought that the impact of the loss on the parents would be greater since there would be more memories and history to grieve and more possibility of painful remembrances triggered by a child adopted later. There is a debate in the literature about the significance for a subsequent child in a natural family of the age or stage of development of the deceased child. However, as will be discussed in Chapter 3, this is scanty, biased and inconclusive.

These differing views about the nature of the loss of a child at various ages and stages of development and the long-term implications for a subsequent child suggested that such events held different meanings for different people. This could be very significant in determining the outcome of an adoption application by bereaved parents. I considered that ideas about the kind of child who had died were an important part of adoption workers' thoughts about bereaved parents as adopters and about replacement. I therefore chose the theme "perceptions of the deceased child".

2. Perceptions of the family's response to the loss.

The family members' responses to the loss of their child and professional perceptions of these were a central issue to explore. Judgements about a bereaved family's suitability to adopt seem to be made, at least partly, on the manner in which they had grieved and such judgements are found hard to make. Replacement appears to be associated with "incomplete" or otherwise "unhealthy" grieving. There is some support in the literature for this view but there is also a debate about the nature of pathological grief and when the grieving process can be considered to have ended.

It appears also to be the practice of adoption agencies not to accept applications from bereaved parents within a year of their child's death. It is assumed that the parents would need at least this time in which to grieve. There is a common sense expectation that it takes a year for people to recover from the death of a loved one. Reflecting on this I wondered if this were so of everyone. Those that enquire about adoption within a year are sometimes thought not to have had enough opportunity to grieve and are advised that they need this. I reflected on the basis for this view. There is some support in the literature for this but there is also evidence that much longer is needed. I questioned to myself whether parents could be ready to adopt within less than a year of their loss and also who was in the best position to know this.

3. Perceptions of the family's motivation for adoption.

The family's decision to adopt and the reasons for this seem an important part of replacement and an area to which adoption workers, as confirmed by the initial research, pay considerable attention. A wish to replace a dead child is considered an undesirable reason for adopting, associated as it is with unrealistic expectations of the child joining the family and the fear that he / she may not be accepted and loved for himself. He / she may not be able to develop his /her own personality and potential because the child may be expected to fulfil aspects of the life of the previous child cut short by death. Those that enquire about adopting within a year of their child's death are sometimes assumed to be seeking to replace that child. I thought about the possibility of other explanations for such enquiries and whether adoption by parents who continued to manifest grief would necessarily be harmful to the child concerned. Those that have experienced such bereavement may have particular qualities, strengths and insights which could be of value to a child unable to live with his / her first family. I identified "perceptions of the family's motivation for adoption " as the third category.

4 . Perceptions of the child to be placed.

The fourth category employed is "perceptions of the child to be placed" since impressions gained from practice, strongly confirmed by the initial survey, are that adoption workers consider it better to place in a bereaved family, a child different by gender / and / or age from the child that died. They believe that this will reduce the likelihood of unfavourable comparisons between the children concerned and may trigger fewer painful memories for the parents. It appears to be regarded as a safeguard for the adopted child from being a replacement for the dead child. Reflecting on this view, I questioned the basis for it. There is little relevant literature and what there is suggested that this is an erroneous belief. I thought it could equally be considered that placing a child very different by age or gender from the previous child could promote difficulties for all parties rather than prevent them. The parents could find it harder to accept a child so different from their previous child and this could be evident to the child. Also, it is assumed that

comparisons would be unfavourable and memories painful and I did not know whether this would necessarily be so.

5. Perceptions of the bereaved family

A further safeguard for a child adopted by a bereaved family suggested by the initial research is the presence in the family of other children. This is thought to prevent emotional pressures being placed on the adopted child as a result of the death of the previous child. It is thought that there would be fewer demands on an adopted child if there are other children to fulfil parental hopes and expectations. This led me to use the further category "perceptions of the bereaved family" to encompass not only the presence or otherwise of other children but also the physical structure of the family, the personalities of its members and any features of their personal histories thought to be of significance together with the attitudes and views of members of the extended family.

6. The attitude of the adoption agency

Lastly, the attitude of an individual key adoption worker or group of professionals, to adoption by a bereaved family I thought important to explore since they can obstruct or enable an application to proceed. I termed this category "attitude of the adoption agency". This was not so much implicit in adoption workers' thinking as associated with it. I thought that particular beliefs, prejudices, experiences or fears of individual adoption workers or the particular policies and practices of an agency could affect the way an application was processed.

A reflective approach

This process of reflective thinking, analysis and deconstruction which I have outlined and by which I identified the themes just described, further characterises the research. The research methodology particularly features a reflective approach. The participants, all key actors in the adoption process, are asked to reflect on their practice and experiences and the thinking which they brought to bear on them, so that this is in turn can be explored and reflected upon.

This approach has been particularly described and developed by Schon (1983). He writes of a process which he calls "reflection -in- action" in which practitioners in a range of professions can engage when confronted by complex situations which do not readily fit accepted theory and knowledge. He says (p.42),

"In the varied topography of professional practice there is a high, hard ground
where practitioners can make use of research-based theory and technique, and there is
a swampy lowland where situations are confusing "messes" incapable of technical
solution."

He particularly cites social work, of which adoption practice is a part, as a professional practice frequently faced with unstable, unique and complex situations. Others include nursing and education. Confronted by such situations a practitioner may engage in "cutting the practice situation to fit professional knowledge" (p.42). This can happen in several ways e.g. by ignoring data which does not fall readily into accepted categories or by forcing "the situation into a mould which lends itself to the use of available techniques". Illustrating this with an example from social work, Schon suggests that clients who resist professional help are dismissed as "problem tenant" or "rebellious child". Similarly prospective adopters could by such means be labelled "unsuitable". He states,

"All such strategies carry a danger of misreading situations, or manipulating them, to
serve the practitioner's interest in maintaining his confidence in his standard models
and techniques. When people are involved in the situation, the practitioner may
preserve his sense of expertise at his clients expense."

Alternatively, a practitioner or indeed anybody can "reflect-in-action" or think about what they are doing even as they are doing it (p50).

"Stimulated by surprise, they turn thought back on action and on the
knowing which is implicit in action. They may ask themselves, for
example, " What features do I notice when I recognise this thing?
What are the criteria by which I make this judgement? What
procedures am I enacting when I perform this skill? How am I
framing the problem that I am trying to solve?" Usually reflection
on knowing-in-action goes together with reflection on the stuff at
hand. There is some puzzling, or troubling or interesting phenomenon
with which the individual is trying to deal. As he tries to make sense of
it, he also reflects on the understandings which have been implicit in
his action, understandings which he surfaces, criticises, restructures,
and embodies in further action."

Thus the "reflective practitioner" turns situations in which he or she finds himself puzzled or uncertain to positive account (p.68).

> *"He reflects on the phenomena before him, and on the prior*
> *understandings which have been implicit in his behaviour.*
> *He carries out an experiment which serves to generate both*
> *a new understanding of the phenomena and a change in the*
> *situation."*

The reflective practitioner thus "becomes a researcher in the practice context" who is "not dependent on the categories of established theory and technique but constructs a new theory of the unique case" (p.68).

Schon's reflective approach seemed particularly fitting to my research since critical reflection on my own practice and my own puzzlement and uncertainty at the phenomena which I was struggling to understand led me to undertake it in the first place. It reflected too my position as a practitioner undertaking research.

My study explores the theory of replacement not only through study of theoretical models of grief but by practical exploration of people's experiences. Thus it bridges both theoretical and empirical research as such practitioner based enquiry inevitably does.

The relationship between research and practice.

Schon's ideas and approach challenge the traditional hierarchical division between research, theory and practice. The model of technical rationality which he rejects, sees professional practice as the application of scientifically based theory to the problems facing the practitioner. Theory is viewed as objective knowledge of the world gained through the process of research. The researcher is regarded as separate and distant from that which the researcher is investigating. The practitioner reflecting-in-action, combines both research and practice, since thinking and doing are dual processes intimately bound up with each other in a struggle to reach new understandings of the world. As Powell (1994, p.142) has put it,

"This process of critical reflection on practice suggests the way in which practice can
be used creatively to generate new understandings and ways of knowing the world,
which in their turn can inform and generate new patterns of practice."

The status of such "new understandings and ways of knowing the world" as warrantable knowledge is thus raised and so touches on a continuing debate about epistemology and methodology in the social sciences and social research. This debate can be briefly and broadly stated as between the quantitative and qualitative traditions. The two views are informed by different philosophical ideas about the nature of knowledge and how it should be defined and how it can be properly generated. Thus the two main traditions in ways of understanding the social world, quantitative and qualitative research, are not simply different means of data collection though they are sometimes described as such.

Quantitative research, of which the survey and the experiment are the most usual examples of its methods, typically mimics the scientific model used to study the natural world. As Bryman (1988, p.12) describes,

"-----the logic and procedures of the natural sciences are taken to provide an
epistemological yardstick against which empirical research in the social sciences must
be appraised before it can be treated as valid knowledge."

Quantitative research is influenced by the doctrine of positivism. Sheldon (1978) has cited Charlton's (1959) definition of positivism as follows,

"All that we can know of reality is what we can observe or can legitimately deduce
from what we observe. That is to say, we can only know phenomena and the laws of
relation and succession of phenomena and it follows that everything we can claim to
know must be capable of empirical verification."

Positivism has been variously further defined and there are a number of versions of it but essentially it involves a conviction that the methods and procedures of the natural sciences can be appropriately applied to the social sciences. Phenomena which are not observable or capable of measurement cannot by this doctrine be included as warrantable knowledge. Concern with intangible matters such as feelings is dismissed as "metaphysical nonsense" (Hammersley and Atkinson, 1983, p.4). The model of technical rationality previously described has arisen from positivism.

Positivism is also associated with the doctrine of inductivism by which theory and ultimately laws are built up from empirically established facts. As Bryman (1988, p.15) explains, positivism views science as deductive in that a hypothesis is derived from scientific theory and then tested empirically. If the hypothesis is thus disproved, the theory must be revised. It is concerned, as are the quantitative methods which it influences, with the generalisability of findings and with replication.

Qualitative research methods derive their way of understanding the social world from a number of different intellectual traditions. Bryman (1988, p.50) identifies these as phenomenology, symbolic interactionism, verstehen, naturalism and ethogenics. As my study is undergirded by the ideas of phenomenology, I will focus discussion firstly on this and then will refer briefly to the remaining traditions.

Phenomenology developed in the early twentieth century as a critique of positivism (inappropriately) applied to human concerns (Cohen, 1987, p.31). Its philosophy is not a rigid school but a great diversity of views more aptly termed `the phenomenological movement` (Stewart and Mickunas, 1974, p.4). Its acknowledged founder is Edmund Husserl (1859 - 1938) with Schutz a major interpreter of his work (Bryman, 1988, p.51). Heidegger and Merleau - Ponty writing from an existentialist viewpoint are other notable contributors. A phenomenological approach to research has been variously described from the loose to the specific. Of the former, the description which seems most fitting to this study is that it is a focus on understanding the meaning events have for persons being studied (Patton, 1991, cited by Maykut and Morehouse, 1994, p.3). Of the latter, a description of this approach, apt to this research, is that it is critical and reflective, questioning the taken for granted and looking afresh at what is directly experienced. This contrasts with what is often termed phenomenological research and is, in effect, an uncritical exploration of prevailing cultural understandings (Crotty, 1998, pp. 83 - 85).

Husserl regarded anything which came to consciousness as suitable for philosophical enquiry. Thus a phenomenological approach considers that any data, other than that which can be observed and measured by the senses, can be studied (Cohen, 1987, p.31) and is real (Munhall, 1988, p.24). It takes a contrasting view to positivism as does this study. Husserl proposed `a return to the things themselves`. By this he meant that by setting aside usual cultural understandings, (which he termed `bracketing`) one allowed immediate, direct experience to come to the fore with no prior reflection or attribution of meaning to it. In this way, the essence of the experience could emerge or former meanings of it could be confirmed or expanded. As Munhall explains (1988, p.25), perception is one's access to experience and it is individuals' perceptions of their lived experience that phenomenology views as the reality with which to be concerned. These are a focus of this enquiry. However, is it possible to 'bracket' all prevailing understandings? Crotty acknowledges this difficulty by suggesting that this is done "as best we can"

(1998, p.78). He particularly points out how the meaning of 'bracketing 'has becomed diluted and how commonly in research claiming to be phenomenological it means little more than the researcher withholding personal presuppositions to avoid contaminating the data. He argues that 'bracketing' requires the researcher to be actively critical and suspicious of culture and the understandings it bequeaths us. In this study, I try to ensure that I do not impose my thinking on that of participants but cultural understandings are also critically appraised. Further, how can immediate experiences be fully conveyed without at least some prior reflection, editing and interpretation since the process inevitably uses language and cultural understandings to do so.

Building on Brentano's earlier work, Husserl developed the notion of 'intentionality' which Natanson (1973, p.103) described as "the axis of phenomenology". This is that consciousness is always conscious of something. It is never a vacuum. Conversely an object is always an object for someones mind and has no meaning without a mind to shape it. Husserl saw this relationship between mind and object as an active one and it is from their interaction that meaning comes. Schutz was particularly interested in this and also how people interpret their social world and thus their reasons for their actions, developing a theme of phenomenology. Intentionality thus differs diametrically from objectivism which is so closely associated with positivism. This is the belief that meaning inheres in objects, independently of any mind or observer and that by careful enquiry objective truth can with certainty be known. It also rejects subjectivism, the view that meaning is imposed by subjects on objects. Intentionality and phenomenology are closely associated instead with the epistemology of constructionism (Crotty, 1998, pp. 12 and 45). Crotty (1998, p. 12) defines this as,

"the view that all knowledge and therefore all meaningful reality as such is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context."

It follows therefore that the knower and the known are interdependent and that there is not just one reality but multiple ones. Further, knowledge is tentative and does not claim the certainty which positivism does nor the ability to generalise explanations from one time and place to another. What is obtained in a phenomenological approach to research is a reinterpretation of experiences. This is just as much a human construction as the understandings which the research has challenged. However as Crotty has put it (1998,p.82),

"---but as reinterpretation - as new meaning or fuller meaning or renewed meaning
- it is precisely what we as phenomonologists are after. "

Symbolic interactionism derives from the the thinking of George Herbert Mead, a pragmatist philosopher and social psychologist (Crotty, 1998, p.72). His student, Herbert Blumer, a major interpreter of his work described symbolic interactionism as resting on three basic assumptions.

"The first premise is that human beings act towards things on the basis of the
meanings things have for them---The second is that the meaning of such things is
derived from, or arises out of, the social interaction that one has with one's fellows.
The third premise is that these meanings are handled in and modified through, an
interpretative process used by the person in dealing with the things he encounters. "

It is concerned with the importance of examining the perspectives of those being studied. Phenomenology has been similarly described (Bogdan and Taylor, 1975, pp. 13 - 14) but this description has been criticised (Crotty, 1998, pp. 83 - 84). A central tenet is for the symbolic interactionist investigator to put him / her self in the place of those being studied.

"-----The situation must be seen as the actor sees it, the meanings of objects and acts
must be determined in terms of the actor's meanings, and the organisation of a course of
action must be organised as the actor organises it. The role of the actor in the situation
would have to be taken by the observer in order to s ee the social world from his
perspective" (Psathas, 1973, pp.6 - 7.)

The perspective of those being studied is understood by means of dialogue or interaction using the 'significant symbols' of language and other symbolic tools from which the term symbolic interaction derives. In contrast to phenomenology, neither it nor ethnography, the methodology it informs is critical.

A full description of verstehen is neither possible nor necessary for the purposes of a brief summary of the intellectual threads underlying qualitative research and their criteria for the definition of knowledge which differ from that of positivism. Its contribution to qualitative research is a matter of debate (Bryman, 1988, p.57) but it views the study of the social world as requiring a different kind of "understanding" from that of the natural sciences. A main proponent, Weber, described two kinds of "understanding" (Bryman, 1988 ,p.57). These are "direct observational understanding of the subjective meaning of a given act" and "explanatory" or "motivational" understanding. The latter is concerned with understanding the sequence

of action in which the particular act being studied is placed. This understanding can then be regarded as an explanation for the course of the action being observed.

Naturalism is an ambiguous term and has been associated with quantitative research and the belief that the natural sciences can be used to understand social reality. Confusingly, in another sense, it also means the exact opposite and is concerned with the need to study the social world in its natural state undisturbed by the researcher.

> *"It is the philosophical view that strives to remain true to the nature of the*
> *phenomenon under study."(Matza, 1969, p.5, cited by Bryman, 1988, p.58)*

It rejects artificial means of studying it since this distorts social reality. Its aim is cultural description and involves the researcher becoming immersed in that which is being studied.

Ethogenics is a set of ideas arising from social psychology which rejects positivism but not a scientific approach to the study of the social world. It aims to understand "episodes" in social life i.e. a series of interconnected acts by individuals. It tries to learn about the nature of such episodes by studying the meanings which those being studied bring to the constituent elements of the episodes.

Qualitative research, underpinned by these ideas, has different criteria from positivism and quantitative research by which knowledge is considered acceptable and valid. Epistemologies associated with qualitative research take account of the meanings and interpretations which those being studied attribute to their actions. It is with this tradition and this view of what constitutes warrantable knowledge that this research is aligned.

The two traditions view the researcher`s relationship with what is being studied in different ways. The quantitative researcher`s position is as the detached outsider, involved as little as possible with the social world being studied. He or she resembles the disinterested scientist examining the natural world. The qualitative researcher on the other hand aims to get close to the subjects of his / her studies because it is only by so doing that he / she can appreciate their perspectives which is the aim of the enquiry.

Quantitative research is influenced by positivism which emphasises the importance of eliminating the effect of the researcher on that which is being studied. The positivist methods involve the standardisation of procedures. Naturalism, as one of the intellectual threads underpinning qualitative research, similarly aims to minimise the researcher`s impact on what is being studied by merging with it.

Both positivism and naturalism assume that it is possible to isolate a body of data from the researcher's influence. Hammersley and Atkinson (1983, p.14) describe attempts to do so as "futile" since all data involve theoretical assumptions. These authors suggest that instead the reflexive nature of social research is recognised. That is that the researcher is part of the social world being studied. They comment (pp.14 -15),

"This is not a matter of methodological commitment, it is an existential fact."

They recomend instead trying to understand the effects of the researcher on what is being studied (p.17).

Schon's concept of the process of reflecting in action also raises the question of how research and practice are linked in social work and specifically in adoption work and how too they are affected by differing views on how research is conducted and the criteria by which knowledge so generated is regarded. The need of social work for a knowledge base informed by research, rather than common sense, would seem self-evident both for effective practice and for credibility as a profession. However, this is not a view unanimously shared by social workers themselves, whilst others (Brewer and Lait, 1980) question the need for social work practice at all and thus an academic discipline on which it is founded (Orme, 1994, p.113).

The relationship between research and social work practice

This has been described as problematic (Everitt et al, 1992, p.1). Social workers have been noted as not pursuing research themselves, not implementing its finding in their work nor even reading research reports (Everitt et al, 1992, p.1). These authors succinctly comment (p.5)

"At best, practitioners experience research as irrelevant; at worst as the process of being ripped off."

Orme (1994, pp.114 - 115) has similarly described the continuing tension between theory and practice in social work and has identified a number of sometimes contradictory reasons for this. Amongst these are its immaturity as a profession and the collection of statistical and other data irrelevant to the quality of practice, demanded by the need for social work managers to be accountable. Such exercises only serve to alienate practitioners and render them resistant to the research process. A further reason is the "reductionism of research practices associated with positivism" (p.115) which she suggests are alienating

to practitioners and at variance with basic social work values and beliefs in the uniqueness of individuals and their experiences.

This situation is long-standing as Sheldon (1978) identified two sub-cultures within social work, the theoretical subculture and the practice sub-culture. He described a division between them which seemed marked by dissatisfaction and mistrust. Practitioners, he suggested, disregarded, ignored or did not believe theory produced by research. Instead, they preferred to believe "the evidence of their own eyes". However, social work had an early tradition of research which appears to have become lost. Far from the modern tension between research and social work practice, there was once "a vibrant relationship" between the two. The work of "social workers" Booth, Beatrice Webb, Octavia Hill and Helen Bosanquet would now be regarded as ethnography but was not viewed by those who undertook it as research, since it did not adopt a positivist epistemology (Everitt et al, 1992, pp.8 - 11).

Sheldon attributed social workers' attitude to research as arising from defensiveness about research findings which frequently negated the effectiveness of their work and to a dislike of scientific method. He proposed using a positivist approach, particularly the experimental case design for the routine evaluation of social work practice, as he saw this as providing a rigorous means of assessing the intangible elements of such practice.

Smith (1987) on the other hand, considers that practitioners do not work with "a complacent disregard for research findings" nor is social work unique in not making the fullest use of research. He suggests that for research and practice to be more closely allied, researchers should not "retreat to the ivory tower cursing the scientific and innumeracy of social workers" but should recognise that change which must take place if practice is influenced by research, is difficult, can be threatening and always takes time. He challenges, as Schon does, the hierarchical nature of the relationship suggesting instead a collaborative partnership between researchers and practitioners. He says (p.413),

> *"the more honest the sharing of interests, the more active the participation by*
> *relevant parties, and the more open and honest the feedback, the greater the chances*
> *that the research will win acceptance and ultimately help in the achievement of change.*
> *The ideal here is research by practitioners themselves which is less likely to be*
> *dismissed as irrelevant or only of academic interest---"*

As this is my position and my research interest arose from practice, I know that it is relevant to it. I hope that it will be a contribution, however small, to closing the gap between research and practice.

Sheldon and Smith disagree on ways in which social work should be studied and the status of knowledge so generated. Sheldon strongly suggests that a positivist approach is the right and proper way for both and particularly advocates the experiment. He suggests that it is a dislike of such a scientific method which contributes to social workers' resistance to research. Smith on the other hand, suggests that positivism is neither useful nor efficient in the study of social problems with which social workers become involved. Contrary to Sheldon's view, Smith believes that the popular notion held by social workers of what constitutes proper research is the controlled experiment. He believes that rather than social workers' defensiveness against unflattering research findings, it is "the success of positivism in finding acceptance for its assumptions" which accounts for this and has inhibited the development of research by practitioners.

Everitt et al (1992, p.8) similarly suggest that it is not research from which social work has become disengaged but positivism. The relationship between the two may be improved by thinking of research and its methods, as this research does, within an epistemology other than positivism (p.7).

The relationship between research and adoption practice.

The early history of adoption practice is marked by the absence of research by which it could be informed. The need for a knowledge base built up from research was referred to earlier (anonymous author, 1963).

By the mid 1960s, adoption practice was growing yet not reliably informed. Goodacre commented (1966, p.16) that although adoption was expanding remarkably little was known about it and practically no research had been undertaken. There had been no serious assessment of the work of adoption agencies and the outcome of adoption had not been studied. As this author put it "untested assumptions and popular theories abound".

Kornitzer (1966, p.9) made a similar observation.

>   *"After 40 years of legal adoption in Britain, we still know remarkably little about its processes and results and apart from the wholly inadequate official statistics, firm facts remain few."*

Adoption practice has for over half its legal life had a non-existent relationship with theory and research. Despite a growing amount of research since the mid-sixties of a variety of aspects of adoption as

Thoburn's Review of Research Relating to Adoption (1990a) indicates, the relationship between adoption theory and practice as with social work theory and practice, appears to be uneasy. It has been noted that there is an "apparent disinclination to use the best of what we know" in family placement work (Currer in Sellick and Thoburn,1996,p.6).

The relationship between research and adoption practice appears not to have received much attention as I have been able to identify only two papers in British adoption literature which deal with this and in each the main focus is not on adoption. Cheetham and Fuller (1987) discuss the complexity of the relationship between research and social work practice, pointing out that it is recognised that the former ought to influence the latter but there is scepticism that it does so.

They identify three reasons for this. Firstly, the findings of research are oversimplified, abstracted or distorted in their dissemination. Secondly, the findings, though true, may not be helpful and make a social phenomenon more complicated so that practitioners are discouraged in their efforts to effect change which they know can only be limited anyway. Thirdly and perhaps most significantly for this research, is that most social work research is not about practice. This is an observation that has also been made of research into child placement which includes adoption (Currer in Sellick and Thoburn, 1996, p.6). Social work research has more significance for management than for practice. A review of the research literature on child abuse interventions for example, found that the most fundamental weakness was the failure to examine routine casework and the impact of the child protection systems on interventive treatment services (Gough, 1993, p.277).

Nissim and Sim (1994) acknowledge the vast amount of information available to the family placement practitioner and the difficulties of the latter in making sense of research conducted in a period of legislative change. In addition, some emanates from countries which have different legal and welfare systems whilst there are cultural and professional differences also. The authors focus on the implications of this for fostering practice rather than adoption but the bewilderment of those in fostering practice could be applied to those in adoption, since it too has been affected by similar legal changes and research conducted outside this country. In addition, the authors draw from research on adoption as well as fostering.

The authors ask how practitioners can draw any valid conclusions from the research which can be translated into actual practice. The authors describe a small part of a larger project which reviews and examines the findings of research on fostering outcome with the specific purpose of incorporating this into fostering practice. This suggests that the relationship between research and practice in family placement work, of which adoption work is a part, may not be a direct one in which the former informs the latter but

that an intermediary is needed in the process as a bridge between the two in which the latter is helped to make sense of the former.

A reflexive approach.

A further feature of this research, recognises, as was described earlier, that the researcher is his or her own research instrument (Hammersley and Atkinson, 1983, p.18).

> *"Once we abandon the idea that the social character of research can be standardised out or avoided by becoming "a fly on the wall" or a "full participant", the role of the researcher as active participant in the research process becomes clear. He or she is the research instrument par excellence".*

Attention has been drawn to the similarity between the reflexive approach and that of the reflective practitioner and the importance of this (Everitt et al, 1992, pp.110-111). Recognition of researchers as part of the social world being investigated involves a recognition that

> *"--we must work with whatever knowledge we have while recognising that it may be erroneous and subjecting it to systematic enquiry where doubt seems justified. (Hammersley and Atkinson, 1983, p.15).*

Rather than rejecting common sense knowledge out of hand or regarding it as "valid in its own terms" a reflexive approach involves scrutinising what is known (Hammersley and Atkinson, 1983, p.15). It also involves a recognition that people's response to the researcher may be as informative as how they react to other situations. Reflexivity in practice is a process of theorising in action and deriving hypotheses from existing knowledge, to explain what is observed, read or heard and continually testing their validity in the light of further information. It involves reflection on the data of the responses to the researcher of those participating in the enquiry (Everitt et al, 1992, pp.110 - 111).

The first two chapters have set the scene for the thesis. Firstly, its topic of adoption has been defined, described and discussed. Secondly, the distinguishing features of the thesis and the theory and philosophy which underlies them have been similarly presented. In the following chapter, we move on to consider the literature which informs the specific subject of the research which is adoption by those who have experienced the prior death of a birth child.

Chapter 3   A Review of the Literature.

Introduction

There appears to have been no previous research into the placement of children for adoption in families which have experienced the prior death of a birth child. This implicitly assumes that there is no need for such enquiry and that traditional concerns about bereaved parents as adopters and about "replacement" are based on reliable foundations. This chapter assesses those foundations. Further, the conventional wisdom which assumes that adoption sought by bereaved parents can only be for inadvisable reasons, which would result in detriment to a child, may have led to few children being placed for adoption in such circumstances. This too may account for the sparse literature.

As so little has been written about this specific subject, the literature reviewed deals with two broad areas which are relevant to it. One area reflects views and ideas on the effects on children of the prior death in the family of a child since the welfare of the child is the prime professional concern. The other area focuses on the purpose and process of grief and what is considered its normal expression since it is judgements about this which inform adoption workers' decisions about the suitability of bereaved parents to adopt. In fact, the way people respond to loss is a theme in adoption as loss is also a theme. All parties to adoption have experienced loss. The child has lost the experience of being brought up by his / her first family whilst the birth parents have lost the experiences of parenting him / her. The adoptive parents may have lost a child they conceived or may never have been able to conceive the child of their dreams.

The literature comes from a wide variety of sources, ranging from the academic to the popular. It includes selected adoption literature focusing on professional practice, relevant bibliographies and occasional accounts of adoption research. These reveal implicit professional assumptions about replacement. These assumptions are also reflected in the writing of consumers of adoption and in the wider social work literature on practice with bereaved families, natural and adopted. Unusual and so of particular interest is an account in this literature of research which effectively challenges these (Daly, 1990). Also reviewed is literature from psychiatric, psychological, medical and nursing sources. This contains work which describes and discusses theoretical models of grief and practice texts on bereavement informing the caring professions. It includes psychiatric case examples and reports of children disturbed by the prior death in the family of another child and their treatment. Further, papers and articles from empirical research on bereavement and review articles are appraised. In the sociological literature a particular theory of grief is

discussed (Walter, 1996). Lastly, items from fiction, autobiography, biography and the media are evaluated.

The literature shows that assumptions about "replacement" are as firmly in the public as in the professional mind. Thus they can be considered matters of commonsense. It is surprising that these should be part of professional thinking when forming new relationships is associated with normal grieving. Also most adopted children are "replacements" for children not otherwise born to adopters and the latter are themselves substitutes for the original parents. Adoption is concerned with "replacement" but in a way which positively promotes the welfare of the child, by respecting and valuing the child as he or she is and his / her ancestry as part of his / her identity. It seems that it is in the context of adoption by bereaved parents that "replacement" carries especially negative overtones. This research challenges such thinking. As well, the literature contains a number of biases, inaccuracies, gaps and misinterpretations and these are reviewed. These not only foster negative ideas about bereaved parents as prospective adopters but also promote unrealistic expectations of them.

I have reviewed the literature according to the categories outlined in Chapter 2. This enables these threads of professional thinking about bereaved families as adopters to be closely related to the literature as part of the process of analysis and deconstruction and to highlight the unequal attention paid to them there. This is done by contrasting some of the specific ideas of the adoption workers with the literature. These ideas are embraced by the themes and are similarly derived from my early reflections on practice and discussions with colleagues and substantiated by the findings of the preliminary questionnaire. They mark twists in the spiralling nature of the research process to which I drew attention in the previous chapter. The questionnaire itself will be described in the next chapter.

Before moving on to consider the literature thematically, a seminal article is first described. As it is relevant to all the themes, it is briefly related to these as they arise. This avoids needless repetition. The influence of this important paper on subsequent literature is traced and critically analysed and the significance for the thinking of the adoption workers examined.

The seminal article (Cain and Cain, 1964).

This is a study of six children, aged 7 - 12 years seen at various times in a child guidance clinic. The authors, a psychiatrist and a social worker, graphically describe the emotional disturbances of these children whom they termed "replacement children". Their problems ranged from moderate neuroses to

psychoses. They were phobic and fearful about death, dying, injury and accident. They were immature and homebound.

The six children had been born after the death of a sibling in the age range approximately 7 - 13 years. Although the deaths had happened some years previously, the authors state that the bereaved parents had not been able to resolve their losses. Their chronic, intense, unrelenting grief which they were quite unable to work through is vividly detailed. Inconsolable, deeply brooding, bitterly self-accusing, they were (p.445)

> *"utterly unable to release the image of their dead child."*

In their anguish, the parents had deliberately decided, sometimes on medical advice, to have another child to replace or be a substitute for their deceased child. These subsequent children were thus born into and raised in a world of (p.445)

> *"apathetic withdrawn parents, a world focused on the past and literally worshipping the dead."*

The authors, the first to describe the replacement child syndrome, tell how these substitute children were constantly adversely compared with their deceased siblings. The identities of those dead children were grossly imposed on the surviving ones. The bereaved parents' expectations, hopes and demands of the replacement children were based on their highly idealised images of their deceased ones. As the authors describe (p.477),

> *"With the distorted images of these dead children who never did and never could exist in reality, the new child had to compete."*

Further, the replacement children were steeped in an environment in which their dead siblings lived on in a very concrete day to day fashion. There were frequent family visits to the grave and the homes were filled with photographs of the dead children. In two instances, the deceased child's bedroom was maintained as a shrine. The deceased children were a perpetual topic of sad conversation and painful reminiscences. The parents were obsessed with their dead child to the exclusion of the child conceived to replace him / her.

Thus the themes described in this article are similar to those implicit in adoption workers' thinking about bereaved parents as prospective adopters which were outlined in the previous chapter. The death of a

child in the family is an event which poses a risk to the healthy development of a subsequent child. The authors suggest, as adoption workers tend to think, that the death of an older child represents more risk to a subsequent child than loss of an infant. The authors argue tentatively that this is more likely to lead to the kinds of comparisons and identification which they described. They also observed that children of the opposite gender to the child that died could still be subjected to the grossly unrealistic expectations of their parents. This, as the authors particularly suggest, does not support the thinking of adoption workers that placing a child of the opposite sex or quite different age to the child that died will protect a child from such expectations.

The response of the bereaved parents to the loss of their child is demonstrated as having a pathological impact on the subsequent children which gives some confirmation to the ideas of adoption workers that replacing a deceased child is very unwise. Similarly, it substantiates their views that grief should be "completed" or "resolved" before bereaved parents could be considered suitable to adopt.

However, the authors suggest that other aetiological factors may be involved in the development of the childrens` symptoms which they describe (p.449).

> "We shall see in these children blatant signs of pathology directly traceable to the parental environment just described. But these children clearly had other sources of disturbance, other symptoms and personality distortions that were at most peripherally related to the personality disturbances attributable to their being "replacements" for a dead child."

They note that the mothers had varying degrees of emotional and psychiatric problems long before the deaths of their children. They postulate that these would have created child-rearing distortions under most conditions. Moreover, the authors record that the children had to a greater or lesser extent "significant areas of adequacy and adaptive functioning". This indicates that there may not be a simple causal link between maladaptive grief and risk to a subsequent child as the thinking of adoption workers suggests.

The authors adopt a particularly cautious approach to their findings and assessing the dangers for substitute children generally. They carefully point out the gross bias in their "sample" of six children who all came to attention precisely because they were disturbed children. They consider it likely that there could be children from similar backgrounds to those studied who are developing normally and express an intention to learn about this group.

The subsequent literature on replacement children and those emotionally disturbed following a sibling death.

This seminal article has been extrememly influential and has informed much of the subsequent literature on replacement children, e.g. (Poznanski, 1972; Legg and Sherick, 1976; Bank and Kahn, 1982; Rosen, 1982; Raphael, 1984; Johnson, 1984; Pine and Brauer, 1986; Rando, 1986; Sabbadini, 1988; Wilson, 1988; Lewis and Bourne, 1989; Leon,1990; Reid, 1992; Mander, 1994; Powell, 1995).

Some consists of further clinical reports. Poznanski (1972) and Sabbadini (1988) describe a very small number of detailed psychiatric case examples of the histories and difficulties of their patients born and brought up in comparable circumstances to the six children described in the seminal paper.

Bourne and Lewis (1984a and 1984b) and Lewis and Bourne (1989) focus particularly on perinatal deaths. They describe the serious psychological difficulties which can develop in children born after a miscarriage, stillbirth or the death of a very young infant. These can include (1984a, p. 32),

"confused identity, gender-uncertainty and sexual difficulties; disturbances of ambition and achievement; and, sometimes a life-long sense of nameless guilt as if living in someone else's shoes."

Such difficulties are not fleeting. The authors, consultant psychiatrists, describe how they commonly see, in psychiatric practice such children who as adults have personality problems, inhibitions and lack of confidence. Difficulties tend to continue in the next generation when these patients become parents themselves.

They suggest that such difficulties are likely to develop when a baby has been hastily conceived to replace the one that died. They argue that this often results in the new child's birth coinciding with the birth and death of the previous child. They have "a clinical impression" that the birth of the next baby is a dangerous time especially when there has been minimal distress and little mourning (1989, p.935). Grief, not resolved before the pregnancy, is reactivated. The parents confuse the new child with the dead baby and are unsure of his identify and vitality. The new child is subjected to their bewildered expectations.

Leon (1990) similarly focuses on perinatal deaths and draws on a clinical sample to describe emotionally and psychologically disturbed reactions in children and adults to these deaths and the psychotherapeutic treatment of them.

Reid (1992), informed particularly by some of these authors, describes extensively her psychotherapeutic work with a disturbed child whom she calls a "replacement child", born eighteen months after the neonatal death of his brother. The therapist considered that the child's mother had not mourned the loss of her infant son.

The clinical literature further details disturbed behaviour in children following the death of a sibling through a series of case examples (Drotar and Irvin, 1979; Krell and Rabkin, 1979; Blueglass, 1980). It describes too, how children already in the family at the time of the sibling death can be assigned the role of substitute for the deceased child to the detriment of the living child's emotional and psychological development (Cain, Fast and Erickson, 1964, p.747).

Discussion

This literature suggests, as adoption workers fear, that children growing up in such bereaved families are at great risk of emotional and psychological maladjustment. It also suggests, that those having or seeking a child after the loss of a child, particularly if this is soon afterwards are not behaving normally. However, this particular literature has evolved in a very biased way. All the authors whose work I have briefly indicated, deal only with those families which have experienced problems. It is these which are reported and discussed because it is these which are of professional interest. Some of the parents and children featured may have particular difficulties as they are reported by highly specialised units. Numbers are very small. Some of Bourne and Lewis's statements are only clinical impressions (Bourne and Lewis, 1984a, p.31; Lewis and Bourne, 1989, p.93) Little appears to be known about families with similar histories whose children develop normally.

Moreover, it has developed in a distorted way as the seminal article has been consistently misinterpreted by subsequent authors. The original authors carefully point out its limitations. They particularly emphasise the biased nature of the group of children studied. Subsequent authors, some very influential, ignore these reservations giving a misleading description of the original work. These include authors of practice texts for social workers and others professionally concerned with the bereaved. They are ones to which adoption workers might well turn for guidance about bereaved parents and about "replacement". Apart from Bowlby (1980, p.165 and Leon (1990, p.164) who gives some indication of this, the biased nature of the group of children studied is overlooked (Raphael, 1984, p.277; Pine and Brauer in Rando, 1986, p.72 ; Rando, 1986, p33 - 34; Oglethorpe, 1989, p.235)

Others additionally regard the six children studied as a sample (Stephenson, 1986, p.336; Mander, 1994 p.190). Thus the weight given to the conclusions of the original authors is undue and gives an impression that the findings can be applied to a general population of children born after the death of a sibling. Some authors give an impression that a large number of children were originally studied (Poznanski, 1972; Pine and Brauer in Rando, 1986, p.72; Rando, 1986, p.34 Stephenson, 1986, p.336). This also occurs in the social work literature (Prior, 1981, p.318).

Lewis and Bourne (1989, p.951), citing Cain and Cain (1964) and Poznanski (1972) say,

"Children born after any bereavement are at risk of becoming "replacement children"".

This seems to give undue weight to the findings of two studies which focus on so few children and who are selected for study precisely because of their difficulties.

Further, Cain and Cain point out their belief in the likelihood that children born similarly to grieving parents to replace deceased siblings do develop normally. They emphasise that the mothers they studied had severe mental health problems before the deaths of their children and their children would probably have developed problems anyway. Also, the authors state that there were reasons other than being "replacements" for their deceased siblings for the difficulties exhibited by the children studied. However, except for Bowlby (1980) these important points are largely disregarded in the subsequent literature.

This body of literature thus promotes, very unfairly, ideas that parents are behaving abnormally in planning or seeking another child after the loss of a previous one, particularily if they do so soon afterwards. It also places undue emphasis on the child so born or joining a family being at high risk of developing emotional or psychological problems.

Perceptions of the deceased child.

Gender

The gender of the deceased child as a factor determining the level of parental grief is not the focus of much attention in the literature. There is an assumption that it is not relevant. However, Fish (1986, p.422) suggests that this is not immaterial to the tragedy as is popularly supposed. His study of 112

bereaved parents (77 women and 35 men) found greater intensity of grief amongst the fathers who lost sons and greater incongruence in this between the parents whose daughters died.

Age or stage of development

The age or stage of development of the child who died is debated in the literature as another factor influencing the parents' grief. It is imbued with the meanings that others, both society in general and those professionally involved with the bereaved, give to the experiences of loss.

The literature identifies a commonly held assumption that the younger the child was at the time of death or if the child was miscarried or stillborn, the easier these losses are to grieve (Rando, 1986, p.39). This view has been found to be held by health workers in varying roles (Lovell, 1983). The earlier the pregnancy failed, the less sad it was perceived to be. Stillbirth and perinatal loss were "glossed over" and those who had miscarried were not viewed as "grieving mothers". The health workers' expectations of parental grief were greater for those whose child had survived albeit briefly. The findings of Lovell's study challenged this "hierarchy of sadness" and those mothers whose child had survived even briefly were found the better able to grieve. Miscarriages are thought to be less sad because they are medically common (Rando, 1986, p.127).

Indeed, it is only comparatively recently that a stillbirth has been officially recognised as the death of a person. Although practice has changed considerably over the past fifteen years, it was previously common for a stillborn baby's body to be removed and the parents, at least discouraged if not prevented, from seeing it. Although this was intended to shield the parents from distress, the practice together with that of disposing of the body in a common grave hindered rather than helped mourning. As Jolly (1976) describes, mothers were often told by hospital staff that

"what you have not seen, you do not miss."

Although Lewis and Bourne (1984) and Jolly (1976) point out that it is the painfulness of the situation and feelings of professional inadequacy that lead to avoidance and apparent indifference, it also seems that this reflected the common-sense thinking of the time. This serves to underline the fact that common-sense can be wrong.

A number of authors particularly highlight how the popular view which negates pre-birth losses, underestimates and misunderstands the experiences of those who suffer them (Lewis and Page, 1978;

Kirkley-Best and Kellner, 1982; Bourne and Lewis, 1984a). Others, bereaved parents themselves vividly describe common feelings identified in their work with parents who had experienced the death of their child in early infancy or before (Borg and Lasker, 1982). Far from being lesser losses as is commonly supposed, such parents can suffer multiple losses. Leon, (1990, p.40) refers to such losses as causing 'narcissistic wounds' to parents particularly mothers. Not only is the infant lost but gone too is their adult role as to many women this is what motherhood represents. Hopes, plans and dreams are destroyed as is self esteem with failure to achieve what normal couples do. Sexuality can be challenged, faith in their bodies undermined and identity threatened. Parents can feel like outcasts, the objects of others disapproval.

Rather than easier losses to grieve, Lewis and Bourne argue that stillbirths are especially difficult (Lewis and Page ,1978; Kirkley-Best and Kellner, 1982; Lewis and Bourne, 1989). The simultaneous occurence of birth and death result in a collision of opposing emotions, and disturbing feelings of confusion and unreality. Months of expectancy end in "an almost unbelievable non-event" (Lewis and Bourne, 1989, p.937). As pointed out earlier, however, Lewis and Bourne's views may reflect the experiences of an unrepresentative group.

Lewis and Bourne (1989, p.939) further detail the particular difficulties in mourning perinatal deaths.

> *"Perinatal deaths are bewildering as birth and death are fused into one experience that feels as if reality has been turned upside-down".*

As Littlewood and McHugh discuss (1997, p.148 - 149) the death of a baby involves a range of factors which have been identified by different authors as associated with complicated grieving. These are its untimliness and unexpectedness which may add to feelings of confusion and loss of control. The mismatch between the intensity of maternal feelings yet few memories and little contact with the baby can be frightening and bewildering. There may be little social support as others may not readily understand the meaning of the loss to parents to whom this is unique and deeply personal. Relatively unusual, the death of a baby may to wider society be 'shrouded in secrecy' prompting in the mother a sense of shame. Such lack of recognition of the loss and grief is thought to make grieving more difficult. Further, the baby's death may be the parents' but particularly the mothers' first experience of death since babies are born to those relatively young to whom death is an infrequent experience. Littlewood and McHugh conclude that the death of a baby is 'uniquely difficult to cope with'.

This concurs with Lewis and Bourne's view in the sense that they state (1989, p.938),

"The death of an older child is generally more distressing for the family, but, because grieving is easier (in the sense of being more clear and comprehensible), there is usually less risk of failed mourning".

As loss of a child by miscarriage, stillbirth and in early infancy is often discounted, the literature identifies that so too is loss of an adult son or daughter (Rando, 1986, pp. 6 - 7). Bereaved parents of adult 'children' who have died are often overlooked in favour of his / her spouse and children. This despite the fact that this has also been described as the most distressing and long-lasting of all griefs (Gorer, 1965) whilst the death of a teenager or young adult is sometimes considered the most problematic (Pine and Brauer in Rando, 1986, p.69). To add to this confusion, the popular assumption that the older the child, the greater the grief has been shown to be mildly true of fathers but not mothers (Fish, 1986, p.424). However, one conclusion reached in the literature is that the important factor may not be the age of the child but the child dying out of sequence with the parents. Whatever its merits, the debate about the age of the child and its effect on grief is irrelevant to them. To the parents, the death of a child is so profound and unsettling that they react in a similarly distraught way whatever the age was of their child (Pine and Brauer, 1986, p.68).

There seems to be little literature about the significance, for the later emotional and psychological development, of a subsequent child of the age or stage of development of the previous child in the family who died. What there is comes mainly from clinical psychiatric literature described earlier. Within this there is a debate as other authors take the opposite view to Cain and Cain (1964). They consider that where a child has died in early infancy or before or during birth, the subsequent child may be compared to a mythical child with whom it is harder to compete than a historical real child (Legg and Sherrick, 1976; Sabbadini, 1988, p.530; Bourne and Lewis, 1992, pp.20-21). Idealisation of the dead child by the parents may be more pronounced than with a later loss of which they may have more concrete memories (Leon,1990, pp.162-163). Particular difficulties are thought likely to develop in those born after a stillbirth associated with the problems in grieving such a loss which were discussed earlier (Bourne and Lewis, 1984a, p.32).

These views are however speculative and are derived from specialised psychiatric or psychological practice with selected individuals born after the death of a sibling and who have emotional or psychiatric problems. They cannot thus be applied to the general population of children growing up in such circumstances. There appears not to be any empirical research which examines any relationship between the psychological and emotional adjustment of subsequent children to the ages of previously deceased children or to stillbirths or miscarriages. It is not known whether there is more risk to a subsequent child after the death of an infant or after the loss of an older child.

Perceptions of the bereaved family's response to the loss.

Adoption workers seem to regard the manner in which a bereaved couple have grieved as the central issue in determining their suitability to adopt. Judgements about how people have grieved and their readiness to adopt are found hard to make. As there appears to be so little information focusing specifically on adoption in such circumstances this is not surprising. There is, however a voluminous literature on loss and grief in general and in other particular circumstances.

There are a number of theories to explain adult responses to the death of a significant individual. These are briefly described.

Psychoanalytic theory was the first theory of the process of adult grief, owing much to Freud's classic paper Mourning and Melancholia (1917). This has strongly influenced later theorists (Lindemann, 1944; Marris, 1958; Parkes, 1970 cited by Cleiren, 1993, p.13). Freud postulated that when people realise that loved objects are irrevocably lost, they must bring to consciousness all their thoughts and memories of them. The libido or psychic energy formerly invested in the beloved is gradually withdrawn. This is a difficult and painful process as loved objects are not readily relinquished. Once withdrawn, the libido can be invested in other objects and the ego freed. Freud thought that grief had to be confronted or worked through to achieve detachment from the beloved and establish bonds with others. He termed this "grief work". Psychoanalytic theory views grief as an intrapsychic process and does not take account of characteristics of the loss or of situational factors.

The similarly influential **Attachment theory** (Bowlby, 1980) combines ideas from psychoanalysis, control theory and ethology. Bowlby noted similarities between adult response to loss and the reactions of young children to separation from parents, mainly mothers. This theory explains people's propensity for forming affectional bonds and the distress which results when these are broken involuntarily. Bowllby saw grief as separation anxiety resulting from disruption of an attachment bond (Cleiren, 1993, p.16).

Attachment behaviour is instinctive, evolved in humans and in other species to protect the young by maintaining proximity to the adult carer. It can consist merely of checking on the whereabouts of the adult but when the carer is unavailable, the behaviour is activated and consists of calling, crying, clinging.etc. The carer responds so that proximity, the goal of the behaviour, is again achieved.

With irreversible loss, there is initially an instinctive response to recover the lost object by calling, weeping, clinging, angry coercion and protest etc. This protest behaviour is followed by searching behaviour. These are unsuccessful. Despair and disorganised behaviour follow. Depression is common, as the bereaved adapts to the realisation that previous behaviour is no longer effective. Reorganisation eventually follows. Less attention is paid to understanding this part of the process.

Bowlby thus conceptualised the process of grief as taking place in phases or stages. Other authors have done so also (Glick, Weiss and Parkes, 1974; Pollock 1987 as cited by Shuchter and Zisook, 1993,p.25). The process of death and dying has been similarly viewed (Kubler-Ross, 1970). An alternative model sees the grief process as consisting of tasks to accomplish for recovery to take place (Worden, 1982 and 1991). These are a) accepting the reality of the loss, b) experiencing the pain of grief , c) adjusting to an environment from which the deceased is missing and d)emotionally relegating the deceased and moving on with life.

Attachment theory assumes that adult grief is essentially the same as childhood reactions to separation and loss. It links pathological grief reactions in adults to the patterns of their childhood attachments to parents. Weiss (1993) has developed this theory but for the purposes of this review it is necessary only to acknowledge it.

An illness and disease model (Littlewood, 1992, p.60)

Lindemann (1944), a psychoanalyst, used disease terminology to describe the reactions of those he studied in his sample of 101 bereaved individuals. Engel (1961, p.20) thought that if grief could be considered a disease, it would facilitate its scientific study. Marris (1986, p.27) described grief as "a sickness", "a mental wound which heals slowly and leaves scars" whilst Parkes has referred to it as "a mental disorder" (Smith, 1982, p.25). Freud, on the other hand particularly stressed its normality as a response to loss and thought it should not be regarded as a morbid condition necessitating medical treatment (Sanders, 1989, p.25). Although not now considered a disease, it is recognised that physiological changes can take place with bereavement (Stroebe, 1994, p.4).

Personal construct theory and cognitive models

Kelly (1955 cited by Littlewood, 1992, p.67) advocated that the personality or "self" of the individual could be understood as a series of interrelated constructs or "templets" which inform the individual's attempts to understand the external world. By constantly applying constructs developed from past

experience to future events the individual experiments to understand the world and how it works. Similarly, Parkes (1975 cited by Littlewood, 1992, p.66) considered that individuals create internal "assumptive worlds" composed of a series of models. Response to particular events is determined by the interaction between an individual's internal assumptive world and the external world. Since life consists of constant change, the individual's assumptive world changes to take account of this. When change is gradual, this is not difficult. However with major change as in bereavement, rebuilding of the assumptive world is needed. Parkes termed such major changes in short periods as "psycho-social transitions". The process of grief, he understood as the process of rearranging the assumptive world to take account of such changes.

The working through model of grief

As Freud did, these theorists too considered it essential for its resolution and to achieve detachment from the deceased for grief to be confronted and "worked through". This view has been widely adopted (Osterweiss, Solomon and Green, 1984, p.53-54). It underlies principles of bereavement intervention (Stroebe, 1994, p.11). Absence of grieving is thought to be abnormal (Bowlby, 1980, p.138) and may lead to long term difficulties. Grief will errupt later (Marris,1986, p.27; Raphael, 1984, p.114). Depression will result (Bowlby, 1980, p.160) or other health problems will develop (Wortman and Silver, 1989, p.350). Bowlby (1980, p. 122) thought that for bereaved parents, grieving should be "completed , "resolved" or "worked through" if a disturbed relationship between parents and a subsequent child is to be avoided. The psychiatric literature views a period of normal grieving by such parents as essential to the psychological and emotional well being of a child born after the death of a previous one. This literature also associates too much or too little mourning and minimal distress by bereaved parents with emotional and psychological problems in such children (Cain and Cain, 1964; Poznanski, 1972; Sabbadini, 1988; Lewis and Bourne, 1989; Leon, 1990; Reid, 1992).

These views are strongly reflected in the adoption literature. Unresolved losses are thought to lead to later problems in adoptive families (Berman and Bufferd, 1986 p.6). Brinich (1990, p.13) considers that adoptive parents must have mourned what they have lost in order to be able to help their adopted child deal successfully with the knowledge of their adoption. He includes in this those whose loss is of fantasised biological children.

Daly (1990) points out the traditional view of adoption workers, that involuntarily childless couples should have "resolved" their infertility before being ready to adopt. This author cites Kent and Richie (1976) as suggesting that failure to resolve the feelings of grief of infertility is believed to result in couples

"impulsively seeking solace in a new (i.e adoptive) relationship" which will doubtless result "in pathological consequences."

Daly identifies other adverse consequences of such non-resolution which have been suggested in the clinical and practice literature. These are:- a leading cause of failure in adoptive placements; a tendency to view adoption as second best; discomfort in adoptive parents with a child different from themselves; difficulties in talking about adoption and the birth parents; emotional and psychiatric disturbance in adopted children. He concludes that the concensus view of the professional, practice orientated literature is that infertility resolution is an important if not essential part of adoption readiness.

There is a similar view that bereaved couples should have "completed", "resolved" or "come to terms" with the loss of their child before adoption. Replacement by adoption of a lost child is sometimes associated with "incomplete" or "unresolved" grief (Hartman, 1979, p.84). Although referring to natural rather than adoptive parents, Prior (1981, p.325) takes the same view.

"If the grieving process is not completed by the parents, there is a very real risk of the next child becoming a replacement child with consequent difficulties for the child and for the family as a unit."

Some delay between the death of a child, a stillbirth or miscarriage and a subsequent pregnancy is strongly advocated by the psychiatric literature to allow grieving to take place and to prevent a disturbed relationship between parents and the next child. The practice of adoption agencies to delay consideration of an applications to adopt by a bereaved family until at least a year since the death of the child has elapsed is compatable with this. Enquiries made before that tend to be regarded with unease and formal applications not accepted (P.P.I.A.S.,1990, Newsletter No.55, pp.5-8).

Bowlby (1980, p.122) recommends bereaved parents to delay a year before embarking on a further pregnancy since otherwise there is "a danger" that mourning may not be completed and of a disturbed parent-child relationship developing. The new child may be seen not just as "a replacement" but as the return of the deceased child. A years delay, he states, allows for the image of the dead child to be reorganised, retained as a living memory distinct from any subsequent child.

Bourne and Lewis (1984a; 1984b; Lewis and Bourne, 1989) strongly advise against another pregnancy soon after a stillbirth or neonatal death. This contradicts standard medical advice in the past and frequent popular advice. They particularly counsel against a new pregnancy being started within a few months of the loss resulting in the new baby`s birth taking place at about the time of the first anniversary of that

loss. This coincidence can become "charged with significance" to the parents (1984a, p.32). It may be the result of unconscious wishes, ideas of reincarnation or other magical thinking but in these authors' experience, is pathogenic. The new birthday being closely aligned with the previous child's birth or death day reinforces the confusion of the new child with the previous child. Leon (1990, p.164) takes a more flexible view and argues that in some circumstances where the loss was not devastating to the mother, a subsequent pregnancy can be started within six months of the loss without, he seems to suggest, detriment to that child. Others who have not resolved their loss and conceive many years later can still 'inflict replacement dynamics' on the child when born.

The psychiatric literature describes how the grieving process can be disrupted or interrupted by pregnancy. The clinical arguments are that replacing a deceased child with another enables the bereaved parents to deny the reality of their first child's death. Thus they cannot grieve their loss since it is not fully acknowledged but instead is perpetuated with the replacement child "acting as the continuing vehicle of parental grief" (Poznanski, 1972). Pregnancy inhibits or cuts short the grieving process predisposing to mental disturbance (Bourne and Lewis, 1984a, p.31). This is because the dual mental processes of preparing for the new baby and grieving the deceased child are incompatable (Bourne and Lewis, 1984a, p.32; Lewis and Bourne, 1989, p.950). Pregnancy can give an impression of apparent recovery by inhibiting mourning but serious emotional and /or psychiatric reactions can take place later after the next birth (Bourne and Lewis, 1984a, p.31). Leon (1990, p.74) considers however, that the two processes may not be incompatable but that difficulties are more likely to arise when they occur together.

In adoption, however there is no pregnancy to inhibit or complicate the mourning process though emotional preparation for having a child by adoption, sometimes likened to a pregnancy, is considered important . Similarly the adopted child would have been born whether or not the previous natural child had died. "Survivor guilt" can be a burden carried by a child born because a previous child had not survived.

There is a current debate about the grief work model and the necessity to work though grief challenged. A Dual Process model has been proposed as an extension of the grief work model. Briefly, this is that the bereaved can constructively oscillate between focusing on the loss and confronting it and avoiding it by concentrating on other things (Stroebe, 1994, p.16).

An alternative sociological model also challenging the dominant grief work model has been suggested (Walter, 1996). This questions both its purpose and process. Instead it posits that the purpose of grief is not to leave behind the dead and move on without them. Indeed, this author points out that this was not advocated by major writers on grief who acknowledged the need of survivors for a continuing relationship

with the deceased. However, he argues this "minor theme" of the grief literature has been overlooked. Walter suggests that the purpose of grief is to find a secure place for the deceased in the continuing life of the bereaved. Rather than catharsis, considered essential by the grief work model, Walter argues that the grief process entails the construction of a durable biography of that person through conversation with those who knew the deceased ensuring that an accurate picture of him / her is obtained. In the process, not only is the identity of the deceased confirmed but that of the bereaved also.

Biological explanations for bereavement.

Engel (1962, cited by Littlewood, 1992, p.61) considered bereavement a biological stressor activating the fight-flight system and the conservation -withdrawal system. The former is the biological basis for the anxiety, restlessness and irrational anger characterising grief The latter, the biological basis for depression, explaining apathy, social withdrawal and problems with concentration associated with bereavement. The interaction of the two systems accounts for its contradictory feelings. These two response systems, also thought to be present in higher primates, are activated by separation from the group. The resulting distress brings the group together again. These ideas were particularly developed in attachment theory already described

Cognitive stress theory - a stress and coping model of grief.

This model contrasts with the depression models e.g.psychoanalytic theory which focuses on grief as an emotional response to the death of a loved one. Instead it construes bereavement as a stressful life event which overtaxes the coping resources of an individual (Stroebe and Stroebe, 1987, p.77). It applies the general theory of psychological stress (Lazarus and Folkman, 1984 as cited by Stroebe and Stroebe, 1987, p.88) to the particular experience of bereavement. The general theory views psychological stress as the result of an individual's appraisal of a situation as outstripping his/ her resources and endangering his / her wellbeing (Stroebe and Stroebe, 1987 ,p.88).

A situation is evaluated as stressful or not by a process of cognitive appraisal. Lazarus identified three types of appraisal, primary, secondary and reappraisal. In primary appraisal, individuals assess a situation and its likely effect on their wellbeing as irrelevant, benign-positive or stressful. If it is appraised as stressful, a process of secondary appraisal evaluates the individual's coping resources. The degree of stress experienced is the result of interaction between primary and secondary appraisal. The changing situation is constantly reviewed through reappraisal (Stroebe and Stroebe, 1987, p.88).

When a situation is judged stressful as in the loss of a loved one, something has to be done to master it or control the emotional reaction to it. The processes of responding to stressful demands are known as coping processes of which two kinds have been identified, problem-focused and emotion focused. The extent to which the situation is appraised stressful will depend on the individual's coping resources which can be within the person or the environment (Stroebe and Stroebe, 1987, p.89)

Bereavement as a social experience

Smith (1982) particularly argues that man is a social being and that bereavement and grief are social experiences influenced by the social and cultural contexts in which they occur. She argues that loss of a significant individual involves a disruption of taken - for -granted reality, a sense of meaning and identity (p.54). This author offers a theoretical framework by which this may be understood and explained. Drawing on Berger and Luckman's (1967) analysis of society, she recounts their view that the social world can be regarded as both objective and subjective reality. Objective reality is that which the individual accepts without question as an external and taken for granted fact. Though viewed by individuals in this way, it is constructed and maintained by human interaction. Habitual actions become typified as certain actions have predictable results in given situations. Institutionalisation occurs when people relate to one another on the basis of typified patterns of habitual actions. These actions can be dissociated from the individuals performing them but become part of the stock of knowledge available to all, mainly through language. When such actors and actions become typified within the context of this stock of knowledge, roles can be identified. These are actors who perform certain actions and are identifiable because of them. They are anonymous in that it is not necessary to know the individual actor to understand the nature of the actions he / she performs.

People are born into this world of anonymous roles and institutions which exist before and after an individual's life-span. People learn of this world and their place within it through frequent interaction with others and through the medium of language. It is the taken - for - granted external reality which enables life to be lived with a sense of predictability, stability and order. It is also perceived by individuals subjectively. Berger and Luckman also point out that individuals not only develop this knowledge of the external world as objective reality through daily conversation and activities with significant others but also a sense of identity. Of this Smith remarks (p.47)

> "The individual's significant others occupy a vital position in confirming both his own subjective reality and identity and the reality of the objective world."

Referring to Berger and Kellner (1970), Smith explains that the construction of reality also takes place in smaller social groups such as in marriages and families. By frequent or daily interaction between members of a couple or a family, social realities of their own are created. She also suggests that it at this micro- level of social relationships that the most individual and intimate parts of a person's identity are validated and confirmed (Smith,1976).

As part of her framework for understanding grief and bereavement as social experiences, Smith argues that symbolic interactionism provides a useful perspective. She has previously also suggested that phenomenology and existentialism offer this (Smith, 1975). Very briefly, symbolic interaction theory emphasises, as Berger and Luckman do, the social nature of reality (Rosenblatt, 1993, p.102) As indicated in Chapter 2, it suggests also that people act towards others or things on the basis of the meaning they represent for them. This meaning is derived from interaction with others. Such meanings are considered and modified through an interpretative process employed by individuals by which they interact with themselves (Bryman, 1988, p.55) Thus meaning is created and modified by the social process of interaction with others. As meaning is also modified by interaction within the self, the same action or event can mean different things to different people. Those closely involved with each other as in marriages or families develop shared meanings. Wider groups and cultures do also. Thus cultures differ widely in defining death and appropriate ways of expressing grief (Rosenblatt, 1993, p. 103).

With the loss of an individual who has been important in confirming and validating social reality, identity and meaning, these are disrupted. Taken for granted habits and actions which form part of the warp and weft of daily life are suddenly demolished when the person partaking in them is no longer there. With the loss of a husband, a woman loses her role and status as a wife and with the loss of a child, the role of parent to that child is gone. A sense of self may be further weakened when there is no one to validate intimate details of the individual's identity. With the loss of an important individual, purpose and meaning in life may be lost also whilst beliefs about life as fair, predictable or reliable may be over turned. Smith (1982, p.51) contends that it is only through social interaction that a bereaved person can begin to reconstruct reality, a sense of meaning and identity.

Marris (1974/1986) using a similar interactionist perspective, has applied the disruption of taken for granted reality and meaning to a range of situations of loss and suggests that this can explain the resulting feelings of confusion, hopelessness and purposelessness which are similar to those of bereavement. He (1974: 1986) places particular importance on meaning in understanding general situations of loss. He suggests that through interaction with others from earliest childhood, individuals develop "structures of meaning" by which people interpret and assimilate the world. With the loss of a significant person, the

"structure of meaning" of the bereaved to which the deceased was central, collapses. For adaptation to take place, continuity of meaning must be restored.

Rosenblatt, as Smith does, emphasises the importance of appreciating bereavement and grief as social experiences and similarly suggests symbolic interactionism as a useful perspective for understanding them. Thu, he explains that to the bereaved, possessions can take on a new significance when someone important to them has died (Rosenblatt,1993, p.103).

> *"When a relationship that helped in defining oneself and one's world has been lost, people may turn to things - both as reminders of the definitions that were maintained in relationships with the person now lost and in a search for new meanings that take the loss into account."*

The theoretical approach developed by Wortman et al (in Stroebe et al. 1993. p.363-366) is similar to these ideas though they make no reference to them. They developed this in preference to either a stage model of grief and loss or the stress and coping model of response to life events neither of which predicted their findings from empirical research.

The social nature of grief is also emphasised by Walter's (1996) model described earlier.

Discussion

The literature records the most influential theories as psychoanalytical and attachment theories and the stage models of grief (Middleton, Raphael, Martinek and Misso in Stroebe et al., 1993, p.45; Wortman et al. in Stroebe et al. 1993. p.351). The working through model of grief informs conventional wisdom of the grief process (Walter, 1996, p.7). Psychoanalytic theory generally has made a great impact on social work thinking (Yelloly, 1980) whilst its perspective on grief has traditionally guided social worker (Smith, 1982, p.39). Attachment theory and the stage models of grief currently inform social and adoption workers (Fahlberg, 1994, p.155; Howe, 1995, p.58). However, all have contributed to biases and misinterpretation in the literature.

Firstly, psychoanalytic theory of grief and its derivatives arise from the clinical study of depressive illness and emotional difficulties in adults. They are derived from the study of people experiencing difficulties and so are concerned with abnormal responses to loss (Smith, 1982. p.43). Thus they cannot readily be used to understand and explain the normal process of bereavement (Smith,1982, pp.37 -39; Raphael, 1984, p.68).

Neither psychoanalytic theory nor attachment theory take into account social situations and cultural differences (Smith, 1982, p.53). They emphasise internal mental or instinctive responses but neglect the significance of social and cultural factors which may influence the interpretation of death and the expression of grief.

The stage models of grief have tended to be taken too literally. These, intended as loose general guidelines, have been interpreted sometimes by professionals in a prescriptive way, promoting unrealistic expectations of the bereaved. They have led to the belief that grieving individuals "ought" to be at a certain stage in the grief process or that a stage once experienced is passed and complete (Mander, 1994, p.7; Sanders, 1989, p.40; Schuchter and Zisook, 1993 p.23). They are frequently used by caregivers and helping professionals as a yardstick by which to measure recovery (Wortman et al in Stroebe et al, 1993, p.351).

They are unable to account for the diversity of outcomes that can occur in response to loss since they do not offer any specific mechanisms through which loss can affect future mental or physical health (Wortman et al. in Stroebe et al., 1993, p.352). Empirical research has failed to find evidence of their existence (Cleiren, 1991, p.23).

Recent authors have described the current picture of grieving as

"---one of overlapping and alternating intervals of searching, anger, guilt, anxiety, sadness and depression"

They note that positive feelings may be experienced simultaneously also and these may be relief, self-confidence and pride associated with coping and even happiness (Arbuckle and De Vries, 1995, p.637).

Others note that grief does not gradually wane as is often supposed but comes and goes (Rosenblatt, 1983, p.21). Shuchter and Zisook (in Stroebe et al, 1993, p.23) say,

"Grief is not a linear process with concrete boundaries but, rather a composite of overlapping, fluid phases that vary from person to person."

The grief work model has been widely understood as emphasising the purpose of grief as enabling the bereaved to leave behind the deceased and continue with their lives forming new attachments. However,

as explained earlier, although the main theorists do stress this, they also acknowledge that a continuing relationship with the deceased does take place. However, this acknowledgement has not received similar recognition, indeed seems to have been overlooked (Walter, 1996, p.8). Thus a bias has developed which gives undue emphasis to the letting go of a relationship as part of normal grief. Unrealistic expectations of the bereaved are again created as empirical evidence indicates that this does not happen. Instead a relationship with the deceased continues but in a transformed way. The actual physical relationship is lost but continues in symbolic, imagined or other ways (Shuchter and Zisook in Stroebe et al, 1993, p.34).

Further, the strong opinions and recommendations in the psychiatric literature which are derived from the grief work model are not supported by research evidence. Wilson's (1989) study of twenty women whose babies had died through Sudden Infant Death Syndrome and who had subsequent children whose average age was two years found that parental attachment to the subsequent child preceded "full resolution of the loss". Recovery from the loss continued during the first year of the child's life with the child's normal development facilitating this. This suggests that resolving the loss and readiness to parent a subsequent child may not necessarily need to occur in sequence as the psychiatric literature stresses but can occur together. Moreover, Wilson found that mourning and pregnancy were not incompatible as Bourne and Lewis argue (1984a, p.32; Lewis and Bourne, 1989, p.950). Some bereaved parents have made a similar claim (Klaus and Kennell, 1982,p.269) as Leon does (1990, p. 74). Wilson (1989) also found that "replacement" issues were often conscious and were worked through during the subsequent pregnancy.

The adoption literature, mirroring the psychiatric, emphasises that resolving the loss and readiness to adopt should occur in sequence. Daly (1990) referring particularly to infertility resolution, challenges this view. He points out that this assumes that infertility resolution and adoption readiness can be identified and measured at a fixed point in time. He suggests, from his study of 74 infertile couples considering adoption, that infertility resolution and adoption readiness are two interconnecting processes which can take place concurrently. This supports the findings of Wilson's study just described.

Daly (1990, p.484) also draws attention to the fact that although many clinical observations suggest that resolving infertility is important to successful adoption, there is considerably less support for this view in the empirical research literature. Other authors point out also, that there is little scientific evidence to confirm the professional belief that a substantial delay between the loss of a child and embarking on a further pregnancy benefits the development of a relationship with the next child (Kohner and Henley, 1991, p.123).

Further, I have been unable to identify any study which examines the relationship between the way in which a couple has grieved the loss of a child to the later emotional and psychological development of a

child born subsequently. There is a wide gap in knowledge of bereaved families, who have subsequent children, who do not come to the attention of psychiatric or other agencies and what might account for this. This indicates the imbalance in the literature and the emphasis placed on pathology. Several studies however, including Wilson's (1989) work, report incidentally, the healing effects of the subsequent baby and how this helps in the resolution of the loss.

Wolff et al (1970), in a series of interviews studied 50 women, randomly selected who had a neonatal loss. They were followed up for one to three years. It is not stated how many were seen during the entire 3 year period which afforded the authors "an extended study of their methods of resolution of the loss." All the women studied experienced "a typical grief reaction". None had significant psychiatric difficulties. All but 10% of the women followed up made plans for their future which the authors interpreted as their way of resolving the loss. Such plans included a further pregnancy. 50% of the women studied became pregnant again of which 80% planned this immediately after the loss of their child. There are no data on the mother's response to the new baby. There may have been some bias as nothing is known about the original 10 women who may have reacted differently. Those who did not plan a further pregnancy decided instead to pursue their education or to invest more in home or family.

Videka-Sherman (1982) studied 194 bereaved parents who responded to an initial questionnaire within 18 months of the loss of their child and to another a year later. There was a huge drop-out rate as those parents studied a year after their loss were only 17% of the 2422 originally approached. The author acknowledges, for this reason, the limited use of the study in generalising to all bereaved parents. However, she found that parents who used altruism (helping other parents facing the death of a child), replacement with another child by birth or adoption, or replacement with a new role at the time of the initial questionnaire, became less depressed than those parents who did not use such strategies. She emphasises that reduction in depression took place after reinvestment (i.e.replacement) in another person or meaningful activity. Although cautious about drawing causal conclusions she suggests,

> *"Early replacement of the child or the capacity for such replacement may have*
> *assisted the parent in adjusting to the loss."*

There is no information about the welfare of the children born or adopted after the loss but this was not the subject of the study. Nor is it clear whether those parents who used having another child as a coping strategy were pregnant at the time they were studied which as Lewis and Bourne would posit might inhibit rather than truly reduce grieving. However in any case this would not apply to either altruism or having another child by adoption. She suggests that early replacement was adaptive because it involved an

"active, externally -directed stance towards the loss as opposed to an internally directed reaction."

Reviewing the empirical literature on the effect of parental bereavement including her own previous study just described, the same author (Videka-Sherman, 1987) states,

"Contrary to many professionals traditional belief systems, having another child or increasing investment in a surviving child was associated with better resolution of grief. Professionals should purge the myth that pregnancy soon after a child's death means that parents have not grieved adaptively. There is no evidence this has any negative effects in the 2 year post loss period."

Murphy-Mancini (1988) compared grief resolutions of 15 couples who had experienced a perinatal loss and had a subsequent child with 15 similarly bereaved couples who had not. She found that the grief resolution was better among parents who had a subsequent child. She concluded that the findings suggested that subsequent children are more likely to be a step towards grief resolution than vehicles of unresolved grief. The findings of a number of other studies are consistent with those of the two previous authors (Peppers and Knapp, 1980; Stringham et al, 1982; Rosenblatt and Burns, 1986; Murray and Callan ,1988; Wilson, 1989; Theut et al, 1989; 1990; Powell, 1995)

Johnson (1984) questioned 14 couples, whose child had died during the previous year, eighteen months after their loss. Of the eleven of child-bearing age, seven had had subsequent babies. The author compared the parents she studied to those described by Cain and Cain (1964). She noted that with one exception, those who had a baby or were pregnant, were not apathetic or withdrawn but excited and pleased about the (forthcoming) child. She does not describe the grief resolution of those parents who were unable or had not decided to have another child. She found that having another child seemed to be a way of living again and undoing the guilt associated with the loss. Some authors however have not been convinced by this conclusion as there is a lack of evidence of the parents' grief and of follow-up data on the children (Leon, 1990.p.164; Mander,1994.pp. 182-183). Noting the biased nature of the literature on replacement children to which I referred earlier, Johnson asks if it could be a "normal" need for bereaved parents to bear another child and if this can be achieved without a pathological outcome. Such is the nature of this enquiry.

Baumer, Wadswoth and Taylor (1988) compared children in families in which a child had died or been stillborn with those in similarly structured families which had experienced no such loss. The children studied were 8005 of the total possible from the national cohort of British children born in 1970. Thus

they provided a population from which more generally applicable conclusions could be drawn than those described in clinical reports. The children were studied at age 5 years to assess the effect on them of the death of a sibling using a number of health, developmental and behavioural outcomes. The authors concluded that stillbirth or death of a child appears to have little measurable effect on siblings at age 5 years. They believe that their findings support the contention that most families adjust and adapt to the loss of an infant. They point out however that their results apply only to groups. They also acknowledge that the children may have had grieving reactions which the authors could not assess and that behavioural or psychiatric difficulties could occur later.

These findings contrast directly with those of Rowe et al (1978) which confirm some clinical impressions (Bourne and Lewis, 1992,p.5). They studied retrospectively by telephone interview 26 families 10 to 22 months after a perinatal loss. The only factor found associated with a morbid grief reaction was "the presence of a new infant in the home closely following the death of the index child". This was either a surviving twin or a child conceived less than 5 months after the loss of the previous child. They found that 9 of the mothers who became pregnant within 5 months of the loss or who had a surviving twin had experienced a morbid grief response whereas only one who either did not have a further pregnancy or whose subsequent pregnancy started at least six months after the loss did so.

Rosenblatt and Burns (1986) study of 34 randomly identified adults who had between them experienced 55 perinatal losses is particularly interesting. It explores the experiences, feelings and thoughts of a "reasonably representative" non-clinical population to learn from "ordinary people" about their problems and what helped or hindered them. They explored the respondents' memories of the events and personal meanings ascribed to them, the nature of support involved and ways of dealing with their grief which for some had been very long-lasting. Although cautious about making associations from a smale scale study, the authors found that when a miscarriage was followed within a few months by a pregnancy and later a living child, the miscarriage was seen as necessary to the later birth of the viable child.

They reported that most people in the situation studied, did not grieve the miscarriage as to have done so would have been to devalue the living child. Whether those who experienced later losses had similar thoughts and feelings was not stated. Whereas Rowe et al whose study was described earlier found that morbid grief was linked with having a child in the home who was either the survivor of twins or had been conceived within 5 months of the loss, Rosenblatt and Burns found that prolonged grief tended to be associated with childlessness or having fewer children than planned.

Phipps (1985) contributes interestingly to the debate about the healing function of a subsequent child. He says,

*"The presence of the new baby in many instances did stimulate thoughts of the
stillborn infant. This was particularly true for parents who had lost their first child,
who in adapting to parenthood for essentially the first time, began to experience aspects
of the loss they had not realised before."*

This suggests that their grief could be a new sadness for losses previously not understood rather than the reactivation of grief inhibited by pregnancy as clinicians argue. Their loss may have taken on a new meaning.

Rosenblatt and Burns conclude from their study (p.251).

*"What is grieved may be the child, but it may also be childlessness, the absence of a
desired additional child, an unpleasant medical or marital experience associated with
the loss, a loss of innocence, the end to feelings of invulnerability, a loss of faith that
life is fair, or something else.------For ambiguous losses such as miscarriage, stillbirth
and infant death, grief theories must take into account people's definitions of what has
been lost and to explore people's definition-creating experiences."*

Conclusions of discussion

Thus the views of adoption practitioners that a period of normal grieving should take place and that grieving should be completed or resolved before bereaved parents can be considered suitable to adopt is consistent with the clinical psychiatric literature. This literature particularly recommends not planning a subsequent child soon after the loss. The empirical research suggests that having or adopting another child even soon after the loss of a previous child can be an effective coping strategy . It may not be necessary to "complete" the grieving process or "resolve the loss" beforehand. However, there is little information from these research studies about the long-term welfare of the children born or adopted in such circumstances. The research evidence also suggests that having or adopting a child even soon after the death of a child may not necessarily have a pathological meaning. The particular significance to individual bereaved parents of their child, his / her death and having a subsequent child may be unique to them and may not necessarily indicate abnormality.

Normal and pathological grief.

The definition of and distinguishing features of normal and pathological grief are much debated in the literature. There is confusion as to the meaning of terms. As well, a variety of different terms are used to indicate a departure from normal grief e.g.absent, abnormal, complicated, distorted, morbid, maladaptive, truncated etc (Middleton et al in Stroebe, et al., 1993, p.44). A consensus view of what is pathological grief and what it comprises has not yet been reached. The notion of normal grief has been questioned. There may be many and various ways of grieving and so caution should be exercised in judging pathological grief (Stroebe, 1992, p.28). Indeed, it may be a misnomer and complicated grief may be a reflection of a preexisting pathology (Middleton et al, in Stroebe et al., 1993 p.58). There is no proper way to grieve (Wortman and Silver, 1989, p.355)

> *There is no prescription for how to grieve properly for a lost spouse and no research validated guideposts for what is normal vs deviant mourning. We are just beginning to realise the full range of what may be considered 'normal' grieving."*

Some specific aspects of the grief process which have long been regarded as pathological have been challenged. Empirical research does not support the view that absence of grieving is abnormal (Wortman and Silver, 1989, p. 352). It is not necessarily pathological (Stroebe etal., 1993, p. 464). A review of the most rigorous empirical research found little support for the conviction that failure to grieve will lead to long term difficulties (Wortman and Silver, 1989, p.351).

The last authors argue that strong assumptions are held by people about how others should respond to loss, two of which have just been described. They state that these assumptions are derived partly from the grief theories of prominent writers, "clinical lore" about coping with loss and cultural understanding of the experience. They found, as indicated earlier, that these assumptions failed to be supported or were contradicted by empirical research. The authors questioned why such assumptions should continue to be held in the absence of confirming research. They suggest that social psychological research has repeatedly demonstrated that people tend to seek out, recall and interpret evidence in ways which sustain beliefs. They cite (p.354) a psychologist, Norman Garmezy, as particularly drawing attention to the tendency of mental health practitioners and researchers to do this. He said,

> *"our mental health practitioners and researchers are predisposed by interest, investment and training in seeing deviance, psychopathology, and weakness wherever they look."*

Wortman and Silver conclude that (p.355)

"a complex mixture of biased input and interpretation of data by outsiders, their own personal needs as well as limited opportunity for open communication between the parties, has led to a perpetuation of unrealistic assumptions about the normal process of coping with loss."

They draw particular attention to the assumption that distress resulting from the experience of permanent loss is inevitable. They consider that this erroneous belief is so powerful that those who do not exhibit distress can be judged to be behaving abnormally. It will be recalled that Lewis and Bourne, prominent and influential writers about replacement children, regard little distress and mourning in bereaved parents as indicative of future difficulties with a subsequent child. Wortman and Silver suggest an alternative explanation for the absence of distress. Those faced with permanent loss may have a particular outlook, religious or philosophical orientation which enables them to cope with their experience.

Response to the loss of a child - the experience of parental bereavement.

The literature acknowledges that current models of grief do not adequately explain the complexity of parental bereavement nor its unique characteristics (Rando, 1986; Klass and Marwit, 1988-1989). The task model (Worden, 1982) applied to parental bereavement has led to erroneous diagnoses of unresolved, pathological or abnormal grief (Rando, 1986, p.46). Bereaved parents are particularly subject to unrealistic expectations by society (Rando, 1986, p.41). There is a need for a theory of parental bereavement which takes account of the particular difficulties of parental loss of a child (Rando, 1986, p.46). This author says (p.56),

"New criteria are mandated for identification of pathological parental bereavement, since the normal experience of parental grief so closely resembles that commonly accepted as unresolved, pathological or abnormal. Since the typical characteristics of the parent-child relationship are those that complicate any individual's grief response, it is inappropriate to evaluate parental bereavement with traditional criteria. Such criteria cannot discriminate among symptoms of a loss that is so qualitatively different from others."

Rando's point seems well illustrated by a study of bereaved parents whose children had died from trauma (Oliver and Fallat, 1995). Worden's revised (1991) tasks of mourning and Demi and Miles (1987) grief

assessment criteria were applied to the 29 parents interviewed. The researchers comment on their findings (p.305).

"Clearly disturbing in this study is the surprisingly large numbers of interviewed parents blatantly grieving pathologically----"

The need for a theory of parental bereavement has begun to be addressed (Klass and Marwit, 1988-1989). These authors suggest that the death of a child creates two disequilibria for the parents (p.39).

"a disequilibrium in the social environment and a disequilibrium in the ongoing relationship with the inner representation of the child. Resolution to grief is finding new equilibria."

They attempt to develop a model of parental grief from an understanding of the nature of the relationship between parent and child from the parents' point of view. The complexity of parental bereavement arises from the similarly complex nature of the development of the bond between parent and child.

They use psychodynamic concepts to explain how a new psychic equilibrium is reached by transforming the inner representation of the child by means of identification, introjection or externalisation. Social equilibrium is found again partly by regaining a sense of competence as parents which the death of their child has challenged. The authors suggest that phenomena of parental bereavement such as writing about their child and the death, founding and running organisations which focus on research into the illness from which their child died or aimed at legislative change can be understood as assertions of competence.

Less is known about parental bereavement than loss of other significant relationships e.g.loss of spouse from which the bulk of knowledge of grief has been derived. Knowledge of conjugal bereavement may not necessarily be applicable to parental bereavement. Much of the knowledge of parental bereavement has been derived from clinical work, case studies of those seeking help with difficulties following the loss or from observations of self-help groups (De Vries et al, 1994, p.63). The focus of interest is on the abnormal rather than the normal so that a biased picture is given.

Empirical research on parental bereavement has tended to focus on the loss of a child of a particular age or stage of development or on those who died from a particular cause. There are fewer studies of the grief

of parents whose children have been of a wide age range when they died and where the causes of death have been various. Most studies have been retrospective and short-term and of white, middle-class bereaved parents (De Vries et al. 1994, p.63).

The nature of parental bereavement

The literature suggests that parental loss of a child through death is qualitatively different from other forms of bereavement and is the most dreaded and feared of all. Society is more threatened by loss of a child than any other loss (Rando, 1986, p.6). It has been empirically documented as the most grievous of losses (Braun and Berg, 1994, p.106). It contradicts the natural order. Parents do not predecease their children whilst the basic function of parents is to protect their children. This makes acceptance of the loss very difficult. The pain of grief is unbearable. This is linked to the multiple meanings which children have for parents and the myriad losses which loss of a child can represent (Rando, 1986, p.50).

The literature identifies these as not only loss of the child but loss of part of the self resulting in feelings of disillusionment, emptiness and insecurity. Lost is the parents sense of immortality as the child is linked not only to the past but to the future also (Rando, 1986, p.10). The parents identity is sundered as this is closely associated with his / her identity as parent to that child (Livingstone, 1995, p.79) Gone are the parents' hopes, dreams and expectations for him /her. Inherent roles as provider, problem solver and protector are taken away leaving parents with an overwhelming sense of failure (Braun and Berg, 1994, p.107). In no other role except that of parents are there so may inherently assumed and socially assigned responsibilities (Rando, 1986, p.9).

The family unit is lost also as the subsystems formed by the child's relationship with each parent and any sibling are disrupted and changed. Loss of a child can mean loss, at least temporarily, of the marital partner as he or she was known. As the loss affects each, neither is available for the other to comfort and support. The normal pattern of marital and family relationships can be changed or lost as each member has to cope with the grief of the others. Anger and guilt can be displaced on to others and miscommunication and misunderstandings arise so that a previous harmony is lost. Future losses include loss of role as grandparent, loss of grandchildren and perhaps a source of support and care in old age. As Smith (1982) and Rosenblatt (1993) also argue and as described earlier, beliefs and assumptions about life can be disrupted. A world which was previously experienced as orderly, just and secure suddenly becomes unfair, anomic and out of control (Braun and Berg, 1994, p.108).

Parental grief is acknowledged as a very complex process. It can intensify in the third year (Rando, 1983, 13). It never entirely ends (Osterweiss, Solomon and Green, 1984, p.83; Schatz in Rando, 1986, p.113). The literature recognises loss of a child as the most difficult loss to grieve (Rubin, in Stroebe et al 1993, p.287). Bereaved parents themselves advise that the feelings inherent in the experience are not understandable to those who have not suffered the loss of a child (Wooley, 1996, p. 73).

As was noted earlier, the parameters for normal and abnormal grief for a deceased spouse are not known. As even less is known about parental grief, it seems clear that the boundaries between normal and pathological grief and what if any is the correct way to grieve are even less clear. Rando particularly points out society's expectation that the grief of bereaved parents will adhere to the same criteria used to judge the reactions of other bereaved people experiencing other losses. It was noted earlier that this includes professional expectations (Demi and Miles, 1987; Oliver and Fallat, 1995). Rando states (1986, p.41).

> *"--parental bereavement needs to be conceptualised and analyzed in terms other*
> *than the general models of mourning or the accepted symptoms of pathological grief.*
> *Failure to recognise this precipitates further stress for bereaved parents,who must*
> *contend with unrealistic expectations and inappropriate diagnoses of pathology."*

This seems a crucial point as it is what is considered abnormal grief of bereaved parents which is thought to herald difficulties with a subsequent child.

The literature records one such common expectation of society. The pain of grief is expected to disappear . A reappearance is assumed to signify uncompleted mourning (Hartman, 1979, p.84). However, each is erroneous (Schatz, in Rando, 1986, p.313; Fish in Rando, 1986, p.417; Sanders, 1989, p.98; Rando, 1986, p.22)

Although it might be supposed that having surviving children might assist bereaved parents, Rando (1986, p.34 & 50) views their presence as a further complicating factor. Bereaved parents with surviving children do not have to confront the reality of their loss in the same way as in conjugal bereavement where there is no surviving spouse and the loss is constantly present. Bereaved parents with surviving children have to continue in the role of parents and can deny the loss by displacing previous hopes and feelings onto them.

The literature further acknowledges that mothers and fathers grieve differently (Littlewood, 1992, p.147). They may do so similarly where fathers and deceased children had a particularly close relationship (Schatz in Rando, 1986, p.294). Fathers contain their emotions, communicating them only indirectly (Schatz, p.294). This, to allow other family members to grieve or until they can no longer cope (Schatz, p.296). They tend to seek explanations for their infant's death, intellectualising their grief (Mandell, McAnulty and Reece, 1980). Their traditional roles of being strong, selfsufficient, provider, protector and problem-solver conflict with expressive grieving.

The grief literature commonly assumes that society conditions men to inhibit their grief and that this is deleterious (Schatz in Rando, 1986, p294-295; Fish in Rando, 1986, p.422). However empirical research concludes that the unexpressive style may not be maladaptive but simply an alternative one (Fish, p.422). Empirical research has overturned other common sense assumptions about the way mothers and fathers grieve. The intensity of grief does not decline steadily with time. Briefly, that of mothers increases after 2 years while that of fathers decreases after 2 years and further after 5 years (Fish, p.417-418).

The manner in which physical artefacts of the deceased child are treated by the parents is addressed in the literature. If these are kept unchanged, this is considered an indication of the parents' difficulties in grieving. Similar views have been expressed about widows. A frequently given example in the literature is Queen Victoria who preserved her dead husband's belongings exactly as he had arrangd them (Bowlby, 1980, p.150). Gorer termed this behaviour "mummification" (Bowlby, 1980, p.150). Maintaining the child's bedroom as a shrine is particularly mentioned (Cain and Cain, 1964; Pine and Brauer, in Rando, 1986, p.71). The latter authors identify two studies in which the way that the bereaved parents treated physical reminders of the dead child were regarded by the researchers as signs of incomplete mourning. In one, (Tietz, McSherry and Britt, 1977) the authors noted that a picture of the child was

> *"large and life-like as if the child were still present in the home, as if the child had not died at all"*

In the other, (Kerner, Harvey, and Lewiston, 1979) the authors commented that more than a year after the death, many of the parents had preserved the dead child's room as a shrine or visited the gravesite at least weekly. The authors considered this a contribution to or a symptom of incomplete mourning.

The expectations of these authors are that a continuing relationship with a deceased child is abnormal as is grief extending beyond a year. Pine and Brauer seem to concur with these since they do not comment on them. Yet, in the same volume Rando indicates that finding ways of remembering and interacting with the absent child through memorialisation is part of normal grief (1986, p.397). Walter's (1996) views

noted earlier are compatable with this. Further the researchers quoted seem to place their meanings on what they observe and did not explore the meanings to the parents of the unchanged room, picture of the child etc. Rosenblatt, (1993, p.103) implies that keeping physical artefacts of a deceased child unchanged, may not necessarily signify abnormal behaviour by the bereaved parents.

The preservation of a deceased child's room as a shrine as an indication of abnormality in the surviving parents is also evident in popular literature, illustrating how well established such ideas are in the public mind. In a major article entitled "The Shrine" (The Guardian Weekend, March 15, 1997), the author David Flusfeder, recalls a memory from his own adolescence when a bereaved father whom he knew, maintained, unchanged, his deceased son's bedroom. The author describes his visits to this room with other teenage boys and how this was encouraged by the bereaved father. The author, prompted by the serious illness of his own child and his feelings about this, concludes that "the shrine" was evidence of the father's pretence that his son was not dead. He says,

> *'I caught a glimpse of what it is like to lose a child and find your only way to deal with it is to pretend.'*

However, a reading of the text suggests an alternative interpretation of the father's actions. The father enjoyed seeing his son's room used by other young people. This may have comforted him. However, David Flusfeder assumes that the father was behaving abnormally and "the shrine" evidence of this. The bereaved parent is again pathologised and once more it is what is considered abnormal that is promoted and informs the readership.

A further meaning to one bereaved mother of her daughter's bedroom is suggested by this description (Craig, 1977, p.44).

> *"One mother told me she could always feel her daughter's presence in her bedroom so this made her know there was an after-life."*

Attempting to understand the experience of parental bereavement involves understanding the meaning of the deceased child to the parents and the meaning of the death. Each can hold multiple meanings for todays parents where children are central to the parents' lives (De Vries et al, 1994, p.50). Children in the past have held different meanings for parents. In the 1500s, children were regarded by elite parents as less than human. A social history view is that such parents did not grieve their deceased children (Smart, 1995, p.51). The present day conception of the role of a parent is to protect the child. The death of a child represents failure in the most basic function of a parent. However in the mid seventeenth and early

eighteenth centuries in America, this may not have meant the same as parents then saw God as being in charge of their child's destiny (Smart, 1993). The meaning of the loss may be related to the stage of the family life-cycle at which the death takes place (De Vries et al, 1994, p.61).

Previous authors have focused on the importance to recovery from loss of finding meaning in the loss. Addressing particularly parental bereavement, Craig (1977), suggests that resolving the meaninglessness of the crisis of their child's death and finding meaning in the death is an essential part of rebuilding their lives. Berger (1988, p.17) reviewed the literature on adult response to traumatic loss and disability and concluded that the investment of loss with meaning was a prerequisite for mastery. Braun and Berg (1994) in an unusual and interesting study explored the ways in which bereaved parents develop an understanding of their experience which includes and allows for the new reality of life without their child. These authors using a phenomenological approach, explain how the death of a child can involve the collapse of a collection of beliefs, values, assumptions and norms which characterise the parents understanding and knowledge of the world. These the authors term "meaning structures". This seems a similar idea to Wortman et al's "world view" (1993, p.364). Braun and Berg found that a bereaved mother whose prior meaning structure accounted for her child's death did not experience such discontinuity or threat to her meaning structure as those whose previous concepts of the world did not account for such an event. They suggest that the process of meaning reconstruction is a unique aspect of the grieving experience which has not been accounted for by existing grief theories.

Several authors comment incidentally on personal growth and change which can result from the experience of losing a child. These do not seem to attract the same attention as the negative outcomes. Positive benefits identified are strengthened family bonds; a wish to make something worthwhile which will continue after the death and has led to the formation of self-help organisations, research foundations, action to promote greater safety of children (Raphael, 1984, p.277). Changes in values have been noted such as becoming less materialistic and attaching increasing importance to interpersonal relationships rather than to career or personal goals. Also reported have been an increased recognition of personal strengths and capacity to adapt; an enhanced capacity for empathy, intimacy and enjoyment of the present; increased toleration of and caring for others; becoming more assertive and less gullible (Videka-Sherman, 1987, p.104 - 105).

Children's grieving

Much of the literature on childrens' responses to the loss of a significant individual focuses on loss of a parent. Less is known about childrens' responses to loss of a sibling than parents' reactions to the death of

their child (Kissane and Bloch, 1994, p.731). However, it is recognised that loss of a twin or child of similar age with whom the child shared daily interaction leaves "a great wound" (Raphael, 1984, p.114). The literature which does deal with this subject is chiefly clinical examples of disturbed children (Cain, Fast and Ericson, 1964; Krell and Rabkin, 1979; Bank and Kahn, 1982). Less seems to be known about the siblings of deceased children who develop normally. Yet again, the emphasis in the literature is on the pathological.

It is recognised that children from the age of six months exhibit a grieving response and that normal children from age two years can with help understand "dead". Its permanent nature is difficult to grasp for children under the age of five years. They are thought to experience grief similar to adults. This may not be recognised as they lack the verbal skills to express their feelings and memories (Raphael, 1984, p.95). By the time a child is about eight years of age, his / her conception of death is similar to an adults (Raphael, 1984, p.99).

Childrens` reactions are complicated by developmental issues, other changes in their environment, explanations of the loss and help given. How children cope with their loss is likely to be determined by the way his / her family does so. Those in which feelings can be expressed openly and be talked of and where relationships are valued are likely to provide an environment in which a child can master the loss despite the deprivation experienced and the pain of grief. Those families in which death is taboo or in which someone must be found to blame or those which avoid emotional closeness are ones thought unhelpful or harmful to a grieving child (Raphael, 1984, pp. 114 - 119).

The Family Reaction to the Death

The literature on the grief of the family as a unit has recently been reviewed (Kissane and Bloch, 1994). This deals with the families' reaction to a range of losses and so does not primarily focus on child loss. These authors note that the literature on family grief is limited in quantity and scope since study of grief has concentrated on individual responses to the death of a significant person. What literature there is, is dominated by clinical observations (p.732). The main focus is again therefore on families experiencing difficulties and on identifying maladaptive patterns or categories of grief. Avoidance of grief is particularly associated with family dysfunction but no conclusion is reached as to which is cause and which effect. Examples of further maladaptive patterns of family response to death are where the subject is taboo, this style stemming from the family of origin and commonly, unresolved loss of the parents' parents, where one or more family members are selected to blame or where intimate relationships are forbidden in the belief that emotional closeness is too risky to permit. The one adaptive pattern described

features intimacy, the open and honest sharing of feelings, toleration of positive and negative feelings, the sharing of distress so that family members care for and console each other. Family therapists and others who have used a systemic approach to understanding grief have obseved that such family patterns can be influenced by those of previous generations.

It is notable that these authors do not distinguish between parental and other grief. Their review of two studies of bereaved parents whose adult children died, suggest that they consider continuing grief two years after the loss to be prolonged. This does not accord with the literature on parental bereavement. Further, they describe pathological grief as taking the form of avoidance, distortion or prolongation with out any reference to Wortman and Silver's (1989) extensive review of relevant empirical research which found that avoidance may not necessarily be abnormal.

Perceptions of the family's motivation to adopt .

In contrast to the literature on the grief of bereaved parents and the implications this is thought to have for a subsequent child, there is comparatively little about people's reasons for having or adopting a child after the death of one. "Replacement" of a dead child by an adopted child is commonly thought by adoption workers an unacceptable motivation for adoption. Kornitzer (1968, p.16) lists this as one of a number of common assumptions held by adoption workers. She confirmed this (Kornitzer, 1991, personal communication). This view recurs implicitly in adoption literature (P.P.I.A.S. Newsletter No.55, 1990; No. 57, 1991). It appears in authoritative sources e.g. The Department of Health and Social Security's Guide to Adoption Practice (1970, p.34), Hartman (1979, p.84), the latter recently recommended to practitioners seeking to be updated (Shaw, 1994). There is no discussion or advice about distinguishing between bereaved parents seeking to "replace" their deceased child and those who might have other reasons for seeking to adopt. It seems to be an unquestioned belief that bereaved parents can only have an unwise reason for wanting to adopt and thus there is no need for further explanation.

The psychiatric literature similarly suggests that the deliberate planning of a subsequent child to take the place of one deceased is pathological (Cain and Cain, 1964; Poznanski, 1972; Sabbadini, 1988). It is seen as a sympton of abnormal grieving likely to herald difficulties for the subsequent child (Lewis and Bourne, 1989, p.938) It is thought to be a means of denying the child's death or, perhaps unconsciously, of repairing 'narcissistic injuries ' caused by the loss. The former is thought to be more common with the death of an older child and the latter with perinatal losses (Leon, 1990, p.163). Leon says (p.163),

"Replacement dynamics designed to recover an object loss or restore narcissistic equilibrium, disturbed by assaults on either her feminitnity or her ego ideal, suggest that mourning the original object or narcissistic loss is incomplete and that the subsequent child cannot be loved in his own right."

This author believes however that having a subsequent healthy baby 'once the loss has been sufficiently mourned' may be crucial to a mother's recovery from the death of her infant (p.76).

Evidence from research suggests that deliberately planning a pregnancy even soon after bereavement may not necessarily be abnormal. Phipps (1985) interviewed 15 couples who had a successful pregnancy after a neonatal death. It is a qualitative, exploratory study of the stresses of such pregnancies and how the parents dealt with them. It aimed to obtain a picture of the entire process from the decision to start the next pregnancy, through the pregnancy itself to the early parent and child relationship. Common medical advice to the couples had been to wait at least six months to allow for physical recovery and to avoid the next child being regarded as a replacement for the deceased child. Phipps found that none of the couples was concerned with the replacement issue. Motivation to become pregnant again quickly, stemmed from an awareness of time passing and the limited nature of the child-bearing years, fear of inability to conceive and thus an urgency to do so. He concludes that the concerns over producing a "replacement child" have been overemphasised and rarely an issue. However he considers it appropriate professional advice to delay a further pregnancy until six months have elapsed.

Powell (1995) surveyed 40 Irish families who had lost a baby through SIDS. She explored the attitude of bereaved parents towards a subsequent pregnancy and how they coped with the arrival of the new child. Within two years of their loss, twenty families had had a subsequent child and six other women were pregnant. The reason most often given by mothers for having another child was "the physical void in their lives" and the need thus for "someone to hold" or a fear that delaying conception would increase their anxiety about raising another child.

In the study referred to earlier, Johnson (1984) too, found that the parents she studied obtained, in having another child, the means to live again and to fill the void in their lives.

Perceptions of the child to be placed.

Unease can be felt by adoption workers if bereaved parents particularly request a child similar by gender and / or age to their deceased child. The tendency of adoption agencies seems to be to place a child different by gender and / or age to the child who died. However, there appears to be no evidence to support this practice. The Child Welfare League of America confirmed this (personal communication, 1991). In the course of her study described earlier, Murphy -Mancinci (1988) became aware of a bias against bereaved parents "in the professional community". One couple, bereaved parents who took part in her study, approached two adoption agencies. Murphy-Mancini commented (p.6),

> "Both agencies preferred that they adopt a child of the opposite sex of their dead child since they believed it would be easiest for them emotionally. This led me to question what these agencies were basing their decisions on and I was again led to the fact that there is no confirming research in this area."

The psychiatric literature indicates that the practice is ineffective since expectations of a deceased child can be placed on a subsequent child of opposite sex and different age (Cain and Cain, 1964, p.447; Cain, Fast and Ericson, 1964, p.748)

This literature also identifies a number of historical figures as replacement children illustrating how well-embedded in the mental health professional mind are negative ideas about children born after deceased siblings. Salvador Dali has been so described (Sabbadini, 1988, p.531; Lewis and Bourne, 1992, p.1) as has Vincent van Gogh, born a year after his stillborn brother, whose name he shared (Sabbadini, 1988, pp.544-545; Bourne and Lewis, 1992, p.1). In his psychoanalytical study of van Gogh, Humberto Nagera (1967) describes his subject's struggle to find an identity for himself and how his lost brother haunted him throughout his life. Adolf Hitler has been described as "a fivefold replacement sibling" (Bank and Kahn, 1982, p.290). Three infant siblings died before his birth and another brother during his childhood. An older half-brother failed to live up to parental expectations and this task was allotted to Adolf.

Beethoven was considered quite probably a replacement child (Legg and Sherick, 1976, p.115) and the author Stendahl certainly so (Wilson, 1988). Each was named after a deceased brother who died about a year before his birth. Similarly, J.M.Barrie is said to have spent his life trying to be his dead brother (Bowlby, 1980, pp.164 - 165).

The theme of children experiencing emotional and psychiatric difficulties after a sibling death is also established in the public mind, reflected in biography, autobiography, fiction and is further promoted by the media. It seems so firmly part of the public's thinking that subjects of biographies are described as replacement children despite evidence for alternative interpretations. Jean Rhys and Peter Sellers are so

described by their biographers (Angier, 1990; Lewis, 1995). It is clear from Lewis's description of Peter Sellers's upbringing, personality and history of his mother and their lifestyle that he may well have developed relationship and personality problems anyway, regardless of the previous death of his infant brother. Jean Rhys's difficulties could be attributed as much to the birth of a younger sister as to the loss of an infant sister, nine months before her own birth.

A further illustration of the persistence of such ideas despite evidence to the contrary comes from a reader's interpretation of an autobiography. This reader responded to a letter I wrote to the Times Literary Supplement, 23/9/94 (Appendix A. p.14) asking for help in identifying examples in literature of replacement children. My correspondent described Art Spiegelman as "the classic replacement child" (personal communication, 1994). This author wrote in comic book form (1992) of his father's recollections of surviving the Nazi Holocaust. Art Spiegelman's elder brother, Richieu had died before Art's birth, during the persecutions. From the author's account however, it seems that Richieu was an influence in his life though not an overriding one (p.15).

The difficulties for which Art Spiegelman seeks psychiatric help seem to stem more from not sharing in his parents' experiences in Auschwitz. It is with his father that the author feels he can never compete not his deceased brother (p.44).

> *"No matter what I accomplish, it doesn't seem like much compared to surviving Auschwitz."*

In fiction, the theme of children's emotional and psychological difficulties following a sibling death is found in Saville, (Storey, 1976), in Ordinary People (Guest, 1976) whilst it is also evident in the recent Whitbread Prizewinning author Kate Atkinson's "Behind the Scenes in the Museum" (1995). In the last novel however, the main character is also blamed for the death of her sister. It is also evident in journalism, popular drama and radio programmes. Ken Russell was told as a child by his mother that she would not have bothered to have had him had the daughter born before him lived (Lyn Barber Interview, Independent on Sunday, July, 14, 1991). A young woman who had recently suffered a miscarriage is depicted in popular drama as rejected by her local fostering service which thought her to be seeking a "replacement" for her lost child (Home and Away, 30/10/91). Elizabeth Jane Howard, the novelist considered that her mother never really loved her. She linked this to the death before her own birth of an infant sister also called Jane and her belief that her mother did not want another baby (Desert Island Discs, 28/6/96)

As in the psychiatric literature, the focus is on the negative and the abnormal, so that it is this which enters the public domain and comes to attention. Biographers presumably aim to interpret their subjects' lives in new and interesting ways in order to promote their work. Similarly, the theme provides dramatic interest in a work of fiction and any positive gains from the experience of coping with a tragic loss might be considered a less gripping storyline.

Naming children after deceased siblings is regarded by biographers as an indication of their subjects as replacement children. In his study of the grief of nineteenth century diarists, however, Rosenblatt (1983, p.55) notes that a new child in a diarist's family was occasionally given the same name as a previously deceased sibling, and similarly indicates that possibly the child was seen as a replacement. He dismisses this possibility however "as no diarist wrote as though a child was a replacement for another".

In the psychiatric literature, giving a child the same name as his / her previously deceased sibling seems to be the evidence for concluding that Beethoven was a replacement child (Legg and Sherick, 1976, p.115). This literature views this naming practice as symptomatic of bereaved parents difficulties and later emotional and identity problems in existing siblings or subsequent children (Cain, Fast and Erikson, 1963, p.741; Sabbadini, 1988, p.544 -545) or likely to increase the risk of these developing (Lewis and Bourne, 1989, p.951) It is given a pathological meaning. Bourne and Lewis (1984a, p.32) particularly counsel against naming a baby after a deceased sibling which they view as "something of a disaster" for that child.

The non-psychiatric literature however, suggests other possible reasons for naming a child after a deceased sibling. This was once a prevalent custom (Mander, 1994, p.191). Although often interpreted as indicating that parents did not see their children as unique individuals, Smart (1993, p.51) suggests that parents thought it important to pass on a particular name to the next generation. Moreover, this naming practice evident in the sixteenth century, grew in the following centuries when individualism increased (Smart, 1993, p.51). It could provide a child or a family with additional opportunities as Lummis (1988, p.78) describes, from an oral history perspective.

> "the fairly widespread and deliberate policy amongst turn of the century London
> working-class people"

With infant death a common occurence, the next child of the same sex as the deceased was given the same name. Thus two birth certificates gave identical details but different dates of birth. This enabled a child to be older or younger as was convenient to e.g. leave school or join the Army.

The practice of naming a child after a previously deceased sibling is surrounded by legend and superstition. It is commonly thought to be ill-omened (Radford et al, 1961, p.244; Raphael-Leff, 1991, p.327)) or sinful (Opie and Tatum, 1989, pp.277-278). Despite a folk tradition to the contrary (Raphael-Leff, 1991, p.327), it is nevertheless a common practice prevailing in the west of Ireland (Mander ,1994, p.191).

The choice of name for a child can be imbued with a variety of meaning as Raphael- Leff (1991, pp.327 - 328) has detailed. It may have religious or cultural significance. In some Christian societies, custom dictates that a child may be named after a live relative while in Judaism a child may traditionally be named after a deceased one. The latter is taboo in South Indian, Japanese and Philippine cultures for fear of ghosts.

It is easy to assume a pathological meaning underlying the naming of a child after a deceased sibling. Doing so may, however have a different and appropriate meaning for the parents which may not necessarily signify detriment to the child so named.

Replacement of another previous relationship is seen in remarriage. Moss and Moss (1980) examined this in elderly widows and widowers addressing the role of the deceased spouse in the new marriage. They suggest that although dead, the spouse's image persists and forms a triadic relationship with the living partners. This relationship, from the perspective of the surviving spouse and the new partner, is described. This resembles the thinking of the adoption workers which I identified from my early reflections on practice and from the preliminary questionnaire. The new partner is described as insecure in the new relationship "judged by the yardstick of the deceased" as adoption workers fear a child adopted by a bereaved family may be. Similarly, the triggering of poignant memories and comparisons with the deceased spouse is described as inevitable and even if positive, a threat to the new relationship. Again, from the evidence of my preliminary reflections and research, this is how adoption workers think bereaved parents may experience living with a subsequently adopted child.

These authors base their views on

"selected clinical literature and the clinical experience of one of the authors."

They do not state what this experience is. They make many statements without any apparent supporting evidence and also generalise from literature and experience which can only refer to a selected group of the population. For these reasons, their statements can have only limited value.

As the literature has identified a popular bias against remarriage, it has also identified a much stronger bias against bereaved parents having another child. This further points up how firmly embedded in the public mind are ideas about "replacement."

> *"It should be noted that the widow who grieves and then finds another husband is often supported, whereas the parents who have another child are often looked at with the suspicion that such a child will be a "replacement child" (Rando, 1986 ,p.51).*

The Bereaved Family

In a further study of remarriage, Burks et al (1988) noted the social disapproval which bereaved people seeking new relationships can meet and concluded that it is those with confidence and self esteem that can withstand it. Thus they throw an interesting light on possible particular features of those involved. They compared 15 bereaved respondents out of 192 in a longitudinal prospective study who later remarried with 15 other similar non-married respondents. Statistically significant differences between the two groups were found. Those that remarried displayed more positive outcomes. An important variable identified was self esteem. The authors thought it likely that this plays a significant role in the grief process, motivating the bereaved individual to seek new relationships.

In their review of the literature on family grief to which I referred earlier, Kissane and Bloch (1994, p.737) describe current knowledge of specific family factors which may promote optimal or conversely contribute to maladaptive grieving as "rudimentary". They conclude however that effective resolution of grief is likely when a family shows cohesiveness, mutual support, clear communication, emotional expressiveness, ability to grapple with conflict and adaptabilty. Maladaptive grief, conversely is linked with its avoidance in families where communication and emotional expression is poor; its distortion with excessive guilt, anger and where family members blame or fight each other and cannot resolve inevitable conflict; its prolongation with grieving rates differing amongst family members, unsupportive communication and inflexible roles.

A further issue particularly identified by a range of studies they reviewed as important to positive adaptation is support. This can be both from within the family itself or from its surrounding social network. Families which are socially isolated or who perceive others as unhelpful have been found to be at risk of a poor outcome (pp.731, 733).

This suggests that open communication with others which can both establish and sustain a supportive network of friends and extended family is also important. Indeed open communication within a bereaved family is a further feature identified in the literature as linked with adaptive grieving though communication patterns in bereaved families has not been systematically researched (Kissane and Bloch, 1994, p.731).

The impact of the loss of a child on the parents' relationship is acknowledged in the literature as profound but not necessarily destructive as some early studies suggested (Rando, 1986, pp.29 - 30). Although differing grieving rates and styles between the parents can lead to problems in their relationship and in their overwhelming distress each may no longer be available to support and care for the other, marriages can be strengthened through the experience of loss of a child.

Conclusions of the review of the literature

The relevant literature is thus very unbalanced and biased. The main evidence in support of the adoption workers' concerns about bereaved parents as prospective adopters and about "replacement" comes from the psychiatric and psychological literature and in particular, a small number of psychiatric case examples and clinical samples of disturbed reactions of parents and children to the death of a birth child. The seminal such paper (Cain and Cain, 1964) has been consistently distorted, promoting disproportionate anxiety about replacement children. Although empirical research has not directly addressed the subject, what evidence there is suggests that concerns about replacement have been overemphasised. From the empirical evidence, it is not necessarily a pathological response to the death of a child to want or have another soon afterwards. This can be an effective coping mechanism of bereaved parents. However it is not known how such children develop. Although the need has been identified, as far as I can ascertain, there is no research on the the long-term development of children born after a sibling death who do not require psychiatric or other help.

No firm conclusion is reached in the literature about whether emotional or psychiatric difficulties are more likely to develop in subsequent children where the deceased child died in early infancy or before or was a child with a developed personality. Indications from the psychiatric literature are that these can develop following very early losses but this literature focuses only on the abnormal. There is no evidence to support the practice of placing a child of opposite gender and different age to the deceased child as a preventive measure. What evidence there is suggests that this is ineffective.

There are a number of biases and gaps in the literature which promote unrealistic expectations of bereaved parents. There is no well-established theory of parental bereavement and the literature suggests that

assessing bereaved parents by traditional models leads to unfair judgements. One such model, psychoanalytic theory, cannot in any case be applied generally whilst both this and attachment theory ignore both social and cultural factors. Doubts have been cast on the validity of these "working through" models whilst there is serious discontent about another well-used way of understanding grief, the stage models. Further, empirical research has questioned traditional hall-marks of pathological grief. Clinical examples dominate the literature on family grief and the way children respond to loss. Thus an unrepresentative picture of the way children and families function after the death of a child is given. There is little knowledge of specific family factors which enable bereaved parents to adjust to their loss and to help surviving or subsequent children to develop normally. What there is suggests that open and clear communication both within and outside the family are of particular importance. Much of the research on bereavement has derived from conjugal bereavement. Although useful, this cannot be used as a criteria by which to judge the very different experience of parental bereavement.

The literature, particularly that which comments on the effects on children of a prior sibling death, is dominated by the opinions of psychiatrists and other professionals. It is their meanings which are attributed to the experiences of loss of the bereaved including bereaved parents. These are evident in the non-professional literature also. The views of bereaved parents about having or adopting a child after loss of a child and the meaning to them of living with and bringing up that child do not seem to feature. Nowhere, it seems, are their voices heard. Nor indeed do the adoption workers speak loud and clear for their views are described and explained in only minimal detail.

In Chapters 5 and 6, however, some of the key actors in the adoption process speak for themselves. Indeed it is the purpose of this study to explore and learn from them precisely because there is so little in the literature which informs us in any depth or detail of their views and experiences. Firstly, the professional adoption workers explain their thinking which informs the decisions and judgements of their practice. This is followed by discussion of the experiences of the parents and some of the children of five bereaved families. This provides an opportunity also, to compare the real lived experiences of those who have coped with the death of a child and subsequently successfully adopted with the theoretical ideas of the literature and the professional adoption practitioners. Before hearing from the professionals and the families themselves, however, the methods employed to meet and learn from them are first described and discussed in the chapter which follows.

Chapter 4   Methodology

Introduction

The research methodology will be described in the chronological order in which it took place. Such a description suggests that the methodology was devised in a linear fashion, thought out and planned as a whole, in advance of the research itself. This would be a misleading impression and it is necessary to explain how the methodolgy developed before describing and discussing the methods themselves, the choice of these and their effectiveness.

The methodolgy evolved with my own learning. This was in a spiralling way, reflecting a characteristic of the research process as a whole, which was discussed in Chapter 2. As one phase of the methodology was undertaken, I reflected on what I had learned from it. This both confirmed and expanded my understanding of some aspects of professional thinking about bereaved parents as adopters but also raised other questions and exposed other areas which required further exploration. Thus one phase of the research methodology informed and prompted the next.

Initially, I reflected on my own practice thinking and began to consider what evidence there was to support the ideas and views which I brought to inform the judgements I was trying to make. I did not know whether I was alone in my original thinking and used some informal research methods to check this out. Discussion with immediate colleagues and a postal questionnaire to a wider group suggested that I was not alone but that a more formal and structured method was needed to establish this and whether the subject merited further enquiry.

This preliminary research was done by means of a brief survey of key groups of adoption workers in one agency (Appendix A. pp.2-6). As will be shown in Chapter 5, this provided the confirmation I sought and a solid foundation on which to proceed. It also suggested the next phase of the methodology and the

methods to be used. It indicated that a broader enquiry to explore the thinking of adoption workers occupying various roles in different agencies was needed to establish whether they were informed by similar knowledge and on which I could further reflect. It also pointed to the need for a research method which would provide the means to learn in more depth than the previous questionnaire would allow what adoption workers thought.

The findings from the first phase of the research gave me more information about the beliefs, ideas and thoughts of the adoption workers about the experiences of bereaved parents and their decision to adopt and enabled me to reflect further on the nature of the thinking which underlay professional practice. It enabled me to identify some of the main concerns of adoption workers and the key themes in their thinking to explore in further research.

Thus, as a result of the first phase of the research, I planned a broader and deeper enquiry of the adoption workers' thinking. As will be described in more detail later, this involved returning to the same key groups of adoption workers to discuss their views but also seeking those of others further afield. This illustrates not only how the process of the methodology moved forward, with one phase informing the next, but also how the process spiralled backwards to a similar point previously reached.

A further decision was taken, arising partly from the first phase of the research and also from the literature, to broaden the enquiry still further to include bereaved parents themselves. The initial phase indicated that little was known about their ideas, perceptions, views and experiences and indeed little attention seemed to be paid to them. The adoption workers tended to place their meanings on the experiences of the parents and so it seemed essential to explore the parents' own understandings. Further, as I indicated in the previous chapter, the voices of the parents are drowned in the literature by those of the experts. I thought they needed to be heard.

The second phase of the methodology, which consisted of the further research with the adoption workers, confirmed the importance of exploring the parents' views. Some of the adoption workers' thinking was about the experiences of parents and adopted child living together after the death of a previous child. It was speculative since the nature of adoption is that there is less liklihood of contact between professionals and families once the adoption order is granted. However with the responsibility of adoption agencies to provide post-adoption support, this is likely to become less marked in the future.

During the second phase of the research and after one particular interview, I had a sudden appreciation that it was essential to seek the views of the adopted children themselves about their experiences. Until then, I had thought that it was the parents' views and perceptions of their adopted child that were of prime

importance and whether or not they regarded him / her as a poor substitute for their deceased child. I realised then that what was critical was how the child perceived the situation. Thus the second phase of the research informed the third and broadened the latter.

Having decided to explore both the views of the bereaved parents and adopted children, I thought then about the position of any other children of the family. Excluding them from the enquiry might be detrimental to them and could cause family problems with one child treated differently to another. As well, the views of the other children might be very important and could have a bearing on the success or otherwise of the adoptive placement. The third phase of the research methodology was therefore extended to include other children of the family.

Preliminary Research

Now that the evolution of the methodology has been described, I will outline the methods themselves. As just indicated, some preliminary research was undertaken to establish whether the thinking, concerns, beliefs and assumptions with which I started this work were shared widely in the adoption world and so this an area which merited investigation. Parallel semi-structured questionnaires were administered on separate occasions to the three groups of adoption workers, the adoptions officers, the Adoption Panel and the social workers who in the main work with children. The questionnaires were adapted to take account of their differing roles (Appendix A. pp.2 -6). I chose this method for speed and ease of management.

(a) The adoptions officers

The questionnaires were given first to the 20 adoption and fostering staff of my own agency, at a routine meeting. The one absentee completed the questionnaire later. This group included the County Adoptions Officer and the Development Officer in Child Care. The latter has an advisory and co-ordinating role in child care matters and responsibility for monitoring and developing children's services, including adoption. I termed this group "the adoptions officers".

After a brief statement to the group of my research interest, they completed the questionnaire so that I gained the views of each individual. I obtained a 100% response rate. In the discussion which followed the administration of the questionnaire, an opportunity arose which I had planned, to obtain from each

respondent his or her definition of the term "replacement". This seemed important to do since I had found little in social work literature which defined or explained it, yet my practice experience was that it featured in discussions about adoption by bereaved families. Informal discussion with colleagues had provided inconsistent ideas about what was meant. When the term was first mentioned, I stopped the discussion and asked each person without conferring, to write down his or her definition of this term. Thus I obtained their individual ideas on which I could later reflect. By obtaining these in this way, I hoped to avoid suggesting the term "replacement" to the participants as I would have done had I included it in the questionnaire. This is part of the process of bracketing, as the term is commonly used, to which I referred in Chapter 2.

(b) The Adoption Panel

The questionnaires were similarly given to each member of the Adoption Panel present at a usual meeting which I joined after routine business. I briefly outlined my work and the Panel agreed to complete the questionnaire. Constrained by time, the members chose to complete it after the meeting. Thus there was no opportunity to obtain their definitions of "replacement". These were obtained later. I was not in a position to dictate terms. Nonetheless, I obtained an 80% response rate. Two Panel members were also adoptions officers and had previously completed a questionnaire. They declined to complete another, stating that their thoughts and views were unchanged. I therefore used their questionnaires as adoptions officers as theirs also as Panel members.

(c) The children's social workers.

For practical reasons, I chose to involve those who work in one area office, my own place of work. These included three team leaders, the managers responsible for the work of individual social workers, the Principal Social Worker and Area Director. The last, as the title suggests, is the individual to whom all the others are accountable. I spoke to each social worker individually, briefly explaining my work and asking for help. Ten out of a possible fourteen questionnaires were returned giving a 71% response rate. As these respondents do not meet routinely as a group, there was no opportunity to obtain their definitions of "replacement". These were obtained later.

The total 39 replies from the three groups enabled me to be confident that this subject merited enquiry and established firm ground on which to proceed. It confirmed that the thinking which had originally informed my own practice was shared by others and also by a range of adoption workers, at least in one

agency. This confirmed the validity of my research question and enabled me to refine it, as well as my choice of themes to explore in further research.

The Main Research

Having justified this, I wanted to explore in more depth than the questionnaire would allow, the thinking of the key actors involved, to gain a better understanding of the ideas, views, beliefs, perceptions and experiences which underlay their actions. I wanted to capture their subjective experiences and the meanings which these held for them. The research involved study of two main groups, the professional adoption workers and the families who had successfully adopted after the death of a previous birth child.

Definition of success

My criteria for "successful" was that the child had been in placement for at least two years, though not necessarily formally adopted since legal reasons could have prevented this. This allowed adequate time for the newly constituted family to begin to form relationships, difficulties to emerge and thus the placement and its success tested. I wanted the family to have had the opportunity to settle and relax rather than be in the unnatural "honeymoon" period of the early days of placement. Success in family placement research has been variously defined (Thoburn, 1990b, p.8).

One way is to see whether the placement lasted since the aim of adoption is for this to be permanent. However, Thoburn points out that this is not a satisfactory definition if the "permanence" intended has not contributed to the "well-being" of the child and this evaluated. Various means of doing so are discussed. This author has more recently stated that qualitative studies have shown that even when placements last, children may not necessarily have become attached to their new parents nor feel valued as the individuals they are (Thoburn in Howe (ed), 1996, p.134). I had to choose a definition, however, which would be clear from the outset. Had I linked the definition to "well-being", or to some aspect of this, I would not know whether the placement was "successful" and so suitable to study until I was well engaged in that study.

The use of a qualitative approach.

As indicated in Chapter 2, I chose a qualitative approach as appropriate to the depth with which I wanted to explore the thinking of all participants. As Bryman (1988, p.102) says,

> *"the qualitative researcher is in a better position to view the linkages between events and activities and to explore people's interpretations of the factors which produce such connections. This stance affords the qualitative researcher a much greater opportunity to study processes in social life."*

The superficial nature of a quantitative approach could not address the depth of understanding of the processes of bereavement and any links between this and a subsequent relationship with an adopted child, which I thought was needed.

The commitment of qualitative methodology to "seeing through the eyes of those being studied" seemed very appropriate to my study as I wanted to reach an understanding of the thinking of each group from their different perspectives. The highly personal nature of the subject matter could involve painful feelings, memories and thoughts. Participants might need help to express these which a qualitative approach would allow. I particularly wanted to understand the meanings which participants gave to their experiences and actions and this approach would enable me both to explore and check out my understanding with theirs. I thought there would be a need to empathise with participants and the qualitative approach lends itself also to this.

In addition, qualitative methods are associated with flexible research strategies which would allow me to explore unexpected developments which might arise.

The professional adoption workers.

As common in qualitative research, I used purposive sampling in selecting individuals to study (Mays and Pope, 1995, p.110). I did so to include a wide variety of perspectives of key people in the adoption process who had relevant knowledge which I wanted to explore. The sample thus formed was not intended to be a representative sample drawn from a population as my aim was increased understanding rather than generalisability to such a population (Maykut and Morehouse, 1994, p.56). This way of purposefully selecting people to study acknowledges, in keeping with a phenomenological approach, the complexity which characterises human and social phenomena and the limits of generalisability (Maykut and Morehouse, 1994, p.56).

I chose two main research strategies for study of this group and for the exploration of my key themes. These were guided interviews with individual key informants or group discussions with a number of participants when selection of one was difficult or where a number of participants practised as a group. Each method offered the means to explore in depth, their practice thinking about the themes and also provided opportunities to follow any new or interesting leads arising. These, particularly the former, are methods commonly used in a phenomenological approach to research as they permit ways of collecting descriptions of people's experiences whilst preserving their spontaneity (Jasper, 1994, pp. 310-311). By these means, access to the phenomenon being studied is gained. As discussed in chapter 2, Husserl suggested that phenomena cannot be separated from the experience of them (Jasper, 1994, p.310).

Guided interviews.

Interviews in social research can vary from the closely structured interview of the survey in quantitative research to the unstructured interview of the qualitative researcher who

> *" provides minimal guidance and allows considerable latitude for interviewees."(Bryman, 1988, p.46)*

The method I adopted falls between the two extremes. It provided some structure to ensure my chosen themes were explored but also loose enough to allow the participants to "ramble", to touch on new areas and for their meanings to emerge rather than mine. It was similar to "guided conversations" (Petch, 1988). It allowed me to follow-up unexpected developments as well as to ask for clarification or expansion of participants' thoughts to be sure I understood them.

I thought that such interviews would be best conducted privately at the participants' workplace. This seemed most convenient and comfortable for them. With their prior permission, I planned to tape-record the interviews and transcribe them soon afterwards so that recall of nonverbal communication would not be lost. As the interviews would be during a working day, I thought these should be for not more than an hour.

With time constraints in mind, I sent in advance, the original questionnaire and asked for its return before the meeting. I found that this helped the participants to think about the subject before we met. From the

completed questionnaires. I formulated one or two open-ended questions to use if needed and this both reduced my anxiety and helped make good use of time.

Group discussions

The group discussion or focus group, used increasingly in qualitative research, is another form of unstructured interviewing but with more than one participant (Bryman, 1988, p.50). This strategy not only allows the perspectives of a number of people to be explored in a short time but also for an exchange of views and ideas (Jarrett, 1992, p.175).

The group discussions too were planned to range over the same key topics to explore the participants' thoughts and ideas about them. The loose structure similarly allowed for the emergence of unexpected developments. This method seemed appropriate when there were a number of individuals fulfilling a similar role and avoided the difficulty of selecting one participant. It seemed especially appropriate to the Adoption Panel which reaches its decisions anyway by means of group discussion.

Selection of Respondents

I chose to explore the thinking of the professional adoption workers with differing roles and responsibilities, on three different levels - a local one, one extending over a wider field and one at a national level.

1.The local level.

These participants were three similar groups of adoption workers who had completed the original questionnaire. I considered several ways of forming a group of adoptions officers. Although it meant a large and possibly unwieldy group, I nevertheless decided to use again the forum offered by a routine meeting as this seemed the most practical option. I dismissed others which demanded additional time, travel or both as unlikely to succeed.

The choice of childrens' social workers similarly required thought. In the local authority department for which I worked, social workers were divided into generic teams except one area office where these were specialised. I considered the advantages of approaching those in a distant specialist team who meet regularly with those of immediate colleagues who do not. I decided that individual negotiation with potential participants, more feasible in my own office, was more important than the possibly greater practice experience of the specialist team. I learned the importance of individual negotiation during the research process described later. No such choices were necessary with the Adoption Panel since it was a ready made group.

I considered groups of representatives of each of the key workers but thought these might be threatening and inhibiting for participants, as well as impractical to arrange. Also, it was important to maintain the Adoption Panel as a group since it normally functions as one.

It seemed essential to include the County Adoptions Officer whose role is influential and the Divisional Director, the final arbiter in the decision making process. Individual interview was the obvious choice of method for the former since there is only one person occupying the role. However, there were three Area Directors based at different locations responsible for the work of particular geographical areas. I considered including all three in a discussion but dismissed this as unrealistic for practical and logistic reasons. I thought it better to gain the help of the senior manager responsible for my own area to whom there seemed more likelihood of access.

2.The wider level

I selected the most senior social worker engaged in adoption work in each of four agencies, two local authority adoption agencies and two voluntary ones. I thought they would be knowledgable and experienced people in adoption practice from whom I could learn. This was a manageable number with which to work, especially as travel would be required. As well, two representatives from statutory agencies and two from voluntary ones, provided a balance between different kinds of agencies.

During the research process an opportunity arose to explore the thinking of a group of social workers who had all had experience of adoption by bereaved families. I seized this opportunity not only to learn from a specialist group but also for possible comparison with others. I termed this group "experienced adoption officers".

3.The national level

I asked for the help of a representative of British Agencies for Adoption and Fostering, a registered charity and professional association for all those working in the child care field. Its corporate members include nearly all British adoption agencies. It aims to educate and promote high standards in those working professionally with adopted and fostered children. It aims to influence policy and practice by giving evidence and advice to government departments and parliamentary committees. It responds to consultative documents and briefs politicians on adoption and fostering issues. It informs and advises the media and helps those affected by professional decisions. As well it publishes research studies, policy and practice guides and the professional journal "Adoption and Fostering" (British Agencies for Adoption and Fostering, 1992). Thus it was a very suitable body from whom to gain a national perspective.

Negotiating Access and Agreement to take part.

Beginning with the adoptions officers, believing that my own colleagues would be the easiest to approach, I took no particular steps to invite their participation. I assumed that all would attend the routine meeting unless unavoidably prevented. Participants were informed of my research and my request for their help with it, by means of the agenda circulated in advance. This produced a poor response and I learned of the importance of personal negotiation.

I used this lesson to guide me in negotiating agreement to take part with all the other prospective participants. I took particular care to approach each individual personally to explain my research, to emphasise the value of their contribution and invite their help. Confidentiality and my wish to tape-record the conversations were discussed. Arrangements were then confirmed in writing and after the interview or group discussion I wrote a letter of thanks.

The field work

1. The local level

I started the group discussions with a similar brief statement about the research and my wish to learn about participants thoughts, views, and ideas which they might apply to their work with bereaved families as prospective adopters. These were slightly adapted to be appropriate to each group. (Appendix A, pp. 8, 9 gives two examples). This was enough, by and large, to enable the groups to continue at their own momentum.

My aim was to moderate and not participate actively to allow the groups to express their own ideas and not impose my own. I tried to foster a non-judgemental, friendly and reassuring attitude to encourage this. I aimed to show interest but nevertheless remain neutral (Beresford, 1991). Also, as Jasper, (1994, p.312) discusses, the attitude of the researcher in conveying safety, trust and acceptance is likely to be important if participants are to give full accounts of their thoughts and experiences and not partial ones for which a phenomenological approach has been criticised.

i Group discussion with the adoptions officers

I used the adoptions officers to pilot group discussions and the use of the checklist of areas to explore. These I represented in grid form on one sheet of paper to which I could easily and unobtrusively refer during discussions and interviews (Appendix A. p.10). Eventually, I did not need this reminder.

At the outset of the initial meeting, twelve people out of the total complement of twenty-one adoptions officers were present. Seven others appeared at intervals but only two of these joined in. Although the interruptions were a slight distraction, I did not allow my concentration to waver and neither did the core group of twelve appear to do so. I realised later, as already described, that the way the participants attended was a reflection of the manner in which they had been asked to do so.

The discussion ranged quite succesfully over the areas which I wanted to explore but avoided one. This was the significance for subsequent adoption of losing a very young baby compared with an older child on which the discussion had focused. Without leading the group, I drew its attention to this. However, the group continued to concentrate only on the loss of an older child. It was as though it had "forgotten" the very young child and the impact of losing such a child.

On two occasions the group became distracted briefly and the discussion went off at a tangent. On the first, I brought it back to the subject in hand by asking an open-ended question and on the second it returned of its own accord.

At the end, I reminded the group of the questionnaire which they had completed previously and the definition of the term "replacement" which they had then given. I asked them to write down the source in general terms of their information. This they did.

ii Group discussion with the Adoption Panel

The County Adoptions Officer, as chairman, assisted the process of the discussion from time to time by seeking clarification of the group's thoughts and putting further questions to them. This was helpful to me in the difficult task of active listening to what was being said, remembering the areas discussed and watching for any signs of discomfort.

Three members of the Panel had had personal experiences of miscarriages and stillbirth. They shared their thoughts and feelings about these and having a subsequent child and used these to contribute to their practice thinking. Two seemed to speak quite easily about these. A third however, remained very quiet for much of the discussion before talking of her experience of a miscarriage many years previously and the effect of this on her and her thinking about a subsequent child. It was clear from her previous quietness and tone of voice when she did speak that this remained a painful area. I sensed this and conveyed my awareness of this to her by facial expression and eye contact. Others in the group reacted similarly and were supportive of her.

At the end, I asked if each person would write down his or her definition of "replacement". The group had used the term without comment, from time to time, in the discussion. This caused some consternation. One member wanted to consult a dictionary whilst another spoke of not knowing what it meant. I pointed out that the term had featured in the discussion and asked them to write down what that term meant to them. This they eventually managed. I asked them also to write down, in general terms, their source of information about "replacement". By asking the group to perform this task at the end of the discussion, other meanings of the term were not suggested nor imposed, a further example of bracketing as it is commonly understood. This would have been a preferable strategy to have used with the adoptions officers. By asking them for their written definitions of the term as soon as it was used, I drew particular attention to it and thereby may have led individuals to have changed their thinking.

iii Group discussion with the children's social workers.

This was the most successful discussion. I intervened minimally and then only to seek clarification and to move the discussion on. One person did not contribute at all and I could only attribute this to a very quiet disposition. This group gave their definitions of "replacement" and the source of their information much more readily than the Adoption Panel. Afterwards, several people commented on what an interesting and enjoyable experience the discussion had been.

iv Guided interview with the County Adoptions Officer

Perhaps because of her familiarity with my research interest or because of her considerable knowledge and experience, I found that the County Adoptions Officer had much to impart. There was little for me to do but listen, occasionally asking her to expand on a point and clarify another. There was so much information to digest and understand that I was unable to do this during the conversation. Later reflection whilst transcribing the tape recording revealed some points which I had not fully understood. As it seemed essential to do so, I had a brief follow-up interview which was also recorded. My failure to listen as actively during this conversation as during those with the previous social workers of her standing may have been linked with my familiarity with her as an individual. My anxiety at meeting those from different agencies led me to prepare carefully and to be in a state of nervous anticipation and perhaps thus more alert. Feeling more relaxed at meeting someone I knew may have led to a less attentive frame of mind.

v Guided interview with the Divisional Director.

In contrast to the discussion with the County Adoptions Officer, I had to play a more active role to promote a dialogue with the Divisional Director. This may be a reflection of his greater distance from practice and thus less practice experience on which to draw.

2. The wider level.

i The guided interviews

Each of my four key informants was prepared for meeting me. We met without interruption. Two had discussed the questionnaire, sent in advance, with the teams of social workers for whom they had responsibility and had thus elicited the views of a number of others.

One person had suffered a miscarriage two years previously and included her experience of that to inform herself. This was painful and she indicated discomfort and anxiety by rapid speech and use of higher pitched tone of voice so I quickly moved on the conversation. I also indicated sympathy and support by tone of voice and body language. The nature of the discussion touched a deep personal fear for another respondent and tears came to her eyes. I only recognised with hindsight, anothers distress. This respondent, a man, spoke so quietly that he was difficult to hear. I did not think this was his usual demeanour.

ii The group discussion.

This discussion was successful though the group became briefly sidetracked to an irrelevant area and it was difficult to get it to focus on those which I wanted it to address.

3. The national level

This informant was welcoming, helpful and prepared for seeing me. The guided interview went smoothly and was enjoyable. All areas which I wanted to cover were explored. At one point, painful memories came to the informant as tears were in her eyes. In the brief moment of decision as to how best to respond, I conveyed sympathy, non-verbally.

The families

Introduction

I wanted to explore the same themes with the families as with the professionals but from the particular perspective of each individual. The highly personal nature of the topic, involving in-depth discussion of intimate areas within an empathic relationship again demanded a qualitative approach.

My aim was to explore the experiences, thoughts, perceptions and feelings of all members of the family by asking them to reflect on them and to tell me about them so that I and others could learn from them. I chose to use guided interviews or steered conversations similar to those used with the professional key informants as these seemed the most appropriate means of obtaining detailed descriptions of these amd so to gain a clearer picture of the phenomenon of 'replacement'. As previously indicated, such interviews are commonly used in a phenomenological approach. I also chose methods of communication with children suitable to the individual age and development of the child. As well, I observed individuals, family relationships and artefacts e.g. photographs as these also offered opportunities to learn of the meanings to individuals of their experiences and so of the essence of the phenomenon being studied. Merleau-Ponty, a contributer to phenomenological thinking, has suggested that any artistic expression including photography could be used as a source of experiences that have meaning for people (Jasper, 1994, p.311).

Having decided to include the adopted children in the research, it then seemed wrong to give one child in a family special attention when there might be birth children present. Their thoughts, views and feelings

could be very relevant to the success of a placement and so it seemed essential also to include these children.

The research strategy

The most appropriate research strategy was case studies. These are considered particularly appropriate to exploratory research which has been defined as

> " moving into unknown territory and seeking to map it and understand its features and characteristics" (Whitaker and Archer, 1989, p.17).

It has been described as

> " likely to be small scale in character to enable in-depth analyses of subjects` experiences" (Whitaker and Archer, 1989, p.43).

This definition and description seemed applicable to an investigation of the processes of parental bereavement and subsequent adoption and the link between them.

A case study has been defined as,

> "an empirical enquiry that investigates a contemporary phenomenon within its real life context when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used "(Yin ,1983, p.23).

It is an intensive investigation of a single unit but can also investigate a number of individual units (Gilgun, 1994, p.371-372).

It has, in the past, been equated with qualitative research, ethnography and participant observation. However, as Gilgun points out, this research strategy is not associated with any particular data or data collection method and can be underpinned by different philosophies (1994, p.373).

Yin (1983, p.20; 1994, p.9) states that the strategy is most appropriately used when the type of research question is "how" or "why", and this focuses on contemporary events over which the researcher has little

or no control. My overall research question asked "how" whilst I anticipated having no control over events which I would be studying and the focus is on contemporary events rather than historical ones. This strategy lends itself to the nature of my enquiry with its need for in depth exploration of sensitive areas. As Hakim says (1987, p.61)

"it is the social research equivalent of the spotlight or the microscope".

Case studies have been criticised and disparaged as a research method and compared unfavourably to the experiment and the survey (Yin, 1994, p.9). However, this method is also considered to have great potential for building social work knowledge for assessment, intervention and outcome (Gilgun, 1994, p.371).

"The case study is a neglected and maligned approach to social work research. Rejected more for how uninformed researchers have used it and less for flaws intrinsic to its nature, the case study is compatible with many forms of social work practice and policy research."

Common complaints about the case study research method are its lack of rigour; the impossibility of generalising from its findings; that it takes too long, producing voluminous documents difficult to read. Yin argues, as Gilgun (1994) has also suggested, that the first and last criticisms arise more from the way the research has been carried out than from the nature of the method itself whilst the remaining one seems to stem from a misunderstanding about generalisability. Yin, (1994, p.10) compares the case study or multiple case-studies to an experiment or multiple set of experiments. As with experiments, the findings of case studies are generalisable to theoretical propositions and not to populations nor to universes. The method of generalisation is "analytic generalisation" rather than "statistical generalisation" (Yin, 1994 ,p.30 - 31). In the former (p.31),

" a previously developed theory is used as a template with which to compare the empirical results of the case study ."

As the discontent about case studies as a research method can be partly attributed at least to the way the work has been carried out rather than to particular inherent flaws in the strategy itself, it is important to attend particularly to this to achieve work of quality and value. Yin (1994, p.34) describes four tests of quality which can be used in case study research as they can in any empirical social research. These are:-

1. construct validity.

2. internal validity.

3. external validity.

4. reliability.

Construct validity concerns the importance of developing an operational set of measures for what is being investigated and that subjective judgements are not used for data collection since this would result in it being unclear as to what any findings are related.

There are three ways of increasing construct validity. These are multiple sources of evidence (triangulation), establishing a chain of evidence and respondent validation. A number of different methods of data collection, referred to earlier, are used in the case studies to be described. The chain of evidence is the process by which all the steps taken in the research process are made explicit. The source of the evidence, the conclusions drawn from it and the intermediate stages can be clearly traced by the reader from the documentation in the research report. It is my intention to provide this means of increasing both reliability and construct validity. Particular attention is paid to respondent validation and each will be described later.

Internal validity is a concern only for causal or explanatory case studies (Yin, 1994, p.35) and so does not require to be addressed in this research.

External validity is concerned with establishing whether the findings of one case study are generalisable beyond it. As previously mentioned, case studies have been criticised for their inability to generalise. However, this is due to confusion between statistical generalisation and analytic generalisation. Cases to be studied are not samples, representative of the population. The findings from case studies cannot be applied to a wider population as in survey research. They are however, generalisable to a theory. This is "analytic generalisation" in which a previously developed theory is used as a template applied to the empirical findings of a case study. If two or more cases support the same theory, replication can be claimed. The results will be even more convincing if they do not support an equally possible alternative theory.

Reliability can be ascertained by whether or not the original researcher or another would obtain the same findings and reach the same conclusions by repeating the case study using identical procedures. As with

establishing a chain of evidence, whether or not this could take place depends on good documentation of all steps taken, defining terms clearly and operationalising measures. With this in mind, all interviews and discussions were transcribed soon after these had taken place. A notebook recording thoughts and feelings and ideas about them, features about the process of the meeting and its nonverbal communication was maintained. A research diary was kept as well as copies of all correspondence and notes of telephone conversations.

Yin (1994, p.20) identifies five components of a research design for case studies which are especially important. Related to my specific study these are:-

1.**The study's question** which has been described earlier and is my overall research question.

2.**Its propositions** which in this study are more loosely expressed as themes to explore and were identified and discussed in Chapter 2.

3. **Its unit of analysis**. I identified "the family" as the unit of analysis and groups or individuals within the family, its subunits e.g. the parents, the natural child/ren, the adopted children. An embedded case study design in which attention is given to subunits can help prevent a shift or slippage occuring between the original question asked and the nature of the evidence gathered so that in the course of the study, the latter no longer addresses the former. Case studies have been criticised for this (Yin, 1984, p.26). An embedded case study seemed appropriate to this research not only because it was important to seek the views of the children of the family for reasons previously described but also because this would enhance the quality of the case studies themselves.

4. **Linking data to propositions** and 5) **The criteria for interpreting the findings**. Yin (1994, p.25) describes these as the steps in data analysis for which a research design should provide. Data analysis in case studies is known to be the least developed and most difficult aspect of this research method (Yin, 1994, p.103). One recommended approach to help with this is to use analytic techniques such as putting the information in chronological order. After transcribing the tape-recorded interviews with family members, I planned to reorganise the data according to the themes which I set out to explore and which guided its collection. This worked well and resulted in chronological, narrative accounts of the family members' experiences as the themes formed the main markers on their routes to adoption (Appendix B). The accounts varied however in the consistency with which I reorganised the data according to the key themes. The theory derived from the findings of the study of the thinking of the professional adoption workers could then be applied to the case sudies as a set. This is done in Chapter 6. Later, it could be

applied to any alternative theory derived from the literature. This is undertaken in Chapter 7. These too worked well. In addition, the narrative accounts also helped with reliability and with respondent validation to be described later.

Number of families

I chose to study five families as this was both practical and feasible and seemed a reasonable minimum number for analytic generalisation. I anticipated that identifying and negotiating with possible families for help would be time consuming as would the interviews themselves. Transcribing these, together with note-keeping, correspondence and telephone calls would be added demands. I was very aware of the possible emotional content of the work and the sensitivity with which I considered it should be undertaken. There was a danger of overburdening myself and consequently not having the mental and emotional resources to work carefully and sensitively. A further factor was the likelihood of having to travel considerable distances to meet the families and this in fact proved to be the case.

Identifying and Selecting Families.

This was attempted firstly, by contacting possible families via an intermediary and secondly, by advertising for help. The first was also undertaken in two ways one of which worked satisfactorily and the other did not.

A memorandum asking for help in identifying suitable families outlining the criteria for this was circulated to all adoption officers in my own agency (Appendix A. p.12). However none was able to help. Later, the County Adoptions Officer identified a possible family to whom she wrote telling them about the research. Although there was a subsequent exchange of letters between us, it was clear that they did not wish to participate and the matter was not pursued.

A former colleague from a different agency similarly wrote to a family with whom she had had a professional relationship. They wrote to me indicating their willingness to help but later telephone conversations between us revealed some hesitation by the husband. However, they agreed to see me in January 1993 to hear more about my work. They were very welcoming and appeared to enjoy the discussion which they themselves encouraged. The husband then indicated his willingness to help me further. However, in a subsequent telephone conversation, the wife was ambivalent. I asked if she would prefer not to continue. She said that she would let me know when she felt ready but did not do so. This is discussed further in the sections on "ethical issues" and "researcher as research instrument".

The second method used Parent to Parent Information on Adoption Services (P.P.I.A.S.) as an intermediary. This organisation maintains, on computer, details of members who have particular skills or experience and are willing to use them to help others. P.P.I.A.S. agreed to identify those bereaved families known to it and to forward to each a letter from me (Appendix A. p.13). My letter outlining my work, my need for help and what form such help would take was sent to eight families. It invited them to write to me if they were interested. Thus, I did not know to whom P.P.I.A.S. had originally written and it did not know who had chosen to reply. In that way, the identities of the latter were known only to me. Confidentiality is a commitment of this research.

Six people replied expressing interest in taking part. One lived at such great distance that it was impossible for me to visit. However, I thought it important not to reject the help of any family who had made itself vulnerable by telling me about itself. I therefore wrote inviting them to help by means of tape-recordings and telephone calls. However, I had no further word from them and I did not then pursue the matter since it seemed clear they had made their decision not to participate in the way suggested.

A second family expressed similar interest in contributing and there was a subsequent exchange of letters and a telephone call. In the latter, I indicated that I would find it very helpful to include all the members of the family if they were happy about this. However, the wife then wrote to say that as her husband and two adopted children did not wish to take part, she did not wish to do so. Thus two of the six families who responded to my open letter did not pursue their initial interest in participating in the research.

Then, two further families later offered help. One had learned of my work through a notice about it which appeared in a P.P.I.A.S quarterly Newsletter. Unfortunately, I did not have an opportunity to check the copy of this before publication. It was not worded suitably. Despite this, a family came forward. The second knew through P.P.I.A.S. of my request for help but was not a recipient of an original letter. The mother of the family offered help as an individual, knowing that her husband would not participate. Thus seven families indicated their willingness to take part, six who had learned of the research through P.P.I.A.S. and a seventh, described earlier whom I met in January, 1993. I anticipated that all might not wish to continue and so it seemed sensible to include more than the number originally thought feasible.

I was prevented from beginning to interview the families by illness. I advised each family of this by letter apologising for the delay.

Negotiating to meet the families.

It was difficult to know with which family to start especially as I knew little about their situations and commitments. However, I wrote again to each family suggesting that I telephone later to discuss the research so that I could answer any questions they might have. I thought that in this way, I would learn something of their situations and so with which it might be best to start.

It was also difficult to know whether it would be better to to see each family once and then repeat the exercise or whether it would be better to complete the work with one family before starting work with another. I decided on the latter. This seemed less demanding emotionally. I did not want to risk overburdening myself and thus unable to respond sensitively to the families. It had the disadvantage of there being a considerable delay between the original response to my request for help and the time of meeting some families. However, I wrote to waiting families during this time reminding them of my work, explaining the delay and reiterating the value of their help.

Two families who expressed initial interest in the research did not continue. One was prevented by a family crisis and the other decided, after the initial explanatory visit by me refered to earlier, not to take part. The remaining five continued to help me and it is these which were studied.

The study of individual families.

An account of the methodology with each family is contained in Appendix B. These accounts are described in detail to make replication possible and to increase reliability. As Yin (1994, p.36) points out, a test of reliability is whether a later researcher following the same procedures as the orginal investigator would arrive at the same findings and conclusions in repeating the case study. Sufficient documentation is required for this purpose. These detailed accounts are part of the chain of evidence which Yin (1994, p.34) states contributes to construct validity and thus the quality of case study research. Gilgun (1994, p.374) says that sufficient descriptive material allows the reader to make independent judgements about the interpretation of findings. These accounts help in this. Further, the accounts make explicit the reflexive nature of the research by describing in detail not only the steps I took but my thinking as I did so.

Respondent validation.

As stated previously, an essential feature of qualitative research is that the researcher aims to see through the eyes of the participants in that research and "to interpret events from their point of view" (Bryman,

1988, p.72). The feasibility of this has been questioned and how such interpretations of others perceptions can be evaluated (Bryman, 1988, pp.73 - 74).

One means of attempting to overcome the problems of interpretation is respondent validation. This entails the researcher producing a version of the findings and submitting this to the participants themselves. This can be done in a number of ways (Bryman, 1988, p.78; Hammersley and Atkinson, 1983, p.195-196). With particular reference to ethnography, their usefulness in confirming or not whether a chosen interpretation is correct is

"whether the actors whose beliefs and behaviour they purport to describe recognise the validity of these accounts" (Hammersley and Atkinson, 1983, p.195)

This strategy is not however problem- free. It can "invite censorship" and "defensive reactions" (Bryman, 1988, p.79). Nor can it be assumed that confirmation of the researcher's interpretations of actors' meanings obtained in this way are necessarily true ones, subject as they are to memory or its lapses and to subconscious processes (Hammersley and Atkinson, 1983, p.196). In addition, participants may have their own reasons not to verify the researcher's interpretations even when correct (Hammersley and Atkinson,1983, p.196-197).

In this research, I made particular use of respondent validation to ensure, as far as possible, that my understanding of respondents' thoughts, views, actions and relationships was shared by them. During the process of the field work with the families, I had seen clearly how easily verbal statements and observations can be ascribed a different meaning to those intended. There were two instances when this could have happened but for further interpretation by the participants themselves. I wanted to reduce the possibility that there were others. Secondly, I thought that this might prompt respondents to add to the data. Thirdly, there were ethical considerations which are described in the following section.

I sent to each person a narrative account of his or her experiences drawn from the transcribed interview and using the themes explored. Frequent verbatim quotations were included since paraphrasing them might have diluted their meaning. I explained this in an enclosed covering letter, inviting each participant to comment on the account especially if he / she thought he / she had been misrepresented. I asked respondents to return the papers as I thought that this would encourage them to provide additional data.

All but Rob Brown (Appendix, B.2) Richard, Mary and Patricia Yellolee (Appendix, B.5) did so. On the advice of his father, I sent Rob's contribution to his new address. He further advised me that his son was a

poor correspondent and I would be unlikely to receive a reply and so should word my letter accordingly. The fact that some members of the Yellolee family did not reply is discussed in the ethics section.

All the respondents made positive comments about the accounts of their contributions. There was however an exchange of correspondence and telephone calls between Elisabeth Grey (Appendix B.1) and myself to reach a shared understanding of her experiences.

Ethical issues.

It has been suggested that sensitive subjects require of the researcher additional attention to ethical issues (Lee, 1993, p.2). The nature of this study could be defined as sensitive as it combined two emotionally charged areas, adoption and bereavement. Research into such areas may be threatening to participants because of the levels of stress it may induce (Lee, 1993, p.6). Aware of this, I set out to pay particular attention to ethical issues helped by the guidelines of the Social Research Association and the Code of Ethics for Social Work. As these are general, I knew that I might need to rely on my own judgement and conscience (Kimmel, 1988, p.33) and that ethical judgements needed to be made at all stages of the research process (Rees, 1991, p.141). Throughout, I was guided by three main ethical considerations. These were confidentiality, informed consent to taking part and a commitment not to damage participants by causing undue distress.

Confidentiality

I undertook not to reveal the identity of any participant or agency which any adoption worker represented. An exception was the British Agencies for Adoption and Fostering as its public nature and role made this unnecessary. There could have been difficulties in maintaining the confidentiality of my own agency as my place of work was easily discovered. As the identity of the agency was difficult to conceal, certain key individuals within it were easily identifiable especially where there was either only one occupying a role or very few. Difficulties did not arise during the research process but could do so in the future when the thesis is read.

I protected the identities of the families by using pseudonyms and changing other identifying features. However, to those that know the families well, their identities may be recognisable. The account of his / her contribution sent to each participant showed the disguise I had used. I asked each to inform me if he / she thought this insufficient. No-one expressed any concern.

I met some minor specific difficulties in maintaining confidentiality. These were overcome by obtaining the consent of one participant to break some aspect of this and by telling another who tested me, that I could not do so. The key to the identity of the participants was in the correspondence between us. This is kept in secure conditions and seen only by me. I transcribed the tape recorded discussions myself and these are similarly kept secure.

I believe that I took all possible steps to maintain as confidential, the identities of those taking part. However it was not possible particularly with some individuals to attain impenetrable concealment (Rees, 1991, p.149).

Informed consent

The Social Research Guidelines say,

"Inquiries involving human subjects should be based as far as practicable on the freely given informed consent of subjects."

However, informed consent, if interpreted literally, may be impossible to get and "half -informed consent" may be a more realistic if less idealistic goal (Rees, 1991, p.146). Throughout the research, I tried to ensure that all taking part were doing so because they chose to do so in the light of knowing to what they were consenting. As Lee (1993, p.103) argues, my chosen research strategy of loosely structured interviews posed particular problems with this. Informants might not realise before an interview what they might reveal, in what ways, or at what risk. I was aware however, that the giving of consent is a continuing process so that participants could withdraw at any time. I tried to ensure that they knew this by checking throughout the process that they were willing to continue. I did not presume at any stage that they would continue to the next.

It was however, sometimes difficult to judge whether people were truly willing to take part. It is only with hindsight that I recognised the ambivalence of two people. At the time this was confusing. I think that the professional adoption workers who participated in the research did so because they chose to do so and were interested. There were many ways available to them not to have done so. Pressure of work could easily have been pleaded but this excusen or any other, was ever used.

Of the six families who initially responded to my open letter, two subsequently withdrew on learning more about the research. This seemed in an ethical sense, sound. They had sufficient information to make an

informed choice and did so. In retropect. I realise that another family may not have had a similar opportunity to make such a choice.

This was the family to whom I did a preliminary visit to tell them about my work but who subsequently chose not to continue. I think that this family did not have the same freedom to choose whether or not to respond as those contacted through P.P.I.A.S. The family may have felt under some obligation to do so since the suggestion had been made by someone who in the past had been helpful to them. In retrospect, I do not think I should have pursued this course.

With the Yellolee family, it was confusing to know whether or not I was always welcome in their home and whether the husband particularly was truly willing to take part. He may have felt under some pressure to do so especially as his wife had always seemed very interested in participating and after my initial visit had particularly commented on her enjoyment of it. With hindsight, it would have been preferable to have left the family to take the next step and contact me themselves.

As previously explained and for reasons already stated. I sent to each family member participating, the narrative account of his / her contribution. I also thought that they "owned" these accounts. I felt a strong sense that they had all given me a great deal and that I would never want to betray their trust. I thought that by giving each person the accounts to which they had contributed and telling him / her how I intended using it and inviting comments, they had the means to give informed consent. I asked everyone to return the written account with their comments. Thereby, I hoped to learn that I truly had this.

As stated earlier, all returned the written accounts except Rob Brown, Richard, Mary and Patricia Yellolee. For the first, on the advice of his father already explained, I explicitly stated in my covering letter to him that I would assume that I had his consent unless I heard from him. I provided him with a pre-paid, self-addressed envelope to do so.

With those participants who replied, the issue of informed consent was implicit. I assumed that from their replies I would know whether or not I had this. This worked well. However, without a reply from the remainder, I was posed with a dilemma. Should I prompt them and risk that they forbid me to use the information or let the matter rest in the knowledge that they have had the opportunity to see it and to register any unhappiness. I decided on the latter.

Causing undue distress.

I was aware, throughout my contact with all respondents, of the possibly painful nature of the subject. I was alert to signs of distress and to ensuring that this was within their control and that they chose whether or not to continue. I did this by careful observation, by asking them if they would like to stop or by helping them to move the subject on if there were indications that this was preferred.

However, with one family, there did not appear to be any distress whilst I was present but this emerged later. During my explanatory visit to the family whom I met in January 1993 and referred to earlier, the couple appeared to enjoy talking of their experiences. Indeed, they particularly indicated that they wanted to continue. In a prior telephone conversation, the wife had explained that the sad events of the past had been so long ago that she doubted that she could be of help since memories had faded. However, she found she remembered a great deal and this had been disturbing to her. I have considered whether I should have anticipated this, particularly as previously mentioned, this was an inherent danger of my research method. However, I had been guided by the commonsense notion that also underlies adoption practice that grief diminishes with time. Discovering the triteness of this assumption was part of my learning process about the nature of grief. It illustrates the spiralling nature of this process to which I have previously referred as this prompted me to further reading and also informed me in my later contacts with the families.

A further difficulty arose when on two occasions, one member of the family expressed to me views and feelings which if known by other(s) in the family would be very hurtful. Although not told to me in confidence, I would not pass on such information without permission. However, should those people read the research, they would then learn of the distress of others to which they had inadvertently contributed. In one such instance, a participant showed to her parents, the account of her contribution to the research which I had sent to her. In this, I had modified, at her request, the extent of her distress which she had described to me. Nevertheless, this was the first the parents knew of this. The participant in turn, read her parents' account. From later correspondence, I learned that no difficulties had ensued as a result but instead the family members had reached a closer understanding of each others views.

A further ethical issue relating to distress arose but this was connected with alleviating it rather than prompting it. One respondent expressed to me great distress about the loss of her brother with which she had had no help. Further she had had no assistance to enable her to deal with the arrival in her family of a child for adoption whom she disliked and resented. I thought that I had an ethical duty to help her obtain suitable support, if she wanted it. I identified appropriate sources of help for her without revealing her identity. I then discussed with the respondent the possibility of help for her and told her what was

available. However, she thought that since she had talked to me, she had discussed with her husband and friends much of her feelings and she considered she no longer needed this.

Researcher influence

As discussed in Chapter 2, this research is characterised by a reflexive approach which recognises that the researcher is unavoidably part of the social world he or she is investigating and takes account of that. As the researcher is at the centre of the research process and part of it and is engaged in a complex relationship with those being studied, it is important to understand the influence of that person on the relationship and process. As Jones (1991, p.211) advises this involves more than "listening beyond" but to "understanding beyond", to be aware of how the social and cultural factors which both parties bring to the encounter affect what happens thereafter. This "understanding beyond" or reflexivity involves the researcher reflecting on the relationship with those being studied and on how factors such as gender, class, race, age and status may have affected it.

As a female researcher, I felt comfortable and at ease with all the women and children whom I met. Jones (1991, p.211) has remarked on this as a common observation of women researchers. I think that they similarly felt comfortable with me. I was also quite at ease with some men but I think others may have experienced some discomfort in talking to a woman. All but one of the professionals with whom I engaged individually were women. The one man with whom I met spoke very, very, quietly to the extent that it was quite difficult to hear him. I do not think this was his normal demeanor as he occupies a public position and is used to speaking to large audiences. Of the families, one withdrew after the wife had initially offered help when he learned that I would be interested to meet and talk with him. Similarly, another family whom I was going to meet until a family crisis prevented this, indicated that the husband might find discussion difficult. The husband in a further family did not wish to take part from the outset and I met only the wife. In addition, the husband in the family whom I met in January 1993 but who did not continue was the person who was initially hesitant. Also Richard Yellolee may have felt more relaxed with a male interviewer.

Related to this may have been the sensitive nature of the enquiry and the distressing feelings which it could arouse. It is socially and culturally acceptable for women to express distress in front of others but some men may consider it not so for them to do so, particularly so before a woman.

Lee referring to research into areas of personal experience such as bereavement (1993, p.6) says,

"An additional problem here, which also affects research into the private sphere, has to do with maintaining an appropriate demeanour in face-to-face contact with the researcher. Although it may be difficult to remain composed in trying circumstances, the ability to do so is socially prized. Doubts that one can maintain proper standards of poise when asked about sensitive matters may therefore make matters even more threatening."

It may have been more stressful for the men to remain in control of their emotions than for the women.

The fact that I am from a middle class background may have helped to make positive relationships specifically with two families. I heard myself referred to by one as "a nice lady" and by the other as "a very nice lady"! In middle-age also, I was not too dissimilar to most of the professionals and to the parents in the families and I think this similarity in life experience and maturity contributed to a comfortable, relaxed relationship with most people. A youthful researcher might have made it more difficult, particularly for the men, to talk about themselves and their feelings.

My background as a social worker seemed to inhibit my relationship with Richard Yellolee as he referred to me by that term rather than as a researcher. He and his family had had experiences which they had found very distressing involving social workers and I think this may have influenced his perception of me.

With the exception of one child, I was of similar race to all respondents and I do not think that this was an issue in the relationships I had with them.

As stated earlier, I experienced as a researcher, particularly with the families a reversal of the power relationship to that in my role as an adoption worker. In my research role, the families had the power as they had the information which I wanted whereas in my social work role, I have the means to help or hinder them to gain what they want - a child. I was conscious of this and consequently was nervous each time I approached them to discuss a possible meeting. This may have been evident to them.

Chapter 5   The Professional Adoption Workers.

Introduction

This chapter is devoted to exploring the professional adoption workers' ideas about bereaved families as successful adopters and about "replacement". The account begins by describing what the adoption workers said they meant by "replacement" when asked to reflect on this and on what informed them about it. The term so often arose in discussions that it demands some explanation at the outset. Further understanding of what "replacement" means unfolds in this chapter as the way adoption workers used the term in their everyday conversation is explored.

The description of the adoption workers' thinking is then organised around **different themes** to those identified in Chapter 2. These emerged in the process of analysing the qualitative data from the original questionnaire, the group discussions and the guided interviews. The new themes seemed a more helpful organising framework than those previously used as they enabled a less disjointed and repetitive account of the adoption workers' thinking to be given than if the previous themes had been retained. Before describing and discussing the new themes however, a brief explanation is required of the process by which the qualitative data was analysed, a subject which has received surprisingly little attention in the literature (Dey 1993, p.5; Allan, 1991, p.185).

The analysis of the data

This consists of breaking up the data in order to classify it and is done by assigning each episode of speech or action to different categories devised by the researcher. These categories are related to the questions, propositions or themes which he / she wishes to address. They are identified by an over-arching concept, the definition of which determines in which category each section of data should be placed. The categories may then be subdivided. The concepts which identify the categories have been described as "the building blocks" of the analysis (Dey, 1993, p.47).

In this research, the original themes described in Chapter 2 were used as the categories for classification of the data. These seemed ready-made for the purpose. They were closely linked to the object of my enquiries and as outlined there, were linked with each other (Dey, 1993, p.97). The data were assigned to the individual categories according to the criteria indicated in Chapter 2.

The data. once divided. are brought together again as the researcher identifies links between the categories - the "mortar" between the "building blocks" (Dey, 1993, p.47). The data are examined for regularities, variations and singularities, patterns and correlations. A picture of the phenomenon being studied is gradually built up to give a new description, interpretation and explanation of it which is the account of the analysis.

The process of analysis is iterative (Dey, 1993, p.53). It resembles the spiralling process of this research and my own learning. The researcher moves backwards and forwards between the original data and the categories devised as ideas about possible links and patterns are tested. As the analysis progresses and parts of the research report written, new ideas and connections may become clearer, prompting a return to the categories and further examination of the data as new pathways through it are explored.

Very clear links connecting these categories emerged in the process of classifying and perusing the data. These form the new themes guiding the framework of this chapter. These are:

a)The **expectations** of the adoption workers about the bereaved families as suitable adopters.

b)Their **understanding** of the experiences and actions of the bereaved parents and children.

c)The **meanings** which they attributed to the actions or experiences of the bereaved families.

d)Their personal **anxiety** or other emotional response to the experiences or actions of bereaved families.

The relationship between the original and the new themes

The new themes are the main means by which the actions and experiences of bereaved families and their potential for success as adopters are evaluated whilst the original themes are the areas of such behaviour and experiences which the professionals think important to consider.

There is a close link between people's understanding of others experiences, their expectations of their actions, and the subjective meanings they give to these. As well, anxiety can be aroused if expectations are not met or actions not understood. Thus these themes often occur within the same episode of speech

described in this account. This leads to some repetition. However, it was important to separate the themes in order to highlight them and the relationship which I later suggest they have to "replacement".

The preliminary questionnaire

A summary of the conclusions of the initial survey (Appendix A. pp. 2 - 6) to which I referred in Chapter 2 is given briefly as the qualitative data from this is included in the analysis and the quantitative information from the whole research is discussed later in the chapter. This early research was to establish whether certain impressions of professional thinking about bereaved parents as adopters which I had gained from practice, were in fact more widely held. Such confirmation was needed to be sure that the subject merited study.

The research confirmed my impression of more professional concern about the placement of children for adoption in families in which a previous child has died than in those which had not experienced such a loss, at least in the agency studied. This seemed particularly so in the adoptions officers but less so in members of the Adoption Panel. However the relevant question (Question 1) which explored this was framed as problematic and could have led to some degree of bias. "Replacement" was a theme throughout the replies from all three of the groups studied - the adoptions officers, the childrens' social workers and members of the Adoption Panel. This was invariably associated with the way in which the family was thought to have grieved and their motivation for adoption.

My further impression of more professional anxiety about the placement of a child for adoption in a bereaved family when the child who died was an older child rather than a younger child was not substantiated by the questionnaire. This may have been because I did not make a clear enough distinction between the death of an infant and an older child with a formed personality. Different answers might have been obtained had two clear examples been given e.g. a 2 day old baby and a 10 year old child.

A substantial minority of the respondents however, indicated that they would be more concerned by the prior loss of an older child than a younger one. Reasons given suggested that the consequences for both the bereaved parents and for a child placed with them for adoption were thought to be more difficult than if a young child had died. Such a loss was viewed as more grievous and of there being more liklihood of the subsequent child being regarded as a replacement for the previous child. The majority of the participants did not share such concerns but for a great variety of reasons some of which were contradictory.

There was an overwhelming concensus that there would be less concern about placing a child for adoption in a family where the prior loss was by miscarriage rather than the loss of a child born alive. This confirmed my initial understanding of professional thinking. Reasons given were again a varied mixture. Some dismissed miscarriage as a loss, some saw it as not so great a loss as the death of a child born alive whilst others viewed it as just as grievous and significant. The one dissenting view suggested that grieving a miscarriage could be the more difficult as permission is not always given to grieve such a loss.

The survey confirmed my fourth impression of professional views. There was a very clear response that adoptions workers would be less worried by the prospect of adoption by a family who had experienced a stillbirth rather than the death of a child born alive. A variety of reasons were again given. There was some agreement amongst them that a subsequent child would be less likely to be viewed as a "replacement" since it was thought attachment and bonding to a stillborn child would be less than to a child born alive. The death of a child before or during birth was thought to leave less of a gap in the lives of the parents than that of a child who had survived birth. Comparisons between the two children were thought less likely then. Noone commented on the difficulties involved in giving birth and grieving the loss at the same time.

In contrast to other views, one respondent suggested that there was more liklihood of a subsequent child being unfavourably compared with a deceased child when that child had died in early infancy or before or during birth. This is because such children can remain forever 'the perfect child' with whom no other can ever compare.

There was general agreement, confirming my impression of professional thinking, that it would be inadvisable to place in a bereaved family a child similar by age and/or gender to the deceased child. However, a small minority did not rule this out. Age rather than gender was considered the more important factor. A small minority indicated that they would be reassured about the situation of a child adopted by a bereaved family by the presence of surviving children. Their replies suggested that these children could prevent too many emotional burdens being placed on an adopted child as a result of the bereavement as these would be shared. Their presence was regarded as a safeguard for an adopted child. These were the only comments made about such children.

The adoption workers' definitions of the term "replacement"

These fell into two groups. The majority defined replacement in a negative sense with a common theme of the child adopted as a "replacement" being harmed because his / her identity and individuality was denied. A fundamental principle of adoption practice is that any child placed for adoption should be wanted, valued and accepted for her / himself. Definitions ranged from the quite specific where the adopted child was wanted, perhaps unconsciously, almost to be the dead child and thus collude with the parents to deny the loss.e.g

> "They (i.e. the bereaved parents) are wanting to reproduce the same relationship and if possible the same character and personality as the one that left their lives. Almost to pretend that the other one never did go away but is still here. So the new child is expected to step into the shoes of the other one."

to looser ones e.g.

> "To have the same ambitions for the adopted child in terms of what they had hoped for from their own child.e.g.University? Some special talent? The same hopes for a close parent-child relationship. To expect the same behaviour and values from a replaced child (as were expected from the deceased child)"

These, the most common definitions, pathologised bereaved parents and were characterised by the unrealistic expectations they were thought to have of an adopted child arising from those they had of their deceased child. These could be termed "negative replacement". Some of the minority definitions contained ideas that "replacement" could involve benefit to the new child though some did not say in what way. One was more specific and included fulfilment of the need to parent or some aspect of it. Two definitions simply meant having another child. These could be termed "positive replacement".

The wish to fill a gap in the family created by loss was considered unacceptable by two people but appropriate by two others. Similarly, it was considered suitable by some for a child to be a "substitute" for a deceased child but not by others. Two definitions of "replacement" stood out as clearly different from others. Each thought "replacement" an "obvious assumption" made about bereaved parents.

Others found the term hard to define. The Adoption Panel were thrown when at the end of their discussion, I asked them to write down their definitions of this term which they had been using. One said,

> "I don't know what I mean - I'm a woolly minded social worker. No idea what I mean by replacement. Recreating the original I suppose."

Sources of information.

The adoption workers sometimes thought that their ideas came from research or practice literature but I have been unable to identify any which particularly focuses on this subject. e.g.

> "I guess there must have been articles in BAAF journals (British Agencies for
> Adoption and Fostering) which would have been the main focus of my knowledge."(key
> informant - wider level)

The voluntary organisation P.P.I.A.S. identified NORCAP another such organisation as having undertaken a relevant research study. However, my discussion with the author thought to have carried this out, revealed that no formal study was undertaken. It is as though there is a myth of research in this field.

Five adoption workers recalled learning about "replacement" from colleagues in various capacities, some in positions to influence opinion. Of these, one identified it as the received wisdom of adoption practice in the 1970's. Another by,

> "picking it up through panels, I guess. I couldn't say there was any one particular
> place - it's just over a period of time - you know it's raised."

For others, ideas came from social work experience and specifically from work with bereaved families. The origins of others thoughts were vague as is illustrated by this example,

> "The term has been part of my thinking for a long time - I don't know where it came
> from."

This source was unique

> "Idea of replacement came from a graveyard where one family had buried four infant
> children each with the same name and each born after the death of the previous one."

These ideas do not seem to arise from reliable evidence but are circulated within the network of adoption practice as though they do.

The expectations of the professional adoption workers of bereaved families as adopters.

As their definitions of "replacement" indicated, the adoption workers were commonly concerned about the expectations which bereaved parents might have of a child joining them and particularly that these should be ones which an adopted child could realistically meet. The research identified that the professionals themselves similarly had certain expectations of such families as prospective adopters. These were based on a number of assumptions, beliefs and on certain grief theories. Expectations was the dominant theme which emerged from the research.

There was an expectation from which no one dissented that bereaved parents applying to adopt should have grieved the loss of their child. Otherwise it was thought there would be adverse consequences for an adopted child.

Such consequences were commonly identified as the bereaved parents imposing on that child expectations of their deceased child to which the "new" child could not aspire and with whom that child would be constantly compared. Such comparisons were assumed to be negative. Such bereaved parents might resent the "new" child for taking the place of their deceased child and that their ability to form a helpful relationship with him / her would be impaired. It seems therefore that grieving was viewed as a necessary precursor to successful adoption and to prevent "replacement".

These views were particularly about parents whose children were born alive and later died, the subject of the research. However, there was an occasional broader application of them to parents whose children of their hopes and dreams were lost to them because they were never conceived or to other situations where people lost the opportunity to parent a particular child. Thus concern about "replacement" was sometimes extended to a wide range of prospective adopters who had lost a child other than through death..

There was an assumption that there is a right way to grieve and bereaved parents were expected to have grieved "appropriately" or "properly". This view was voiced in the group of adoptions officers who seemed to agree with it, by representatives of the wider and national levels and by the Divisional Director.

There was an alternative view that grief can take different forms but this particularly focused on gender differences attributed to societal pressure which prevented men from grieving "properly". A member of the Adoptions Panel thought that **mothers would be more affected by the loss of a child than fathers** but this was an unusual view.

Bereaved parents were commonly expected by adoption workers to have grieved "fully" and / or to have "completed", "resolved" or "worked through" their grief which was implicitly assumed to be a finite process. There was reliance on the "working through" model of grief and on stage models all of which suggests that there is an end to the grief process.

> *The fact that they're able to talk about the child makes you think "well they've worked*
> *through the stages of grief" but maybe they haven't. Maybe one needs to just check out*
> *that they have.*

It was expected that **if this was not accomplished, then grief would re-emerge at a later date** and adversely effect the adopters' relationship with a child placed with them. This view was qualified by two workers at a senior level who had advocated the need for complete or appropriate grieving. They suggested that this would never be completely finished but thought it should have been "to quite a large extent".

A corollary to the prediction that grief will reemerge if not completed is that **if distress or sadness is expressed at a later date, this signifies that grief was was not well enough addressed initially**. This view was voiced in the discussion group of the childrens' social workers which seemed to concur with it.

The expectation of a very large majority of the professionals was that **bereaved parents should not apply or even enquire about adoption within a year of the death of their child**. It seemed to be "a rule" that the parents should first experience significant anniversaries without their child. An underlying assumption appears to be that **grief and intensity of feelings diminish steadily with time**. Significant anniversaries were expected to become less painful with the years. As a representative of the wider level put it,

> *"I think most significant experiences in our lives, like say a divorce, a marriage or*
> *loss of a child, there seems to be an unwritten rule of a year - a year to let the dust*
> *settle -less than a year - maybe but unlikely. I think you'd have to look at the individual*
> *family. It's the birthdays and Christmas it's the first one of those that's always the most*

painful. Not that it goes away on the second but the memories are less vivid than the first."

This also assumes that **bereaved parents want their memories of their child to fade** and that it is helpful to them if they do.

An exception to this "rule" was cited by an adoptions officer with particular experience of work with bereaved families. She described a family who had been expecting their disabled adopted child to die. They had begun to grieve before his death. Other agencies previously approached by the family had been very discouraging and the family informed

"we're not touching you for at least a year".

The family's application had been accepted and a child successfully placed with them. The period of **preparatory grieving before the child died was thought significant** whilst there may also have been an assumption that the **loss of a disabled child is less grievous** than that of an ablebodied one.

There was also a related assumption that **the risk to a child placed for adoption with bereaved parents similarly diminishes with the passage of time**. Those applying to adopt within a year of their child's death were assumed to have had too little time to grieve and placing a child for adoption in such circumstances would risk the child being regarded as a "replacement" for the previous child. There was however an alternative minority view that the passage of time did not necessarily mean that the family had grieved.

There was a further recurring theme which seemed to be another "rule" that **bereaved parents were expected to have made alterations to the deceased child's bedroom**. This was an expectation which the group of adoptions officers shared. One expressed her concern about a family she remembered.

"I'm thinking of a stillborn child of people I used to know who've still got all the baby clothes they had for the baby and the room was still ready and although it was 5 years ago, things were still there and it hadn't been reorganised at all."

The bereaved parents were also expected to have some photographs of their deceased child but not a great many.

The expectations of the majority of the professional adoption workers of the depth and duration of the grief of parents was linked to the age or stage of development of the child who died. There was a sliding scale of expectations in which **the deepest and most long lasting grief was expected of those whose older child had died** whilst loss of an infant, stillborn children and miscarriages were viewed as diminishingly sad. It was assumed that the less the child was known and the fewer memories there were of him / her, the less need there would be to grieve. Once again, it was assumed that few memories are beneficial in parental bereavement. However, a member of the Adoptions Panel spoke about her experience of stillbirth in which for her it was the absence of a relationship with the child which made grieving harder for her as this left her bereft

> *"with nothing to cling onto"*

There was a substantial minority of adoption workers however, who thought that the age or stage of development of the deceased child was irrelevant to the depth and duration of parental grief. They expected that **grief would be similar however long the child had been part of the parents' lives.**

Comparisons between the children concerned were commonly thought more likely when the deceased child had been an older child. Such comparisons were assumed to be negative and destructive to the "new" child.

A small minority had differing expectations. They thought that **with the absence of a defined personality** as in stillbirths, miscarriages and the loss of a child in early infancy, **the more potential there then was for invention**. The fantasies of bereaved parents about how their child might have developed and what he / she might have achieved might pose more difficulties for a subsequent child.

The majority of adoption workers expected that there would be more liklihood of bereaved families somehow forcing a subsequent child to assume the role or some aspect of the personality of their deceased child when that child had been an older child. This was summed up by a children's social worker who commented,

> *"Older child has more of a personality - more danger of replacement."*

Table 1 Derived from replies to Question 2 of the original questionnaire."Would the application (i.e.to adopt) worry you more if the child was over 1 year at death rather than under 1 year?" (Appendix A. pp.2-6)

	A.O & C.A.O.	A.P.	C.S.W.	D.D.	Ex.A. O.	W.L.	N.L.	TOTAL
YES	6	3	4	1	0	0	1	15
NO	14	4	5	0	2	2	0	27
UNCERTAIN	1	1	1	0	2	2	0	7
TOTAL	21	8	10	1	4	4	1	49

Table 2.Derived from replies to Question 3 of the questionnaire. "Would the application (i.e.to adopt) worry you more if the family`s loss was by miscarriage rather than of a living child?" (Appendix A. pp.2-6)

	A.O.	A.P.	C.S.W	D.D.	Ex A.O.	W.L.	N.L.	TOTAL
YES	1	0	0	0	0	0	0	1
NO	20	8	9	1	2	4	1	45
UNCERTAIN	0	0	1	0	2	0	0	3
TOTAL	21	8	10	1	4	4	1	49

Table 3.Derived from Question 4.of the questionnaire."Would the application worry you more if the family`s loss was by stillbirth rather than of a living child?" (Appendix A.pp.2-6)

	A.O. & C.A.O.	A.P.	C.S.W.	D.D.	EX A.O.	W.I.	N.L.	TOTAL
YES	2	0	1	0	0	0	0	3
NO	19	8	9	1	1	3	1	42
UN-CERTAIN	0	0	0	0	3	1	0	4
TOTAL	21	8	10	1	4	4	1	49

Table 4. Indicates professional views about the child appropriate to place for adoption in a bereaved family. It is derived from replies to Question 5 of the questionnaire, "In broad terms, whay kind of child should not be placed in a family in which a previous child has died?". (Appendix A. pp.2-6)

	A.O inc C.A.O.	A.P.	C.S.W.	D.D.	Ex A.O.	W.L.	N.L.	TOTAL
same sex (a)	5	2	1	0	0	1	0	9
opposite sex (b)	0	0	0	0	0	0	0	0
similar age (c)	12	2	2	1	3	3	0	23
very different age (d)	0	1	0	0	0	0	0	1
same sex and similar age (e)	19	5	8		4	4	1	41
opposite sex and very different age(f)	0	1	0			0	0	1
(a) and (c)	5	2	0		0	0	0	7
(a) and (e)	5	2	1		0	1	0	9
(a) (c) and (e)	5	2			0	0	0	7
(c) and (e)	6	1	2		3	3	0	15
(d) and (e)	0	1	0	0	0	0	0	1

Where the deceased child was **an older child**, it was occasionally thought that this child might seem **a ghostly presence** to a subsequent child but no such remarks were made about a child who had died as a baby. Thus it was the expectation of a substantial majority that there was **more risk to an adopted child** of being regarded or perceiving him or herself as a poor substitute for the previous child **if the deceased child was an older child**. For reasons explained earlier, this was not, however borne out by the quantitative information as indicated in Table 1. Tables 1, 2, and 3 show the professional concern about applications to adopt after the death of a child over the age of 1 year, after a miscarriage and after a stillbirth respectively. These are the responses to Questions 2, 3 and 4 of the original questionnaire (AppendixA. pp.2-6)

It seemed to be taken for granted by some that **those whose baby had died** before or during birth or in the first year of life **would have or adopt another baby**. Those who had experienced the death of their child at a later stage in his or her life were not so much expected to have another child. This was particularly pointed out by a representative of the wider level.

> *"You would expect someone who had lost a baby to try again and that would be the normal development of their family but if you lose a 10 year old having had no younger children and had no intention of having a younger child, it does prompt people to ask more why they want to do it."*

References were made to babies born after the loss of a baby without comment, as though taken for granted. There was only one occasion when concern about replacement was expressed about placing babies for adoption in families in which a previous baby had died.

Applications to adopt by those who had experienced the death of an older son or daughter were likely to be scrutinised more carefully than those whose child had died before birth or in the early months of life. As a professional in an influential position explained,

"Replacement is more of an issue when it is an older child who has a formed personality and traits and the parents have got used to him. When you get an older child (who has died), then you've got to work out the motivation of the parents - why they want what they want because of the issue of comparing and contrasting when the new child comes in."

This view was shared by the Adoption Panel except for one who said,

"We've had a number of couples apply for adoption who have lost babies at a very early stage----Is that any different from wanting to adopt a child after the death of a later one aged 5,6,7,? I don't think it is you see."

Bereaved applicants to adopt were expected to seek a child different by age and / or gender to their child who had died. Similarities between the two children were widely expected to lead to difficulties for both the bereaved parents and for the adopted child. It was a general and strongly held view that the more similarity there was between the two children, the more risk there was likely to be to the success of the adoption placement.

Similarities between the children were expected to prompt memories and feelings in the parents which were assumed to be painful. Further it was also thought that **similarities of age or gender would prompt comparisons** between them which were assumed to view the adopted child unfavourably. As well, it was predicted that a child adopted in such circumstances might feel and / or perceive him / herself as a "replacement" for the previous child. Table 4. shows the views of the adoption workers about the age and / or gender of child who should not be placed in a bereaved family. (Appendix A. pp.2 - 6.)

It was thought that **if a child similar by age and or gender or other major feature to the deceased child was placed, the parents would be unable to prevent themselves regarding the "new" child as a replacement** for their previous child as unconscious processes would take place. The adopted child might be "over-identified" with the deceased child or the characteristics of the previous child would be "projected" onto the "new" child.

Considerable discussion about this took place in the group of childrens' social workers. At the beginning, I had asked the group to reflect on their thinking or knowledge which they would bring to bear in considering, as an adoptive family for a child for whom they had a responsibilty, one in which a previous

birth child had died. A social worker remarked that such knowledge was likely to be based on prejudice, fantasy or value systems. Another, who had experience of placing a child for adoption in such circumstances suggested that some facts would be known. She said,

> *C.S.W. "Well, you'd have some facts wouldn't you? You'd know the age of the child that died, I expect and how that corresponded with the age of the child you're hoping to place. So one of the first things would be, where the dead child had been in the family and where your child would be."*

> *E.H. "What would your thoughts be about that?"*

> *C.S.W. "Well, I'd be pretty concerned if it was the same sex and very much the same age".*

> *E.H. "Could you say a bit more about why?"*

> *C.S.W. "Well, really because - I mean the obvious thing is the replacement bit. I think however much parents may have grieved and gone through the process of grieving, if they had another child of the same sex and age, it would actually replace that missing child, however much they tried not to. That's what I'd be afraid of."*

Later in the discussion, the view that "replacing" a deceased child with another would be beyond the control of the parents where there were similarities between the children was raised again.

One member of the group voiced the opinion that there was nothing wrong with placing in a bereaved family, a child similar to the deceased child

> *"so long as you're sure they are not going to imprint the personality of that child onto the replacement."*

Another replied,

> *"I think it might be difficult not to to some extent. I mean, it might be difficult not to treat the child in the same way - it would be hard not to see similarities and put certain characteristics onto that child."*

The first social worker quoted reiterated this a little later.

> *"I think if you've got age and gender together, I see that as a potential hazard. That was really what I meant when I first spoke about it. If you've got them both the same, I think, it would be quite difficult for the family not to start projecting the other child onto this child."*

The dominant view of this group was summed up by a social worker who thought that

> *"the more commonality there is, the more risk there has to be"*

of the characteristics of the deceased child being projected onto the adopted child.

A related and commonly held view was that **placing a child different by age and or gender to the deceased child would help to safeguard that child** from either feeling or being viewed as a "replacement child". In a guided interview with the County Adoptions Officer, I commented on my impression that it seemed that practitioners sometimes imposed difference on bereaved families. She agreed saying,

> *"We don't want the child to feel like a replacement", adding that it was a further safeguard for the child.*

Imposing difference on bereaved adopters in this way **was also expected to regulate the family's attitudes and feelings towards the adopted child**. The Divisional Director thinking about the kind of child who could most appropriately be placed with a bereaved family said,

> *"One would look to something a bit younger or older (i.e.than the deceased child) - a different sex if they (i.e.the bereaved parents) would accept that. That would not invite such great comparisons if you put a 10 year old child instead of a 7 year old. I think that's the problem. At least they can see the child is age different and sex different and they will approach the child - their attitudes to the child in a different way".*

A children's social worker was unique in her view that imposing too much difference on a family, rather than being helpful could cause difficulties.

Imposing difference was not confined to age and gender alone but could also include the name to be given to the adopted child. The most senior social worker in a voluntary adoption agency related how it had been planned to place a baby when born with a particular couple who had met the young expectant mother. Sadly, the baby had died. Some months later, another baby was placed with the couple. The social worker responsible was very concerned that they planned to call the second baby by the name they had chosen for the first. She strongly discouraged them from doing so but instead to keep that name for the baby that had died and to accept the second child as a new child. With a new name, it was assumed the parents would recognise the second baby as a new person which they might otherwise not have done. This illustrates how professional concerns about "replacement" were extended to other situations of loss other than the death of a birth child.

Losing a child through death was widely assumed to be a destructive experience. It was not expected that the parenting capacity of the bereaved father and mother would be enhanced by it. The most commonly identified effect of the experience was that the parents would become overprotective of a subsequent child. Three people indicated, however that through a stressful life event, positive change could result though there was no suggestion that adoption could be part of this.

The adoption workers understanding of the experiences and actions of bereaved families

The theoretical framework for understanding the experiences of loss and grief was in the main psychoanalytic / psychodynamic theory with an emphasis on emotional and other internal processes, sometimes unconscious ones, rather than external social factors. Grief was viewed as a social experience only in the sense that a strong network of social contacts which could support bereaved parents in their grief and which could similarly help them with the difficulties involved in adopting a child was considered important. There was an implicit use of a disease model to understand parental bereavement and subsequent adoption with many references to grieving, motivation and behaviour as healthy or not. Attachment theory was also used.

The understanding of the professionals of the experiences and actions of bereaved parents as adopters varied. Loss of a child was commonly understood as a very distressing and painful experience which could place great strain on a marriage. It was sometimes equated to other life changes such as divorce or

to other forms of bereavement such as loss of parents or spouse. Two people, a children's social worker and a key informant from the wider level described the nature of parental bereavement as "devastating".

A minority understood miscarriages and stillbirths to be as painfully traumatic as loss of a child who had survived and grown. Stillbirths were identified occasionally, mainly by the adoptions officers, as having particular features which made grieving difficult. These were that they were unexpected and unnatural since life and death coincided whilst there were no happy times on which to reflect. Also, lack of general public recognition meant that support, including that of Churches was not readily offered.

The majority of professionals understood prebirth losses as less painful experiences from which parents would more easily recover than loss of a child past infancy. One key informant from the wider area who had herself suffered such a loss identified a possible reason for this view.

> *"I think partly it's ignorance actually. So very few social workers understand what*
> *couples go through in order to get pregnant (i.e.infertility treatment) that I'm sure it'll*
> *be the same over a miscarriage."*

Society, of which social workers are a part, has a similar understanding to the majority of the professionals studied. It is presumed that as the parents have not known the unborn child, the loss will not be felt so much. However, perhaps it is because others have not known the child that makes it harder for them to appreciate the experiences of those who have suffered such losses.

Discussing the reasons of bereaved parents for seeking adoption after the death of their child, a key informant observed,

> *"I think probably if a baby died and a couple applied to adopt even quite soon*
> *afterwards, there is more understanding about their desire to do so than there is when*
> *an older child dies and that leads to some application for adoption."*

This was borne out by data which indicated that an application to adopt in such circumstances would be more likely to be scrutinised and questioned than after the loss of a baby or a child who died before or during birth which tended to be taken for granted as normal and natural. There was an implied suggestion that adopting after the death of an older child is not "natural". These two views are highlighted by two members of the Adoption Panel.

> *"if a couple loses a baby and they were of a certain age, you would be thinking*
>
> *about a baby anyway, wouldn't you because that would be the natural thing."*

> *"I think it makes the warning signs come up to you and it's something you have to look*
>
> *at and consider first, you know, why is someone wanting a 9 year old girl when their*
>
> *own 9 year old died in an accident a year ago."*

Some reasons for adopting after the death of a child, particularly an older child were however, identified as appropriate. Those who had enjoyed being parents but had lost their role with the death of an only child and wanted to be parents again were understood as were those who wanted to have a family of a larger or a particular size. An adoptions officer, with particular experience of working with bereaved families, thought that some bereaved parents had "a certain self esteem" which arose from confidence in having some experience or expertise to offer to another child. Reusing personal or other resources for the benefit of another child was repeated several times.

> *"it wasn't about replacing the child they had lost. It was about having these skills*
>
> *and having this ability and it wasn't being used.. That's what they were doing -*
>
> *offering it to someone else."*

As indicated earlier, bereaved parents seeking a child similar in some major characteristic to their previous child may prompt professional concern about "replacement". However, three exceptions to this were identified though these were not unanimous views. They seemed to be made when the adoption worker concerned understood the parents' reasons for doing so.

1 Seeking a child similar by gender could be appropriate if the lifestyle of the family or availability of bedroom space indicated this. It was not explained whether the adopted child would feel like "a replacement" then. It could equally be thought that a family's lifestyle could suggest that a child of a similar age to the deceased child would be suitably placed but this was never argued.

2 Similarly, seeking a child with the same disability as a previous child was sometimes thought acceptable though, as indicated earlier, it could equally be thought totally inappropriate. As some bereaved parents have general experience in bringing up children which could be used for the benefit of another child, some may have a particular interest and understanding of children with a specific disability.

3 Those seeking a child to be the youngest in their family whose youngest child had died might also meet sympathy. The representative from the national level was the only respondent who identified that this as the family position often considered by adoption workers to be easiest for an adopted child to occupy. It would also be regarded as "normal" since this replicates the way a natural family grows and so is more readily expected and understood.

Although much attention was given to understanding how the bereaved parents had dealt with the loss of their child and to appreciating the perspective of the child placed for adoption with them, comparatively little was given to understanding the position of any other children of the family. Two people particularly mentioned the importance of exploring the reactions to the loss of all family members including children. There was some agreement amongst the adoption and fostering officers that the way a child understood and dealt with the loss depended on how the adults themselves did so. Two people hinted that helping a child understand and cope with the loss of a sibling is a difficult task both in selecting suitable vocabulary to use and understanding a child`s perception of death.

The interpretations which the adoption workers made of the experiences and actions of bereaved families.

It was noticeable that the professional adoption workers frequently attributed their meanings to the experiences of bereaved families and their observations of them. Some observations and experiences held similar meanings for a number of adoption workers.

The meaning of the loss experienced by the family was frequently defined by the adoption workers. The loss of a child through miscarriage or stillbirth was commonly seen as a "lesser" loss than the death of a child who had lived for some time. Miscarriages and stillbirths were often assumed not to be the loss of a child. This key informant from the wider level illustrated this as clarification about the scope of the research was sought.

> *"I thought to myself, does she mean (i.e.the researcher) actual children who were around for some time - there are only a limited number of families with children who have died that we have got experience of. I mean there are hardly any families that haven`t had miscarriages often very late into the stillbirth situation."*

There was a similar, commonly held view that because miscarriages frequently happen, the meaning to the individuals concerned was thereby diminished. As one worker dismissively put it,

"Miscarriages are a common experience to women".

Conversely the death of an older child was repeatedly seen as a greater loss. The representative from BAAF, giving a national view, reflected that commonly held by the adoption workers.

"I think the loss of a real living child who has made relationships, who has been part of a family and by being part of a family has altered the dynamics of the family I think that loss must be greater than the other sorts of less tangible loss though I think it is very difficult to generalise."

There was a substantial alternative view that the meaning of the loss to the families concerned was unrelated to the age or stage of development of the child who died. Instead, the loss of a child at any time had a similar meaning to bereaved parents. A very tiny minority comprising three adoptions officers sought to explore the meaning of the loss to those concerned. As one put it,

"I would be attempting in all grief work to reach the heart of that loss in whatever shape it had come."

When the adoption workers referred to bereaved parents "replacing a child' after the death of a previous child this was almost invariably meant in a pathological sense as did their definitions described earlier. One key informant from the wider area described how this was viewed at the time she trained in the late 1970's.

"It was felt then that one of the worst motivations you could have would be to replace the child you had lost with another -and it was just offering - you didn`t get further than that."

There was some evidence that this view still prevailed amongst the adoption workers studied.

However, there were two adoption workers who were unusual in that they did not place a negative meaning on "replacement"' when using that term in the course of guided interviews or discussion groups. One, a children`s social worker placed a social history interpretation on this.

*"I think if you've lost a child and you want another child to replace that child, I
don't think that's unhealthy. I think you might want to give them a chance to think
about it and well, it's something you can't do is replace directly. But I believe it to be a
natural process. Certainly a 100 years ago it was the normal process because people
lost children regularly. It was a common thing to have a child die and then have
another child."*

Similarly, having or adopting a child after the loss of a previous one was not always described as
"replacement". This was invariably when the adoption workers were talking of children who died in
infancy or before. The principle, previously described, of not placing a child for adoption in a family in
which a similarly aged child had died seemed then not so likely to be applied. As one key informant from
the wider level remarked,

*"I mean for people who have lost babies, I may place more babies - I don't find that
so difficult somehow. I mean I don't think we have to place a 2 year old because it was
a baby they lost."*

Maintaining a deceased child's bedroom unchanged some years after the loss held a pathological meaning
for the professional adoption workers. Bereaved parents who did so were thought unsuitable to adopt.
This was a deeply held and recurring view particularly expressed by both the adoptions officers and the
Adoption Panel. One of the latter related her experience of visiting a family who had enquired about
adoption and whose daughter had died 3 years previously.

*"The mother took me upstairs to see the bedroom which she had left just as it was -
then I knew at this stage that it was an absolute nonstarter.--You know, three years and
the bedroom was the same. It was almost like a shrine."*

The Panel member thought that the unchanged bedroom meant that the parents were seeking a
"replacement" for their daughter which they would expect to alleviate the pain of grief. For a child placed
for adoption in the family

*"it would be like living in someone's shadow I should think - a giant shadow of
someone who was there. It was like she was still in the house."*

The Adoption Panel shared these views whilst the adoptions officers in a separate discussion had similar ones. They thought also that such an unchanged room signified that the parents were "stuck" in their grief.

The presence of a large number of photographs of the deceased child was thought to have a similar meaning as the most senior social worker in one agency remarked,

> *"One would hope that there are some photographs of the child who died around but it's where you get too many and where they never touch the child's bedroom again and they couldn't bear to redecorate it because they want it as a shrine, that's really worrying".*

Asked to explain what the worry was she said,

> *"The child is still there in all sorts of ways and the new child doesn't stand much chance----.But a few photographs says, "Yes, we had happy times together. These are reminders of happy times and memories."*

Equally, it could be thought that many photographs means a host of happy memories and a few a comparative lack of interest in the child.

The continuing sense of the "presence" of the previous child was commonly thought likely to have an adverse effect on a subsequent child who would thereby be unable to establish a place in the family and compete with the child still there. To another whose view was unique, it was the fact that the deceased child of a family with whom "her" child was to be placed for adoption still had a place in the family that reassured her that the placement was suitable. The family talked of the child, though not obsessively, and visited her grave. To the social worker, this meant that she still had a place in the family and so her child would not be expected to take that place.

Giving a child the same name as that of their dead child was thought to mean that the bereaved parents were expecting that child to "replace" their previous child. This was particularly pointed out by a professional in a position to influence opinion. She had observed that Victorian gravestones sometimes featured the deaths of a number of infant children born to the same families. She had noted that each child born after the death of the previous one was given the same name. Of this she said,

"That's actually very worrying - they couldn't let the other child have a different name, it had to be the same name again. If you had adopters saying 'we want another Mary because we lost a Mary', poor kid doesn't even have a chance to have a new name let alone a new personality."

An alternative interpretation of the actions of bereaved parents was given by a children's social worker.

"A 100 years ago, children were dying very, very young and it was fairly common practice when the next child came along, if it was of the same sex, to give it the same name and in many cases they used the same birth certificate because it was cheaper."

Where bereaved parents seemed to be seeking a child in other ways similar to their deceased child, pathological meanings were frequently attributed to this. As one key informant put it,

"Certainly, the ones that would be worrying are the people who are clearly into replacement. You know - our daughter, aged 10 was run over by a bus, we want another girl aged 10 years instead. We've got a nice room with all her toys. I'd run a mile from that sort of category."

Discussion about this took place in the group of those with particular experience of bereaved families. One worker described a family known to her whose adopted Downs Syndrome child had died and who wanted to adopt another boy with the same disability which with her help they did. Commenting on this she remarked,

"But a lot of people would tell you 'you can't put another boy Downs Syndrome where they've lost a boy Downs Syndrome'."

I asked why this was and was told

"it's replacement, isn't it. it's the danger area. You just don't touch that".

Indeed, this was the thinking of a key informant from the wider area who described a situation discussed by the Adoption Panel which she chaired. A couple whose 6 month old Downs Syndrome daughter had died a year previously were being considered as adoptive parents for a 9 year old boy with a learning difficulty but not Downs Syndrome. She and the Panel were reassured that they were not "replacing" their child because the subsequent child did not have Downs Syndrome.

The personal anxieties of the professional adoption workers

The general anxiety of adoption work and the responsibility this places on professionals was remarked on by one key informant. Two drew particular attention to the differing abilities of individual adoption workers to deal with an application to adopt by bereaved parents. This was a very interesting and unusual view amongst the respondents. One who discussed the research with colleagues before meeting me said,

> *"We feel it was as much to do with the worker's own perception and understanding of loss and not being frightened of the emotions as it was the couples".*

She suggested that some would be unable to cope with the pain of the parents and for self protection, would make a superficial job of the assessment or find a reason to discourage a bereaved couple from continuing with their application.

There was some evidence from the qualitative data that professional anxieties were more likely to be aroused when an older child had died than when a child had died in infancy. A key informant had been discussing the subject at some length in quite a matter of fact way. She admitted, with tears in her eyes, that the death of a grown child made her feel particularly anxious because she now realised that she could not face nor cope with such a loss. There were signs of distress in others and one became anxious and avoided the subject,

> *"I think most families would say you can never prepare for death and even though you are aware of it, it takes you by surprise - but the loss of a 10 year old being knocked down suddenly -it must be terrible -Oh, I've got an 8 year old - I don't want to think about it."*

As pointed out previously, the quantitative data did not however, support this consistently.(see Table 1 p.115).

Connecting expectations, understanding, meaning and anxiety

It appears from the data that there is a connection between the expectations of the adoption workers about the actions of bereaved parents, their understanding of their experiences and the meanings which they give to such actions. If their expectations are not met by the bereaved parents or if they do not understand their actions or if their anxieties are aroused then pathological meanings may be attributed to them. The assumption is then made that the parents are seeking to "replace" their deceased child.

Expectations.

Where the adoption workers described bereaved parents behaving in ways which did not meet their expectations, an interpretation of their actions as likely to be harmful to any child placed for adoption with them was made. Thus where the parents maintained their deceased child's room unchanged, this itself thought to be an indication of unresolved grief or had a great many photographs, sought a child similar to their deceased child or named him / her similarly, they were assumed to be expecting the subsequent child to take on some aspect of the role or personality of their previous child.i.e. to "replace" that child.

Conversely where expectations were met, pathological interpretations were not made. For instance, as described earlier, those who lost a baby were expected to have another baby. There were a number of instances where the adoption workers described miscarriages, stillbirth and the loss of a baby born alive. The arrival of a subsequent baby was referred to in passing as though taken for granted. A negative meaning was not ascribed to this.

Similarly, the two adoption workers who, exceptionally seemed to expect and understand why those who had lost an older child might seek to have or adopt another, did not attach a pathological meaning to their use of the term "replacing a child".

One described her reaction to reading of the death of a teenage girl from a heart condition,

> "I wondered whether her parents would ever have wanted to find somebody to
> replace her - another girl. Very difficult but once they had gone through the grief and
> the anger and the guilt "was it our fault she was born like this" or something like that.
> Would they want another girl in their lives, another daughter in their lives. And I think

*if they wanted to, they should have equal opportunities with any childless couples who
come forward."*

Understanding

The key respondent referred to earlier who in describing how a deceased child's bedroom remained
unchanged asked,

"Why should a room be kept for a child who does not need it any more?"

This suggests that the reason for this was not understood and a pathological assumption was made to
explain the parents' behaviour. Conversely, bereaved parents seeking a child similar to their deceased
child were not thought to be "replacing" their child when the adoption workers understood the parents
reasons.

This is illustrated by another key informant who could understand why a bereaved family would seek to
adopt a child of the same gender as their deceased child but could not so readily understand a family
seeking a child with a similar disability to their previous child.

*" I could understand why a family would want to take on a child of the same sex
because they feel comfortable with them. Having had two boys, I would feel very
unhappy if I were to have a girl. I wouldn't know that I'd have the skills to cope with a
girl because I think they are fundamentally different. So I could see that if a family lost
a girl that they would feel more comfortable in taking on another girl but it wouldn't
necessarily be a replacement."*

She later referred to a situation which had recently been debated by the Adoption Panel which she chaired.
This was one described earlier in which a couple whose 6 month old baby girl with Downs Syndrome had
died a year previously and who were being considered as adoptive parents for a 9 year old boy. She
remarked that had they wanted to adopt a Downs Syndrome baby she would have had doubts about this
and questioned the couples motivation. I suggested that following her own argument, the parents similarly
might have skills and experience with children with Downs Syndrome. However, she was very doubtful
about this as though this was not so readily understandable to her.

The following social worker, experienced in work with bereaved families, described a particular bereaved family which she met which did not meet her expectations, whose actions she did not comprehend and who seemed to have aroused her anxieties also.

> "I visited a family where the ashes were kept in an urn on the mantelpiece. That actually threw me, I must admit. I didn't proceed with that one. And I thought that that would be a replacement. You know, because this was the child we lost and now you've come. I think that was my anxiety. I mean if they were going to insist on keeping this urn of ashes on the mantelpiece, I thought that any child going in could have been quite frightened but apart from that would, I felt, certainly be a replacement."

Another described her thoughts about a couple whose two year old child had died and who subsequently applied to adopt.

> "They seemed to have dealt in a very normal way with losing him. They said and did all the right things. There was a lot of demonstration of how they had coped with the loss of this child - how they had explained it to their other child. But very suddenly, their own personal relationship, I think partly as a result of the assessment, actually just disintegrated. The husband walked out. I'm quite sure that although he was saying a lot of things, I'm not sure that he had fully come to terms with it. In fact it was a replacement for him."

Bereaved parents thought suitable to adopt were those who met professional expectations and whose actions were understood. However, some features were specifically but briefly identified as indicators of likely success as adoptive parents. These were the ability not to focus solely on the loss but to look outward at what other ways their lives could proceed; to be able to talk easily about their child; an ability to use their experience of bereavement to help an adopted child with the loss of their original family; an ability to use the support of others and to develop ways of caring for themselves which might help to sustain them through the difficulties of adopting. Those with confidence and self esteem in having a skill or resource to offer another child were viewed positively as were those who had grown through their experiences.

Main findings

Although there was a variety and inconsistency of views about bereaved parents as adopters, the professional adoption workers had a number of common expectations and assumptions about grieving parents. Grieving, commonly viewed as an internal mental and emotional or instinctive process was assumed to be a finite one which was expected to diminish steadily with time. This was expected to be completed correctly to prevent "replacement". This was expected to take at least a year and enquiries about adoption not expected within that timescale. Bereaved parents were expected to have ended their relationship with their child and as evidence of this to have reorganised his / her bedroom and not to have a great many photographs displayed. An added safeguard for an adopted child was to place a child different by age and/or gender to the child who died. This was thought to prevent a subsequently adopted child feeling like "a replacement" and to regulate the parents' attitudes to him / her. It was expected to minimise memories assumed to be painful and comparisons presumed detrimental to the adopted child. It was also assumed that parents would want their memories to fade.

The professionals varied in their understandings of the experiences of bereaved parents. Loss of a child was understood as similar to other significant losses and prebirth losses as less significant. Adopting after the loss of a baby was more readily understood than after the loss of an older child. "Replacement" was a common theme but sometimes the adoption workers found it hard to say what they meant by this or what informed them about it. It seemed to be an assumption made when bereaved parents did not meet professional expectations or their actions were not understood or the anxiety of an individual worker was aroused.

Having heard the views of the professional adoption workers, it is the turn of the families to speak for themselves. In the following chapter, the original themes described in Chapter 2 are resumed to guide the framework of the description of the families' views and experiences.

Chapter 6   The families

This chapter is a cross-case discussion of the experiences and views of the families. The detailed accounts of each family's experiences are contained in Appendix B. 1 - 5. The chapter should be read in conjunction with these accounts. References by Appendix and paragraph numbers are made to them throughout. In this chapter the main findings about the thinking of the adoption workers described in the previous one are applied to themes and key points identified in the families' narratives. **<u>Bold type and underlining</u>** are used to highlight the relationship between the professionals' ideas and those of the families. This is done to alert the reader to the relevant professional thinking described earlier without lengthy descriptions of how the views of the two groups compare. For instance the parents' description of their **<u>grief as a permanent part of their lives</u>** is high lighted to draw attention to an implicit professional assumption that grief is a finite process. The differences between the thinking of the two groups is discussed in the next chapter in conjunction with the literature. As well as the commonalities which emerged in the families' views and experiences, the variations between them are also discussed.

From their accounts of their experiences, the destinies of the families seemed to be shaped by the expectations of the adoption agencies and their understanding of the parents' perspective. Where professional expectations were met and the experiences of the families understood, 'replacement' was not thought to be an issue and the families were able to adopt. The parents' experience of losing a child and the effect of this on them were not always understood, however, either by family and friends or by adoption workers. Similarly, their reasons for seeking adoption were sometimes not appreciated. 'Replacement' seemed to be a way of expaining this by those who did not otherwise understand or expect it.

Perceptions of the deceased children -

The children who died ranged in age from 3 weeks to 19 years from a variety of causes. They were loved children from happy families. **<u>The children and their deaths sometimes held particular meanings for individual family members</u>** which could not be presumed by others. To Christine Redpath, her and her husband's infant daughter, Sarah never became a full member of their family whom they knew as an individual (B.3). Cared for in hospital until her death at age three weeks, she did not join her parents and sister at home. As Christine said (B.3:14),

"It was as if they (i.e.the hospital) did not let her become ours."

Sometimes the meaning of the loss differed even between parents with shared Christian beliefs (Appendix B.5:6). To Mary Yellolee, the death of her infant daughter Cherie was a preferential outcome to the alternative, profound disability and one which she had requested of God (B.5:6). To her husband, Richard however, the death of a child so young and perfect was inexplicable and confusing since it challenged his belief in God, basic to his life (B.5:16). To Tony Grey, Matthew's death meant not only loss of a son who was "his lad" but of a workmate, companion and ally also (B.1:2).

Enquiries about adoption made within a year of the loss of the child were preceded by a period of reflection, self-assessment, and decision making. They were responsibly made and seemed unrelated to abnormal grieving. Behind initial enquiries lay individual stories with their own particular meanings. Ann and Tony Grey`s initial enquiry followed a taking stock of their situation and a conscious and definite decision to move on in life, as they described (B.1:21)

> *"You eventually get to the stage when you think life has to go on. He wouldn't have wanted us to sit at home and do nothing. You still feel occasionally when you go out and do something - you feel guilty because - well he's not here to do it but you do reach a stage in life when you've got to get on with your life now and you've got to get on with doing something. "*

Their interest in adoption was not a new one but a rekindling of an earlier one which, on the advice of a social worker friend, they had not pursued.

Wishes to proceed without delay were prompted by particular and sensible reasons. Of these were the practical, such as the Redpaths wish to have a second child before their birth child started school and their knowledge of adoption as a lengthy process (B.3.69) Others were more esoteric but closely linked to their experience of loss.eg. a heightened awareness of the fragility of life and time passing; an increased appreciation of the present and a wish to make the most of opportunities and concern that their potential as adopters might diminish with time. Ann and Tony Grey each remarked (B.1:29,33)

> *"We had experienced losing someone and time's getting on and we're getting older. "*

> *"Also we'd talked it over together and realised there was a little bit of potential left still in us. And we'd got to go ahead and do something then and not hang about . Time expiry date comes round very quickly. "*

The parents' time-scales of their readiness to adopt, varied from 6 months after their loss as with Ann and Tony Grey to about 3 years for Robert and Jennifer White. The latter thought that the "long letting down process which they had experienced" was important to this. Not only had they suffered the tragic death of their toddler daughter but then learned that they were unable to have further children. Then followed more disappointment as they learned that their choice of long-term fostering was not an option open to them (B.4). Like the Grey family, the Browns also had a previous interest in adoption but to them "it seemed right" to wait a year since the death of their daughter had elapsed before taking this forward (B.2:33,34,47)

Perceptions of the families' responses to the losses

The families described great stress and a complex mixture of intense and sometimes frightening emotions. David and Christine Redpath in particular had feared for the former's sanity. Demolition of the parents' worlds was depicted. Expected, taken for granted events suddenly ceased and fundamental convictions challenged. With loss of their child, part of themselves could be lost also (B.1:11),

> *"It's like you've cut a piece of yourself out - a piece of you has died and that piece never*
> *really heals over. A little skin comes over it as you might say but there's still a hole*
> *there and always will be. It's not exactly like cutting an arm or leg off - it's like a piece*
> *of your inside has died."*

As that parent did, **grief was commonly described as a permanent part of the parents' lives to which they became adapted**. They did not anticipate ever "getting over" or "recovering" from their loss. Speaking some thirteen years after the death of her toddler, Emma, Jennifer White vividly made this point.

> *"I think we said about a year ago that you never stop grieving. You just get used to it.*
> *It gets less intense and you do lots of other things --- in a sense you never really get*
> *over it . You get used to it. You adjust and you adapt.*

Nor was it the parents' experience that their grief steadily declined with time. It could be cyclical as Robert and Jennifer White and Christine Redpath found . The former each experience annual depression of about six weeks duration which lifts once the anniversary of their daughter's death is passed. This does

not vary with the years. Similarly, for Christine the season of the year in which she lost her baby prompts a lowering of the spirits. Other's grief assumed no pattern. Tony Grey said (B.1:32),

> *"It depends on how different people think of grief. Afterwards, you learn that grief goes in this way and that way, in patterns etc. We've always been difficult and never fallen into patterns. We've fallen into an acceptance stage and we've never really moved from that. We don't understand 'why' and never will. It's still there and always will be."*

Intensely painful feelings could be triggered variously and unexpectedly many years after the loss. The feelings experienced then were as strong as ever as Robert White described (B.4:11). **Grief for these people reemerged anyway because it never disappears and was unrelated to failure to grieve initially.** Conversely, however, it seems that Richard Yellolee's illness was possibly linked to maintaining his own strict composure for the sake of others (B.5:14).

Successive anniversaries did not necessarily become easier as Ann Grey pointed out (B.1:30).

> *"Really, waitng a year to get past the first anniversary - the birthday, the day he died, Christmas - all anniversaries, all have memories so really waiting a year and going past the first one - they're not any easier the second time nor the third, fourth or even fifth time."*

Indeed, they could become harder to bear as was Christine Redpath's experience as her few memories of her infant daughter faded (B.3:85).

The people whose grief most nearly fitted the description of a steady decline were Mary Yellolee and the Brown family though the latter's took place more in a series of steps. The latter talked of feeling "a certain peacefulness" about 15 months after their daughter, Sheila's death. They recalled clearly "still feeling upset" but reaching a plateau in their grief and not anticipating ever feeling better. Discussing this with them 13 years after their loss, they confirmed that they did eventually feel "a lot better" (B.2:47 - 48).

The child who died continued to have a place in the family and/or play an important part in the lives of the parents

Parents talked of their child's continuing presence (B.4:12).

"I never thought she'd be so present for the rest of our lives...sometimes it seems she is just around the corner".

"You can't put another child in Matthew's place, male or female or anything. He is his own person and he is still very much part of our lives and always will be. Nobody can take his place" (B.1:25)

This perception seemed to be a comforting one.

Parents talked of their child continuing to have a place in the family as "the eldest of five" (B2:42) Ann and Tony Grey suggested that they regarded Matthew, their son who died as "their elder son" as they spoke of their adopted child as their "younger son"(B.1:43). The Redpath family who were unable to establish a place with them for their baby, attributed later difficulties at least partially to this. Christine Redpath described how a trusted friend helped them to air these problems (B.3:53)

"---he just felt that one of the things which we'd failed to do over the years was to recognise ourselves as a family of five one of whom wasn't here. Because if someone asked me how many children I've got, I always say two and I always have done.---"

Talking about their child was described by the Browns as an important means of keeping alive the personality of their child. This was not an option open to the Redpaths who with so few memories of their infant daughter had little to talk about.

All the parents were deeply affected by the loss. Intense distress of the fathers was described. Sometimes, they were less able to cope than the mothers. Tony Grey for instance felt he had "folded" after his son's death and had leant on his wife (B.1:14). As with other fathers studied, his own expectations of himself and/or those of others were often the reverse. Consequently, it was to the mothers that support was given. The wives understood their husbands' need for support and helped in providing this.

Except for the very youngest, all the children of the families reacted to the loss and expressed this in some way. The younger children were given appropriate help and support. **However, the teenage daughter of one family, as distressed as her parents, was the person most in need of help but like the fathers, received the least.** As she herself described it,

"Gran was down, aunties were down, Mum's friends but they were all for Mum

basically. You know, anyone who came - it was "how's your Mum?". Occasionally,

"how's your Dad" but never "how are you?"

The loss did re-emerge as an important issue for them in adolescence. This seemed similar to how adoption can emerge as an issue then as the young person gains a new understanding of its meaning and implications. As a child of 7 years, Rob Brown had been briefly distressed when he learned of his sister's death but had quickly resumed his normal lifestyle. As a teenager however, he became depressed and mildly delinquent as he questioned the justice of his sister's loss and his survival (B.2:83).

Families developed individual means of coping and living with grief.

This seemed easier for those to whom death was a preferential outcome to a poor quality of life as it was to Mary Yellolee and the Browns. As the latter put it, (B:26)

"We often say to one another, 'dying isn't actually the worst thing that can happen to

you' and it isn't. We think the last year of Sheila's life, the last one in particular was a

bad one for her. In a way, it was a blessing that she did die eventually. It would have

been more of a blessing if she had got well but when we see what other children have

gone through for even longer, it isn't the worst."

The use of some form of support was commonly described though as previously indicated, mothers were sometimes presumed to be the only people in need of this. Support could come from the self. Phil Brown found it helpful to talk to himself 'in his mind'. It could be from within the marital couple, the family, network of friends, counselling and religious faith. Similarly, adoption was a way of coping constructively with some aspects of the loss and this is described later.

Taking charge of their grief by taking definite, conscious decisions about how to manage it rather than being at the mercy of emotions was described by several. Mary Yellolee described a series of

such decisions (B.5:10). After Cherie's death, she chose to allow herself to grieve and talk about her baby as freely and openly as she felt inclined. Secondly, she determined to accept the love and comfort of friends. Thirdly, she decided to view her loss in a positive way by focusing on the enjoyable times she had had with Cherie rather than on what she had lost. Further, she chose to apply herself to her surviving children rather than lose sight of them by becoming engrossed in her loss.

The Browns similarly made a deliberate decision to celebrate their daughter's life and give thanks for it on the anniversaries of her death and on her birthdays. They chose to spend these days together, having a meal out and remembering her in a positive way rather than focusing on their sadness.

Other families learnt to use avoidance and repression at times. Tony Grey for example moved his workshop out of earshot of the paper-boy bringing the evening paper. The squeak of the paper-boy's skate board which he used to transport himself brought Tony's loss excruciatingly to the forefront of his mind as his deceased son's skateboard had made a similar sound (B1:9). Clothes belonging to the lost child were mentioned as being given away as their presence was a painful reminder of the owner's absence while photographs were put out of sight to prevent unplanned sight of the image of the dead child (B.1:15,16). Christine Redpath 'tucked her grief away in the pocket of her mind' and, she thought, her husband 'tucked his away in a deeper one' (B.350).

Contact with other children could be comforting but could also be experienced as a mixture of 'loss and gain' as the children passed through different stages of development bring ing home to the bereaved parents what had been missed with the deceased child (B.4:53).

The view that the death of a child in early infancy or before or of a child with a disability as less grievous than the loss of an older or ablebodied child did not accord with those of the parents of such children studied. The loss of their children was no less significant to either Jan and Phil Brown or to Christine and David Redpath because of either disability or extreme youth. On the contrary, the experience of losing a child in very early infancy seemed even more complex than losing an older child. The former, as Christine Redpath described, was marked by a collision of the crises of her infant daughter's birth, the diagnosis of her multiple disabilities and her death all within three weeks. These events were accompanied by a total polarisation of emotions from the joy of her birth to the bewilderment and devastation of her death amidst the usual upheavals associated with childbirth. With few memories of a child whom she and her husband never took home and they felt never knew, their loss was total (B.3:57).

> "---People talk about the loss of an older child being worse because you've got so much to look back on and I can appreciate what they mean but I actually wonder if having something to look back on isn't better than not having anything at all."

The experience of loss seemed unreal and yet the complex feelings remained. Grieving a slightly older child who could be recalled as a personality, although overwhelmingly distressing seemed more

straightforward. Talking about the child who died seemed very important. It is easier to talk about a child of whom there are many memories.

Marriages strengthened by the experience of loss were commonly reported. Altered priorities , attitudes, values and personal qualities were a common theme. Phil and Jan Brown described their changed values and reassessment of priorities (B.2:29,30).

> *"Don't worry about wearing the latest clothes, don't worry about what your furniture looks like and having the latest thing. It's people and what you feel about people that matter."*

> *"I do see a lot of people of my age who've maybe had life a little bit easier who think the most simple problems are the end of the world. We've got much more realistic about what really matters and what's worth getting upset about."*

As well as valuing personal relationships much more than material possessions. more appreciation of the present was described.e.g.(B1:17)

> *"You don't plan great long things for the future. Like my parents who were planning for my father's retirement and then he died before he got there (retirement) so all their plans for the future went away and it's a little bit like that for us. Tony and Matthew had planned to do a lot of things in the future because they were very close."*

Greater tolerance and increased empathy were identified (B.2:29: B5:25). Coping with their child's death was seen as a maturing experience. Robert White vividly illustrated this in describing his emotional growth as a result of his experiences (B4.14)

> *"The analogy is that it is rather like training for an event -it strengthens the emotional muscles in some respects. Because you have had to cope with the loss, it gives you a different attitude to other things in positive ways. It's part of growing and maturing and getting used to coping with life."*

Others felt more capable of dealing with separation from other children as a result of survivng a grievous loss. Thus they could enable them to become appropriately independent and make their own choices. Mary Yellolee told of this (B.5:26)

"I think before you lose a child, you think that would be such a terrible thing "I could never survive it" but when you do survive it and life goes on and you can look back on your memories and still be enjoying the present, then I thought I could do the same with other children. I can let go of them."

The changes which took place enhanced their suitability as adoptive parents.

The loss of an important family member may not necessarily be a destructive experience as it was noticeable also that in four of the five families, at least one of the parents had lost a sibling or parent in early childhood or adolescence or had otherwise been deprived of adequate parenting. This prepared them for further loss at least not adversely and sometimes positively and constructively. For instance, Mary Yellolee told of her mother's death when she, Mary, was a child of fourteen years. She had not allowed herself to express her feelings about this at the time but had taken on herself, her parent's responsibilities. From this experience she determined to cope with the death of her infant daughter in a different way.

Perceptions of the families' motivation for adoption.

The changes which took place in the bereaved parents sometimes underlay their wish to adopt. As with making initial enquiries described earlier, deciding to adopt was a considered, thoughtful, sometimes painful process undertaken responsibly after exploring other options. This could involve further losses - deciding against having another birth child (B.5:35) or acknowledging that this was not going to happen (B.4:20). It was sometimes a rekindling of an earlier interest. Common themes were finding, in adoption, a way forward in life; a means of rebuilding their lives and their families. In it was found a purpose and meaning in life. As Tony Grey put it (B.1:63),

"These kids - they put some meaning back into your life

In adoption was a means of re-using skills and resources for the benefit of another child.

"So you've got this wealth of experience really and I think that's really what it was more than anything. We'd got this knowledge, this hope to do things for a child. And one particular child wasn't there. We couldn't do it for one - we could do it for another child" (B1:24)

Such skills and resources could be specialised ones such as the particular expertise of the Brown parents.

> *"It was a way of using our experiences with Sheila positively and making something*
> *positive out of what we had learnt with her. Actually using her life."(B2.34)*

Adoption offered an opportunity to regain something lost with the death of the child - a role or being a family. Robert White illustrated this as he spoke of his reasons for seeking adoption.

> *"---to be parents - it's as simple as that. You can't really be a family without children."*

The role sought might be a particular one - to be parents to a child of a particular gender or with a particular disability. It helped alleviate the sense of waste which a child's death represented.

The birth children did not always understand their parents' reasons for seeking adoption nor want it for themselves. This was particularly so for Elisabeth Grey . In addition, her time-scale of readiness to contemplate adoption was out of step with that of her parents.(B.1:69)

> *"To me it was very soon after - very soon. Too soon.- If they'd left it a year it might*
> *have been different. But it just semed too new. Mum kept saying "we're not trying to*
> *replace Matthew" but I think it stuck in my mind that they were."*

She tried to defend her parents to relatives whose views she really shared by telling them (B.1:70)

> *"They're not trying to replace him and everybody turned round and said "well, they*
> *are." I think that's what stuck in my brain. They are going to replace him."*

Jonty Yellolee recalled that he and his brother had not been asked by their parents their views on adopting their sister Patricia and that he had "not been particularly happy about this", feelings which he retained (B.5:91). Fears of having less of their parents' attention, their places in the family being threatened or changed, embarrassment at having siblings who were both adopted and disabled were described. Adoption plans were made with the children feeling uncertain, anxious or resentful. For these children, there was not the satisfaction which their parents gained through adoption.

"Replacement" was a common theme, the term used loosely with different meanings and sometimes with no particular meaning at all. Some definitions were similar to negative replacement described by the adoption workers. Another the reverse and "to replace" a child meant to reject the deceased child, no longer needed since another child had been acquired.

> *"It would have been like shutting Sheila out. To replace her - to shut her out. Almost as though she had let us down so we were going to have to overcome it by having another girl" (B2.46).*

This seems similar to how a child might regard a step-parent. Another thought "replacement" to be "an obvious assumption" made by others (B.4:31,32). Similarly, another did not know what she meant by the term, used it because others did so and because she expected others to make the kind of obvious assumption just described.

> *"But as for the meaning of the word "replacement", I don't really know what I mean. I suspect I say it because I think that's what other people expect you to think you're doing - what other people think you're doing--."(B.3:79)*

These differing meanings of "replacement" may explain why confusing discussions at cross-purposes with adoption workers took place as the Yellolees experienced (B5:41 - 42)

The parents stressed, sometimes defensively, that in adoption they had not been seeking "to replace" their lost child, a hurtful idea and insulting to them and the memory of their child. The term was used by friends, aquaintances and other members of the families studied as well as the adoption workers with whom they came in contact.

Reasons for seeking a child similar to the lost child (e.g. by gender, disability or age) were related to self-esteem or confidence in having skills acquired through bringing up a previous child which could be used for another and/or the composition or lifestyles of the remaining family which might be more suited to a child of specific gender or age-group. As Ann Grey explained (B.1:35),

> *"We had quite a lot of knowledge of boys really with having a boy. Also, we already had a girl."*

She and her husband deliberately did not seek a teenaged boy because of their sensitivity to public opinion, illustrating how well established there is the concept of "replacement". Tony stated (B.1:35),

> "people would think we were trying to pick up from where we had left off."

His fear was reflected by Jennifer White, herself a social worker who talked of a couple whom she knew socially whose teenaged daughter had died and were hoping to adopt a teenaged girl (B.4:48).

> "I kept thinking this isn't going to work.. The last I heard, they had a further introduction to a 7 year old boy. But I mean if someone is actually saying I do want another teenage girl, the vibes are that it is a comparative thing - a replacement thing isn't it?"

Later in the discussion she referred to this family again (B.4:49),

> "I think it's a great anxiety of social workers about what happens when people at whatever level are replacing and of course it is replacement because you've lost a child and then you have another child. There are the very sad people who want exactly what they have lost and it's not like that is it? Like the people we knew whose teenaged daughter died and they were determined to have a teenaged girl - likely to be a disaster."

No matter how similar the child sought was to the lost child, there was a taken-for-granted expectation by the parents that that child would be different and they would enjoy this because they were seeking another child and a different relationship.

For instance, Jim the nine year old boy placed with the Greys was similar by gender but different by age to their child who had died. He was placed as a younger child whilst Matthew had been the elder. In personality, academic aptitude, talents and interests, he was quite different from Matthew. Asked what the difference meant to her, Ann Grey commented,(1:49)

> "It doesn't mean anything to me. He's just another person."

It was however of significance to Elisabeth, their daughter. She regarded Jim as 'an alien being' (telephone conversation), so different from Matthew that he did not deserve to be part of his family.

The Browns were insistent that the child they adopted should be a girl with a similar disability to Sheila, their daughter who died. Their insistence on a child similar in some ways to Sheila could have been misunderstood by adoption workers. Indeed the couple indicated that there were some initial reservations about them as adopters for Suzanne the child at that time 'in care'. The vast number of questions they asked about Suzanne designed to find out about her as an individual child reassured the adoption workers about their motives. (B.2:69) Although seeking a similar child to Sheila, the Browns were also looking for

"another little girl. Somebody else. "(B2.49)

To Christine Redpath, the placement in her family of a two month old baby boy was not simply the arrival of another baby (B.3:74).

"It was something that was completely different. He was 8 weeks old. He was a boy.
He was healthy. He was somebody else".

Perceptions of the children to be placed

Sometimes "difference" is imposed on families to safeguard the adopted child and to help the bereaved parents. **It was unnecessary for the families studied as they were seeking another and so different child anyway. Where there was "difference", it did not prevent the resurgence of painful feelings.** In the Grey family, it was the child who was different by age and gender to the deceased child which prompted painful feelings and not so much their adopted son who had joined the family after Matthew's death. In this instance, it was common interests between the children concerned which did so. The family were in the early stages of introductions to Susan, the 13 year old girl they were hoping to adopt. Visiting their home, she was invited to select from the family's collection of records and tapes. Unknowingly, she chose all those which had belonged to Matthew. Tony Grey described his response (B.1:51)

"That upset me for two or three hours. It kicked me feet from under me. Originally, the
first instinct was "no, they're his, not hers." And anyway, we got past it. She stuck the
music on. She's dancing. - she's happy. I thought, well does it matter. She's happy.
They're being used. "

and Ann Grey hers,(B.1:52)

> *I know when she came in here and touched those (records), I didn't realise how many*
> *we'd still got because you do get rid of a lot of things. She picked this one up and said,*
> *"Oh great! Handmaiden!" and I must admit it turned my stomach over And I said,*
> *"hang on a minute, he wouldn't have wanted it to sit in a plastic thing if somebody*
> *wanted to play with it, provided they took care of it. I didn't say it was Matthew's. I just*
> *said, "take it". Well, what's the point of it sitting there. So it's really happened more*
> *with Susan in the few days we've known her than with Jim."*

Jennifer White imposed "differentness" on herself, not pursuing a possible opportunity to adopt a a toddler-aged girl because she thought she would compare her with her daughter Emma who had died aged 20 months. She seemed to have been influenced by her professional thinking as a social worker as she considered that a child very different by age would prevent her doing so. She seemed to assume that any such comparisons would be negative and destructive. Thus she complied with adoption agencies' views that her and her husband's ages made them suitable for a child of junior school age. She preferred a boy for the same reasons.

However, imposing "differentness" in this way may have been unnecessary as well as ineffective. She and her husband Robert, thought that the disparity in ages between Emma and Jonathan, their son who joined them at age 13 years, accounted for the way they had never compared them as they, particularly Jennifer had expected. However, it seems possible that they would not have done so anyway as Robert also thought that the similarity and / or difference between the children was irrelevant to their views of the subsequent child (B.4:45). He thought it important also that they were not specifically seeking an exclusive relationship with a child (B.4:46). Most important of all, he considered, in preventing negative comparisons and unrealistic expectations of the new child was the "complete break" which they experienced by their attempts to have a second birth child which sadly failed (B.4:51).

Their experiences with their second child who was placed with them for adoption bears out the likelihood that they would not have compared the children destructively anyway. Although Helen came to them when she was 12 years old, had Emma survived, the two girls would have been very close in age. Jennifer perceived them however, as very different children. Although she did not have strong mental images of Emma as an older child, the picture she did have was of a child very different to Helen. The differences themselves did not prompt unfavourable comparisons (B.4:59,60,61) On the other hand, the disparity in ages between the very different children in fact accentuated her loss to Jennifer as it brought home to her not only the loss to her of Emma's childhood but also Jonathan's (B.4:53).

The parents studied appreciated each child as a separate individual and made no unfavourable comparisons between them. Gender was not the factor which prevented this happening but any desire by the parents to do so. As Tony Grey remarked of Jim, his adopted son (B.1:39),

"he's a separate little entity; he has his own life, his own way.

Where the children were compared, this was a way of enjoying and appreciating each one. This could be a useful way of understanding and helping the new child as the Greys found. Jim had joined them as a very overweight and clumsy child with few social skills. He required special schooling. Tony would make mental comparisons of milestones of development of Jim and Matthew, his son who had died. This helped him to understand the stage Jim had reached and how best to help him (B.1:56).

It could increase appreciation of the severity of the lost child`s condition and to knowing that nothing further could have been done. Phil Brown spoke of comparing his adopted daughter, Suzanne with Sheila who had died (B2:66)

"We often noticed with Suzanne that because of her personality and because we'd learnt
much more and were able to help her, that Suzanne was in fact doing much better than
Sheila. We recognised that and when she started school, she was much better going to a
normal mainstream school. We could see, to our relief just why Sheila could not stay
out of a special school."

Where similarities between the children did prompt memories for the parents, these were not always wholly painful but a bitter-sweet mixture of joy and sadness e.g.(B2:63). Tony Grey found the unexpected similarities between his deceased son and prospective adoptive daughter both pleasurable and painful. He described this as "the agony and the ecstacy" (B.1:54). Also, happy times with the previous child could be relived as well as the present enjoyed with the "new" child. Jan and Phil Brown remembered that when Suzanne joined their family after Sheila's death how they had enjoyed discussing the similarities and differences between the two girls (B.2:65). They had enjoyed recalling memories of Sheila while at the same time delighting in Suzanne. As Jan put it,

"It was that little bit of babyhood, I suppose, which was so lovely which we felt was
enjoying Sheila again."

Memories of their child who had died were very important to the parents. They were precious and comforting and their absence distressing and frustrating as the contrasting experiences of the Whites and the Redpaths show. During a meeting with the former, the couple recalled together with enjoyment their positive memories of their little daughter (B3:6)

> *"-----We were so lucky that way because we have lots of good memories. She had lots*
> *of fun and she loved doing things, loved playing, trying to be naughty. Really, a*
> *terribly normal, early toddler."*

Moreover, their memories may have confirmed to them their identities as parents of a beautiful child and enhanced their self -esteem as this is what being parents to her when she was alive meant to them. Robert said,

> *"It was very fulfilling , very great. I used to go around saying 'I don't understand how*
> *anything so beautiful can have anything to do with me'. I adored Emma - marvellous*
> *and she was a very likeable little child and I've never thought of myself as a particularly*
> *handsome man - it was a great bonus, not only my own child, our own child but also*
> *something better than I thought I had any right to have."*

Painful feelings and memories could come from unexpected sources and so could not always be anticipated. As parents were learning to live with their loss, so they were learning to live with these also. Tony Grey said of this (B.1:55),

> *"I think if you love kids enough, then you'll happily get on with adopting or even*
> *fostering children and when these reminiscences come back , provided you accept them,*
> *you'll cope with them".*

Rather than trying to prevent them arising, it may be more important to consider how the family deals with them when they do occur.

Of the three adopted children whose views were explored, none immediately particularly associated his/her joining the family with the loss of the previous child. After some thought, one child did so and her account accurately reflected her parents' reasons.

> *" --they wanted someone else - another child---"*

These children gave indications of being wanted for their personal qualities and of regarding their adoption positively. As Jim Grey said of his adoptive parents (B1:82)

"they were interested in me".

These three children gave no indication of viewing him/herself as an unsatisfactory substitute. **The child (Suzanne Brown)who was most similar to the child of the family who had previously died by gender, disability and appearance saw herself as similar in some ways to that child, Sheila. She seemed to view this resemblance positively as she described Sheila so (B.2:102).**

"Oh, from what I've heard, quite like me really - pleasant, cheerful, fun to be with and generally a nice person who enjoyed life."

This seemed to enhance her view that she had an older sister with whom she would have enjoyed a pleasant relationship (B.2:104,106).

It is interesting to note that one family (B.2:59) particularly considered that their adopted child would not have allowed herself to be regarded as 'a replacement' for their deceased daughter. They were convinced that her assertive nature would have prevented this.

These children were not expected to participate in the marking of significant anniversaries. The parents considered that they should keep their grief at these times private and that it was unfair to burden them with this (B.1:60, B.2:76, B.3:85, B.4:65, B.5:79). It would have been interesting to learn what sense the adopted children made of any changes in mood in their parents at these times. It proved not possible to meet the children concerned and so I was not able to explore this with them. I do not know whether the fact that these young adults, as they had become, chose not to meet me was related to this issue in some way or whether, in their busy lives, this research was not high in their priorities.

A common view conveyed by both parents and adopted children was that the lost child was part of the parents' past. Ann Grey spoke in these terms, and her views seemed reflected by Jim (B.1:61,84) while the Whites thought that their adopted son had shown no interest nor curiosity about Emma's loss but as Robert put it (B.4:76),

"he accepted it as part of us. It was in our past and that was it."

Suzanne Brown saw Sheila as part of the family's past rather than that only of her parents (B.2:104).

> *"I do think of it in a way but I don't really think about it much. The fact that she was there and she was a part of the family - we don't talk about it much because she's past. She was there. We don't forget that she was there but it was a long time ago. Then was then and now is now."*

This seems similar to the birth family being part of the adopted child's past. Indeed Suzanne connected the two as thoughts of her own past prompt her to think of Sheila (B.2:104)

> *"---with my birth parents - a while ago I decided that I'd like to write a letter to them, so through the Social Services Department, I wrote a letter to them and they wrote us one back and when I think about that, she comes into my mind."*

As adopted children need help in understanding their past, so they may need help also in understanding their parents' past. It may be that the way that bereaved parents explain their past to their adopted children is similarly important.

The ways this was done seemed to be reflected in the adopted child's understanding. Where this was easily accomplished and information and photographs were available, the adopted child understood her parents' past and had a positive view of herself within it as was so with the Browns . They could talk of Sheila and her loss in a relaxed and natural way and without distress. They seemed able to incorporate it into the warp and weft of their everyday lives as they do in talking to their children about other important issues (B.2:74)

> *"We've had photographs of Sheila about the house and it's just as you do with a baby in arms. You're looking at the light switch, pictures on the walls and "yes, that's Sheila - and that's Rob - and that's John" It's part of the conversation I mean , we never sort of sat them down and told them."*

It is thought very important to talk to children about their adoption, i.e. their past (Chennells, 1987). Jan Brown remarked on this herself, in a similarly open, relaxed and natural way (B.2:74).

"It's the same as talking with them about their adoption - they've just grown with that
It's never been a big issue. We've always talked about it. It's the same with Sheila. It's
something they're familiar with."

Where there was little information to give, no photographs available or not openly displayed and where the parents' story was difficult to tell, then the adopted child's understanding was similarly lacking. The painfulness of explaining to Ann Grey's adopted son, her past seemed reflected in some tension in him while for Christine Redpath, having so little information about her baby who died to give to her adopted son made the task of explaining her to him very difficult.

The number and size of photographs and how they were displayed or not was linked to the individual history of the family and to the way the family was coping with the pain of the loss. There was a story and a meaning behind each family's photographs or absence of them which was known to the family but could not be so to those outside it. Easy assumptions about them could well be made but would be likely to be wrong. For instance,underlying the arrangement and treatment of the Brown's family photographs was part of the family history and some of the parents' beliefs about bringing up children (B.2:79 - 82).

Displayed in their living room was a series of photographs of the children. One, featuring Louise, the youngest child, stood out as it was larger than the others and surrounded by a gold frame. Images of Sheila, the child who died were in two pictures. One individual one and the other in a group with her brothers. Neither was as prominent as the one of Louise. This has been criticised by family and friends to whom this apparently differing treatment of the children indicated favouritism. However, the gold framed picture was obtained at an affluent time in the family's life while when Sheila was alive, they could not afford a camera. These are features of the family history which are known, understood and indeed enjoyed by the children.

Further Jan and Phil Brown do not believe, as many parents do, in treating each child the same. By this they do not mean unequally or unfairly but individually as they value and respect each child .

"We've always treated them differently. One will have the sweets. It doesn't mean the
others will. Someone may go out with a friend and the others won't and the children
have always been like that. We've never been "one has it then the other must." We've
never beeen like that. It's not what life is like. It's not what you expect and they just
accept it in that same way."

Photographs were very important as a means of explaining the parents' past to the adopted child/ren. Their absence made both this and grieving more difficult as Christine Redpaths' account illustrates. She and her husband have few memories of their child whose brief life was spent in hospital and to their regret, never came home to them. With few memories of her as a person rather than of the events surrounding her birth and death, it is difficult to talk about her (B.3:47). By accident, the family have no photographs at all of Sarah (B.3:21). Thus they have no lasting image of her which can confirm to them details of her appearance and provide them with memories to treasure. Without such memories and photographs as an aide memoire, it is very difficult to tell the other children of the family about her as it seems to Christine like talking about "a fictional child" (B.3:88). This seems to account for Sarah not being an openly acknowledged part of the family (B.3:53) and contributing to the later difficulties referred to earlier for both Christine and in adolescence, Teresa (B.3:52,53). Further without photographs as an aid to telling, it was harder for Christine to help her adopted son to gain a fuller understanding of his history and identity (B.3:87).

Keeping a deceased child's bedroom unchanged was an area to which the five families did not pay very much attention. This is not surprising since the preservation unchanged of a child's bedroom or belongings is commonly thought to indicate unsuitability to adopt. As there was an individual story behind the families' photographs of the deceased child so there may be so behind the way the child's bedroom and belongings are treated. The story of a further family who took part briefly in the research is given here as it vividly illustrates the significance of these to it. The family fostered a child initially. This child was to be adopted by another family. It was only by a series of chances that she came to be adopted by this family.

Expectations of the bereaved mother are illustrated by her description of an offer of help made to her soon after her child's death and what this and the preservation of the child's bed room meant to her.

> *"I was appalled. I thought it was really odd - offering to help me turn his room out. I was flabbergasted. I said 'fancy' she thinks I'm going to turn his room out and throw some of his things away. I couldn't believe it.---I didn't want to touch anything and I quite enjoyed going in there and having it all the same."*

Four years after the loss, to the concern of others, the bedroom remained unchanged.

> *"I kept it as it was and my mother was quite worried about it. It was all right for a while, people accepted it for a number of weeks or months but when it came to a couple of years, Mum said "I'm a bit worried about you."*

Of this she said,

> *"I think people think you're being abnormal - that you're trying to cling on to someone who has died. They think it's unnatural hanging on."*

Going into the unchanged room comforted her. Gradually, however the room was changed as it was needed by other family members. The catalyst in this process was the use of the deceased child's belongings by the child the family first fostered and much later adopted. This also comforted the mother.

> *"First of all, she took the books out and read them and put them back. That went on for ages. I liked that. I found it very therapeutic and then it gradually happened over a period of time."*

As well, keeping personal items of the lost child was a means of recalling his image to her mind, a comforting experience but one which was both happy and sad.

> *"When I look at his school-uniform hanging in the cupboard, I can remember exactly what he was like at that age because that is what he was wearing at that time before he died because he had started his new school. And I can remember exactly and I like it. I think it's very nice."*

Family and friends expected the bedroom to be changed and belongings dispersed. When their expectations were not met, they placed a pathological interpretation on her actions. The mother just described was helped in coping with her loss by preserving the bedroom and other items.

The Grey family coped in the opposite way by giving away personal items soon after the loss as they were painful reminders of it. The individual meaning of the use by others of a lost child's belongings is illustrated by the different reactions of mother and daughter in that family. .The child who had never had a bedroom at all and of whom there were very few physical reminders was the child for whom grieving was the most complex.

The meanings of people's actions are individual to them and are not necessarily what those around them either expect or assume.

The bereaved families.

The parents displayed a large number of common personal strengths. Of these were courage in facing devastating events and ability to tolerate great distress. They had confidence, self-belief and thought for themselves. These qualities enabled them to persevere in the face of difficulties and to challenge authority. Jan and Phil Brown for instance, as very young, first -time parents were advised by the hospital in which their daughter was born to leave her in their care. Despite the shock and distress of learning of her disabilities and the possibility that she would not survive, they made their own decision and took her home, determined to be parents if only very briefly (B.2:3,4,5).

They were flexible and adaptable. The Greys for example, when confronted unexpectedly with their prospective adoptive daughter playing their deceased son's music described earlier, could not only think on their feet but adapt on their feet also (B.1:51,52).

They were mature people who could put the welfare of the children in their care before their own needs even when this involved further loss. This was most evident in the Whites who were able to support their adopted son to explore for himself the reality of living with members of his birth family and to welcome him back when he learned that this was, after all not what he wanted (B.4.41,42). They could help the child, Helen, placed with them for adoption, to return permanently to the care of her birth family when a major change in their circumstances made this possible (B.4:58).

They were patient, tolerant and understanding of others views , feelings and situations. Thus they could cope for example, with the frustration of the adoption process and the lack of understanding by others of their experiences. This was clearly demonstrated by the Browns who could accept and forgive those who had little appreciation of the true nature of their loss (B.2:17,18).

Rather than dwell on the negative aspects of their experiences, they could focus on the positive. Thus Mary Yellollee and the Whites could enjoy in their memories, the happy times they had enjoyed with their beautiful children (B.5:10. B.4:16 -18). The Browns, rather than being sad at significant anniversaries, made these into special days in which their daughter was remembered positively and her life celebrated (B.2:76).

The parents commonly spoke of a strong relationship between themselves. There was flexibility within their roles as this example illustrates (B.2:21),

> *"I felt our roles were reversed. Phil has always been there for me. He's always been my wall and I've leant on him. But when Sheila died, I was the one who was strong and I was the wall."*

There could be less flexibility within the family system, however (B1).

As their values and priorities had changed through their experiences of loss, so their personal strengths and marital relationships were similarly enhanced further fitting them for adoptive parenthood rather than rendering them less able to deal with the demands of this role.

Moreover, those parents who had had a significant loss in childhood had either gained in some way from it or at least had not been adversely affected. As well, the families had and could use some form of support outside the family.

Adoption to the parents represented a new part of their lives - a moving on. In this there was also a leaving behind of previous events and so an acknowledgement of their past. **Rather than the adopted children being adversely affected in this process it was the surviving birth children who described feelings of anxiety, resentment and jealousy.** One, a young adult at the time was opposed to the plan at the outset but felt coerced to cooperate (B.1:77). She said,

> *"I'd thought about it, you know, I'd had a little bit of time and I thought "no, I don't want anybody else". I think, more or less as I was on my own, I was being spoilt, well not really spoilt but I got a bit more attention and I didn't want anybody else but my brother and that was it."*

When her parents were planning to adopt a second child, her views were unchanged,

> *"I thought if it's going to be another case of Jim (the first child placed for adoption in her family) again, I'm going to be twice as threatened. I felt really, really pushd out."*

Yet it was to them that least support and help was given.

Their experience of bereavement did not result in personal growth nor in changed values and priorities which fitted them for a child joining the family as it did the parents. Nor was there the satisfaction for them in this that there was for the parents. The experience of losing a sibling could be an emotionally disturbing one at the time but could also re-emerge in adolescence. In addition these children had to cope with the changes in their parents as they grieved and their changing attitudes to them. They also had to cope with the impact of the adopted child on their lives which could mean for them, further loss and change. The presence in the family of other children seemed to complicate the situation rather than be a safeguard for the adopted child as the initial research suggested.

The attitude of the adoption agencies.

The attitude of the adoption agencies. as described by the families seemed very important. How the parents were received and responded to was remembered by them many years later. The adoption agencies referred to by the families were inconsistent in their attitudes to the deaths of the children. Sometimes applications to adopt were delayed as took place with the Grey and Yellolee families and/or the death prompted much discussion. Sometimes, this was practically disregarded as was the case with the White and Redpath families..

The agencies about whom the families spoke seemed to hold similar assumptions to those of the professional adoption workers described in the previous chapter. It was apparently assumed that bereaved parents could not be ready to adopt within a year of the death of their child. By enquiring about adoption within this time-scale for example, Ann and Tony Grey seemed to arouse the suspicion of the agency they approached who acted in a high-handed way. These parents were assumed to be acting unwisely and without explanation, the agency witheld their application for many months leaving Ann and Tony frustrated. mystified. angry and powerless (B.1:28). The Brown family, on the other hand delayed their application to adopt until a year after their daughter's death and encountered no difficulties with the agency to which they applied (B.2:33,34,68).

It also seemed to be assumed that the death of an infant was not such a grievous loss as that of an older child and so there would be less risk to a subsequently adopted child of being expected to fulfil some aspect of the lost child's life. For instance the Whites and Redpaths each of whose children had died within the first two years of their lives particularly remarked on how little attention the social workers concerned paid to the deceased children. This had surprised the former especially as they had been expecting to be "grilled "on the subject (B.4:70). This professional view seems not to have been a consistent one however. The Adoption Panel before which one of these social workers appeared thought

that thorough discussion should have taken place (B4:71) With the Yellolee family, the death of their infant daughter was a focus of much attention (B5:40,41). There may also have been a similar assumption about the loss of a child with disabilities and this may help to account for the lack of attention to Sarah's death as Christine Redpath described and also for this family's application to adopt being accepted less than a year afterwards.

A further professional assumption may have been that the more time which elapsed since the death of the child, the less risk there would be to the healthy emotional and psychological development of a subsequently adopted child. This may have been the thinking of the social worker concerned with the placement of Helen with Jennifer and Robert White. The death of their toddler daughter, Emma seemed not to have been an issue .This was despite the fact that the two children were similar by gender and age had Emma survived. As indicated in the previous chapter, placing a child for adoption similar in these ways to the child who died can arouse professional concern. The decade which had intervened since the child's death may have reassured this particular social worker.

In accordance with professional ideas identified in the previous chapter, "differentness" was sometimes imposed on the families studied. Thus Richard and Mary Yellolee were encouraged to consider adopting an older child rather than a baby as their deceased daughter had been. Placing a baby boy rather than a girl with the Redpath family may have been deliberate. Again, this appears not to have been consistently done as the examples of the Brown and White families show. A professional assumption that the loss of a disabled child was a less significant loss may account for the way a child similar to the child who had died by gender, disability and appearance was placed with the former family. The White family preempted any need to impose "difference"on them by doing this themselves.

It was very noticeable that in relation to the families, the adoption agencies were very powerful. This was particularly commented on by Jennifer White (B.4:27)

> "Our social worker seemed so powerful. If we did the wrong thing somebody might say
> 'you can't have this child - you haven't done what we said'. We're two articulate,
> qualified people in professional jobs and yet the power is such you feel you can't ----
> (question too much)".

Agencies could impose their assumptions giving no opportunites for challenging them, completely frustrating the progress of an application as the Greys particularly experienced. Other agencies seemed more receptive and, as the Redpaths found, were willing to revise their views enabling plans to adopt to proceed.

It appears that where the families met the expectations of the adoption agency concerned or the agency understood their reasons for wishing to adopt after the death of their child, they encountered no difficulties. However, if on the other hand they acted in ways not expected nor understood by the agencies, then their enquiries could be ignored or they could be considered unsuitable to adopt. Thus by enquiring about adopting within a year of the loss of their children, the Greys, Redpaths and Yellolees did not meet the expectations of the agencies. The reasons for the Greys initial enquiries were certainly not understood and it seems likely that neither were those of the Yellolees as no exploration of them seems to have taken place at this early stage. The Browns however,seemed to act as their agency expected by delaying their application to adopt until a year after their daughter's death. These parents commented that the agency had not been at all surprised by their application which suggests that it was expected. Further they considered that their application had been professionally handled. It seems likely also that their reasons for adopting were also understood by this agency, perhaps because they were previously known to them and the parents' commitment to children with disabilities appreciated. This contrasts with their much earlier approach to another agency which was disregarded suggesting that their offer of adoption for a child with disabilities was not understood.

These themes of expectations and understanding, evident in the previous chapter, recur not only in the thinking of the professionals whom the families encountered but in the views and ideas of their friends aquaintances and other family members also. The parents' hopes to adopt after the death of their children were sometimes not expected or understood by their family and friends. This is illustrated by Elisabeth Grey as neither she nor other close family members expected her parents to adopt nor grasped their reasons for seeking to do so. Fathers and children were not expected to grieve the loss of their child or sibling since support was commonly extended only to the mothers. Their experience of bereavement was not understood. Similarly, that of parents whose disabled child had died was also sometimes misunderstood and they were expected to grieve less than for an able-bodied child. Parents were expected to have altered their deceased child's bedroom and the comforting nature of maintaining it unchanged was not appreciated. Sometimes, however, the needs of the bereaved families were understood and this proved helpful. For example, Jan Brown's friend gave her her baby to hold whenever she wanted and allowed her to talk and to cry at length. Tony Grey 's grief was acknowledged by someone with particular understanding of his situation, a bereaved parent herself.

A final theme which emerged throughout the families narratives is 'meaning'. Particular life events, peoples 'actions and objects sometimes held particular meanings to those concerned. These included the meaning to family members, and to others, of the child who died, his/her death and the treatment of photographs , belongings and bedroom of that child. These could mean different things to different

individuals even within the same family and could lead to misunderstandings. This happened with Ann and Elisabeth Grey and the significance to them of a personal object which had belonged to their son and brother. Sometimes however, such others attributed their meanings to the actions of the bereaved families. This seemed to occur when people's actions were not understood and others' expectations of them not met. Thus Jan Brown was labelled a 'neurotic mother', her family 'a problem family' and their adopted son John 'naughty' when the medical and educational authorities did not understand that John had severe learning difficulties and the parents were trying to obtain appropriate help for him. Similarly, the families' accounts show that where the actions of bereaved parents were not understood and expectations of them not met, they were thought to be seeking "to replace" their child.

Chapter 7.　　　Conclusions

Some of the common themes identified in the parents' experiences of losing a child through death and of adopting afterwards differed from the professionals' ideas described in Chapter 5. These differences and the literature are first discussed to reach some conclusions in this debate and so to further understanding of bereaved parents as successful adopters. Explanations for the differing views are then suggested and discussed. The chapter and thus the thesis conclude with proposals for alternative ways of understanding bereaved parents as adopters and for further research and changes in professional practice.

A major difference was in their perceptions of parental bereavement. The expectations of the professionals about bereaved parents as adopters were sometimes at variance with the experiences the families narrated. These and the literature suggest that the professionals' expectations were often unrealistic. Similarly, there was a mismatch between the professionals' understanding of parental bereavement and of a subsequent application to adopt and the experiences and actions of the families. This strangely mirrors observations, sometimes made by adoption workers, of the expectations and understanding which those applying to adopt have of children in need of new families. It particularly echoes the unrealistic expectations which bereaved parents thought to be seeking a "replacement" for their child are considered to have and which makes them unsuitable to adopt.

The professionals commonly assumed that grieving is a finite process, the families described this as never ending and found ways to manage it. Earlier theorists concur with professional ideas (e.g.Bowlby, 1980, p.122). However, it is now thought that grief for any significant loss may never cease (Rosenblatt, 1983, p.155; Schatz in Rando, 1986, p.313; Rosenblatt in Stroebe et al, 1993, p.110; Woolley, 1997, p.73).

The implicit professional assumption that grief steadily diminishes with time was not borne out by the families' experiences nor by Rosenblatt's study of the grief of nineteenth century diarists (1983, p.21). This belief has been identified as a commonsense one (Fish in Rando, 1986, p.417) and an erroneous assumption which has become a social myth (Rando, 1986, p.39).

There was a tendency to equate the death of a child with that of spouse or parents or with life changes such as divorce suggesting that the nature of parental bereavement was not readily understood. Distressing though other experiences of loss and bereavement can be, it is the child's dying out of sequence which is part of its unbearable nature. In its severity, complexity and long lasting nature, it is quite different to any other loss (Rando, 1986, p.6). It is acknowledged as the most difficult to grieve

(Rubin in Stroebe et al, 1993, p.287). The experience of the families, particularly the Grey and White families accorded with this. However, Christine Redpath thought that the death of her father contributed to her later difficulties as much as the loss of her infant daughter. The advice of other bereaved parents that those who have not experienced the death of their own child cannot understand the feelings inherent in the loss is salutary (Woolley, 1997, p.73).

The death of a child in early infancy or before was commonly perceived by the professionals as a less significant loss than that of an older child. Grieving was assumed easier since the parent / child relationship was brief. This view has been described as another social myth (Rando, 1986, p.39). Less risk of "replacement" was thereby commonly assumed as with a short life, painful memories and unfavourable comparisons with a subsequent child would be minimised. Similar assumptions about the death of a disabled child were made by acquaintances of the Brown family and may have been implicit in some professional thinking.

These expectations were not borne out by the experiences of the families studied nor those whose stories are occasionally told in the literature (Kohner and Henley, 1992). Miscarriages, stillbirths and neonatal losses can be particularly difficult to grieve (Lewis and Page, 1978; Kirkley- Best and Kellner, 1982; Lewis and Bourne, 1989). To the Redpath family whose infant daughter died, it was the very absence of a relationship with her and the lack of memories of her which made grieving difficult and which inhibited their relationship with their subsequently adopted child. Neither they nor the Brown family grieved any the less because their children were disabled. Other professional groups similarly misunderstand the suffering of parents who experience the early loss of a child (Lovell, 1983; Kohner and Henley, 1991, p.62 - 63;).

Other expectations of the professionals identified in Chapter 5 are not substantiated by the literature. There is not thought to be a proper way to grieve. People respond to the loss of a significant person in many and various ways (Schuchter and Zisook, 1993, p.23; Wortman and Silver, 1989; Rosenblatt, 1993, p.103). Further, contrary to the expectations of the adoption workers, the literature suggests that there are differences in the way men and women grieve which are not attributable simply to societal expectations of men (Fish in Rando, 1986, p.422; pp.417 -418; .424; 427; Littlewood, 1992, p.147). The men studied were profoundly affected by their losses. Society`s expectations of them to be strong and not need support made their situations worse. They did however, seem to meet the expectations of the adoption agencies that they had grieved.

To the parents, memories of their children were very important. Other accounts and research confirm this (Schatz in Rando, 1986, pp.313-314; Knapp, 1987, pp. 60 - 62; Woolley, 1997, p.73). They were

treasured, enjoyed and were comforting. Means were found by the families of keeping these alive through photographs, conversation, celebration on significant anniversaries and retaining some of the child's clothes and bedroom unchanged. Memories played an important part in helping them to live with their loss by maintaining ,in their lives, a place for their child. This was not always expected or understood by the professionals who were worried when it seemed to them that the child was still present in the home. Not only did this signify to them abnormal grieving but the "presence" of the deceased child would be a threat to an adopted child.

To one family, it was the absence of memories which was so difficult for it. Some of the psychiatric literature stresses the importance to normal grieving of creating memories for the parents of their child (Lewis and Bourne, 1992, p.4). This was not the expectation of the professionals who thought that few and fading memories would help grieving parents and thus an adoptive placement.

There was a professional expectation that bereaved parents should cease their relationship with their deceased child. The presence of an unchanged bedroom, the size or number of pictures of the child which the family retained or displayed was sometimes interpreted as an unhealthy inability to let go of the child and evidence that the parents were stuck in their grief. As Walter (1996, p.7-8) points out the purpose of grief has been widely understood as enabling the bereaved to leave behind the deceased and to continue their lives, forming new attachments. He argues that a minor theme in the literature which acknowledges that such a relationship can be retained as part of normal grief has been overlooked and indeed has not been encouraged by some prominent writers themselves. A continuing relationship with their children and maintaining for them a place in their lives was described by the families particularly the White, Grey and Brown families. This was important to them, was comforting and was a way of living without their physical presence.

The practice of placing a child different by age and / or gender from the child that died was thought to prompt fewer painful memories. When any similarities between the children concerned did so, the families reported these not as wholly painful but as a bitter sweet mixture of joy and sadness.

Upsurges of grief were not necessarily associated with such similarities in the child joining the family as the professionals expected but were prompted by matters individual to the child who died. They were linked to the intimate detail of the family's life with that child, not easily understood by observation by an outsider. They came from unexpected sources and so could not be anticipated.

Comparisons between the two children concerned, were assumed by the adoption workers to be unfavourable to the adopted child and to be avoided. To the families however, they were a source of

amusement and enjoyment. They helped some of the parents to guage the development of their adopted child, to gain an increased understanding of their deceased child's illness and to knowing that they had done all they could to help. The children were never compared unfavourably because the families had been expecting another child whom they expected to be different.

An application to adopt by bereaved parents was not always expected or readily understood by the professional adoption workers, particularly if the child who died had been an "older" child. An application following an infant death, on the other hand, was taken for granted as normal and natural. Positive reasons for adopting characterised the families' accounts. Adoption represented a fresh start in their lives, shattered by their losses. It provided a way forward, a purpose and a meaning to their lives. It helped to make sense of the waste of their childrens' lives by reusing their parenting skills and knowledge for the benefit of other children. Adoption gave the parents an identity and a role lost with the death of an only child or only girl. It provided an opportunity to rebuild their lives and their families. The professionals' dominant concern was with the bereaved parents "replacing" their deceased child to the detriment of an adopted one.

Bereavement helped to fit the parents to adopt. Their personal strengths and relationships were enhanced. They reassessed their values and priorities focusing more on appreciating children, relationships and living in the present. Such growth and change has been reported in the literature (Raphael, 1984, p.277; Videka Sherman, 1987, pp.104 -105) whilst the professionals also commented on the possibility of bereaved parents growing through their experiences.

Two families particularly considered that as a result of permanent parting, they would be able to let go of their other children appropriately rather than cling possessively, since no other separation could ever be so painful. The professional expectation, reflecting a view in the literature, was that bereaved parents would be likely to become more overprotective (Rando, 1986, p.35).

A marked difference between the thinking of the two groups of people lay in the meaning attributed to the experiences, behaviour and actions of the families. The significance of the loss was usually defined by the adoption workers and the parents' meanings not explored. It was the professionals' interpretations which were placed on the naming of children, how the parents dealt with their deceased child's photographs, bedroom and clothes and sometimes on their reasons for seeking adoption and the timing of their enquiries about this. Friends or members of the wider family sometimes did similarly.

The research process revealed how wrong such interpretations can be and the care needed to understand the significance to the families of these matters. Examples of this were in the arrangement of their

childrens' photographs by the Grey and Brown families (B.1:16., B.2:79 - 82) The meaning to the parents of memories seems particularly misunderstood. Similarly, keeping a child's bedroom unchanged or a particular item of clothing may not signify a pathological response to loss as the literature indicates (Cain and Cain, 1964; Bowlby, 1980, pp.150 - 151) but a way of keeping alive precious memories. Pathological interpretations have been made of bereaved parents treatment of their child's bedroom or of photographs without apparently exploring their meaning to those concerned (Tietz, McSherry and Britt, 1977, p.419; Kerner, Harvey and Lewiston, 1979, p.223).

A further difference between the two groups was the comparative lack of attention to the views, feelings and experiences of other children in the family whilst in the families studied these were the people most in need of support and help. Their presence in the family seemed to complicate the situation rather than helping the adopted child as the initial research suggested.

As indicated earlier, professional concerns about "replacement" recurred throughout the accounts of both groups. This has traditionally been considered an unacceptable reason for adoption and was clearly the view of the professionals studied. Popular prejudice assumes that those who have a natural child after the loss of a child are "replacing" that child in contrast to those who remarry after the loss of spouse (Rando, 1986, p.51) though there can be social disapproval of them also. Some of the adoption workers' ideas about replacement seemed similarly based since they could not say what they meant nor what informed them. There were similar ideas amongst the family and friends of some of the families studied. Other professionals recalled learning from the views of fellow students and teachers on social work courses and from a work-place supervisor. These identified it as the received wisdom of the 1970's .

"Replacement" of a deceased child by deliberately conceiving another has been widely identified in mental health and other clinical literature and bereavement literature as an unhealthy and ineffective means of assuaging grief contributing to severe emotional difficulties in those subsequent children (Cain and Cain, 1964; Poznanski, 1972; Bourne and Lewis, 1984a, 1984b; Raphael, 1984, p.277; Rando, 1986, pp. 33 - 34; Pine and Brauer, 1986, p.72; Sabadini, 1988; Lewis and Bourne, 1989; Leon, 1990; Reid, 1992; Mander, 1994). However, the empirical evidence suggests that having another child even soon after the loss of a child can be an effective coping strategy (Peppers and Knap, 1980; Stringham et al, 1982; Rosenblatt and Burns, 1986; Videka Sherman, 1987; Murphy - Mancini, 1988; Theut et al, 1989 and 1990; Powell, 1995).

From the accounts given by both professionals and the families, "replacement" seems to be a pathologising assumption sometimes made about bereaved families when expectations of grieving were not met, the bereaveds' actions were not understood or the professionals' anxieties were aroused. This assumption was

made not only by professionals but by the family and friends of the families studied. This suggests that it is a "commonsense" view. As described earlier, professional expectations were often unrealistic and the experiences and perspectives of bereaved parents not well understood. As well, the nature of parental bereavement naturally arouses peoples anxieties (Rando, 1986, pp.28 - 41).

The research identified two professional beliefs and practices thought to safeguard adopted children from being regarded or perceiving themselves to be "replacements" for deceased children. One was not to place a child similar to the deceased child. There was near concensus among the adoption workers that to do so would invite difficulties. The idea prompted unease. It was just "not done", it was "the danger area".

From the experiences of the families studied this seems to be unhelpful and unnecessary whilst the literature indicates this as so (Cain and Cain, 1964; Murphy-Mancini, 1988). The families studied expected the children joining them to be different from their deceased children because they were each expecting and looking forward to another child. Should any family not expect another child who of course will be different to the deceased child, then placing a child different in major characteristics is unlikely to alter parental attitudes. If the parents are not expecting a new person, then the family is unlikely to be suitable to adopt at all.

The experience of an adopted child studied, similar by gender, appearance and disability to a previous child in the family who died, indicated that it was these similarities which seemed to strengthen her fraternal feelings towards that child. This suggests that there may be some merit in "matching" such characteristics and as Raynor (1980) found, family bonds may be strengthened by perceptions of similarity between child and adoptive family. As well, this child's parents considered that she would not have allowed treatment of herself as a "replacement".

From the experiences of the families studied it seems that the lost child is regarded by them and the subsequently adopted children as part of the parents' past in the same way as the birth family is regarded as part of the child's past. The adoptive parents' explanation of their child's past to him / her is important to the child's understanding of it and to his / her sense of identity. When done in a relaxed and open way their children are able to explore what they need to know about themselves. Avoidance of the subject by the parents, or their tension, anxiety or secrecy make this more difficult.

The way the parents explain their own past to their adopted children seems similarly important to the children's understanding of their adoption. The processes seem to be complementary. Parents able to talk about their lost child easily and naturally from time to time enabled their child to know about the adoptive parent's past. The sensitivity and respect with which they dealt with their child's past was reflected by the

child's respect and sensitivity to their past (Brown). Those to whom such explanation was painful led to their child feeling tense about the subject (Grey). Where there was lack of information, explanations were more difficult (Redpath). It seems likely that it is these factors which are more important to an adopted child's sense of security, identity and of being valued than differences by age or gender.

A second safeguard was that applications to adopt by bereaved parents should be delayed until a year after the death of their child. This was a frequently held view of the adoption workers and one which broadly accords with common professional advice to bereaved parents able to have another birth child. There is little scientific evidence for this (Kohner and Henley, 1991, p.123). It is based on a commonly held view that a year is required to adjust to loss (Wortman and Silver, 1989, p.354). This is thought to be a gross underestimate (Taylor et al in Rando, 1986, p.174). The evidence from the families confirms this.

The psychiatric literature suggests that pregnancy should be postponed until at least 3 months have passed since a neonatal death to prevent future psychological difficulties for the new child (Bourne and Lewis, 1984a; 1984b; Lewis and Bourne, 1989). These views may not be applicable to the general population of bereaved parents as they arise from work with a selected group. Further, delay is advised as it is considered that pregnancy inhibits mourning (Bourne and Lewis, 1984a, p.31) and the two processes are incompatible (Bourne and Lewis, 1984a, p.32 and Lewis and Bourne, 1989, p.950). However, in adoption there is no pregnancy though a period of emotional preparation for the placement of the child is considered important. It may be easier to grieve a loss and at the same time prepare for a further child when there is no physical pregnancy on which to focus. Further, there is also an alternative view that the two processes are not incompatable anyway (Klaus and Kennel, 1982, p. 269; Wilson, 1989; Leon, 1990, p.74).

Delaying an adoption application for at least a year is also linked with a professional view that the first anniversary of the loss should be passed. As previously discussed, this implicitly assumes that future anniversaries will become easier which is not upheld by either the literature nor the evidence from the families (Rando, 1983, p.13; 1986, p.39).

This common view of adoption agencies takes no account of the changes in attitudes and values which bereaved parents may have undergone which may prompt an early application. For instance, the families reported their increased awareness of time passing, of the lengthy nature of the adoption process and that their potential to help a child might diminish with time. As well, to the families it seemed that they had already waited a long time. The families themselves knew when they were ready at least to enquire about adoption. Their initial approaches were responsibly made and they were open to discussion about the

appropriateness of a formal application. There seems no need for a ban on applications within a year of a child's death.

Further, as the more recent bereavement literature indicates, the parents may have a philosophical perspective or world view into which their experience of loss may fit enabling them to function adequately fairly quickly (Wortman and Silver in Stroebe et al, 1993). This seems to have been so of two of the families studied. The loss of her baby to one bereaved mother was a preferential outcome to the alternative which was permanent disability. It was an outcome for which she had prayed. Another believed that her deceased son would not have wanted his family to grieve for a prolonged period. She also thought that other matters and relationships were important too. Each enquired about adoption within a year of the deaths of their children. It is possible, as Daly (1990) argues with regard to infertile couples, that grieving the loss of a child and becoming ready to adopt can take place concurrently.

Why should there be this dissonance between the views of the adoption workers and the experiences of the families and why should there be such strongly held views about "replacement"?

One reason seems to be the reliance on psychoanalytic / psychodynamic theory rather than empirical evidence for professional views and judgements about parental bereavement. This cannot provide a satisfactory basis for such judgements as it cannot give a general explanation for responses to loss since it has developed from the clinical study and treatment of depressive illness in adults and of those with emotional difficulties (Smith, 1982, pp.39 and 43). Further, the focus of interest has not been on understanding normal responses to loss but on pathological variations. Psychiatrists, who regard themselves as the experts on grief (Walter, 1994, p.13) have a similar focus.

Psychoanalytic / psychodynamic theory has been influential in the development of social work thinking (Yelloly, 1980) and the diagnostic model. These have been proved unsatisfactory tools for the assessment of substitute parents and such assessments have been severely criticised (Triseliotis et al, 1995, pp. 61 - 62). Of these, these authors say,

> *"The diagnostic model assumed that only those who had "good" childhood experiences, as defined by theory would make good foster carers and that the interviewer could recognise "unhealthy" motives deep in the unconscious of the unknowing applicant(s)"*

This seems very similar to how the adoption workers studied commonly viewed bereaved applicants and only those who had "good" grief experiences as defined by theory would make good adoptive parents and

that the interviewer could similarly recognise "unhealthy" motives, of which "replacement" is one, in them.

Dissatisfaction with the diagnostic model derived from psychoanalytic theory has led to the development of other assessment tools in particular the group educative approach whereby those interested in adopting or fostering select themselves out as a result of learning more about the tasks involved and their own assessment of their fitness for them. Assessment of bereaved families seems to have been left behind in this process as the diagnostic model was used to assess their response to their loss and thus their suitability to adopt.

Attachment theory, which emphasises grief as an instinctive response to loss, provided the other main means of the adoption workers for understanding parental bereavement. These two models dominate ideas about grief and define research frameworks (Middleton et al., 1993, p.49) Moreover, they have been identified as the theoretical constructs which most influenced the work of clinicians and researchers and their views on pathological grief (Middleton et al., 1993, p.49). It is possible that the main use of certain theoretical constructs could restrict the thinking of those that use them, promote a blinkered approach and predispose them to find what they seek.

Psychoanalytic / psychodynamic theory has also become part of the everyday discourse of Western culture (Hunt, 1993, p.206). It seems to have become part of modern common-sense thinking. Common sense and its application to social work and adoption practice is seen as desirable by the government and the general public. However, the research identified a number of professional ideas about bereavement as social myths (Rando, 1986,pp.39 - 40). These could be termed commonsense. This strengthens the views that commonsense is not a useful basis in adoption (Triseliotis, 1995, p.43) and likely to be discriminatory (Everitt et al, 1992 p.22).

I have suggested that bereaved parents are likely to be considered unsuitable to adopt when professional expectations about grieving are not met. The adoption workers sometimes used stage models of grief to guide them in their judgements but these have tended to promote unrealistic expectations of the bereaved (Wortman and Silver in Stroebe et al, 1993, p.351). Similarly the grief work model, also used, has led to an expectation that the bereaved should end their relationship with the deceased as this model has been understood as emphasising this as the purpose of grief (Walter, 1996, p.7-8). The importance of retaining a relationship has been overlooked in the bereavement literature (Walter, 1996, p.7,8,23). Maintaining a relationship with their deceased children was very important to the Grey, Brown and White families and it would have been helpful to the Redpath family had they been able to do so

Further, there is no well-established theory of parental bereavement and this too has led to unrealistic expectations of bereaved parents and inappropriate judgements of pathology (Rando, 1986, p.41& pp.56-57). As well, such expectations are derived from often mistaken ideas, little empirical evidence and narrow theoretical constructs which are unsuited to understanding normal grief.

The bereavement literature tends to pathologise bereaved parents whilst in the literature which focuses on how children fare in families who have experienced the prior death of a birth child, unfairly disproportionate emphasis is given to the liklihood of such children developing psychological or emotional problems. Knowledge of replacement children has arisen from study of those who have become emotionally and / or behaviourally disturbed after the death of a child in the family. There is little research or knowledge about the siblings of children who have died and who have not come to the attention of the psychiatric services. This could further explain the attention which adoption workers pay to "replacement". In addition, adoption has been noted for its dogmatic ideas, (Shaw, 1984, p.48; Currer, 1996, p.5) its tendency to be threatened by change (Fratter, 1996, p.10 referring to Baran and Pannor, 1990) and lack of research in its early history (Kornitzer, 1968; Triseliotis, 1970) which may have combined to ensure the survival of this strongly held view.

An explanation for the arousal of the anxiety of adoption workers lies in the painful nature of the work. The general public does not deal easily with bereaved parents and adoption workers are members of the public (Rando, 1986, p.40). They too may be parents whose deepest dread may be the loss of a child. Combined with the responsibility of placing disadvantaged children with new families, the anxiety involved is understandable. Declaring a bereaved family unsuitable to adopt may be a means of self-protection. This suggests the need for particular support for adoption workers undertaking this difficult and delicate task.

Neither psychodynamic theory not attachment theory take account of grief as a social experience influenced by the social and cultural context in which it occurs and with which the bereaved interact. This approach offers another dimension to understanding grief. It offers another way of explaining and understanding the wish of some bereaved parents to adopt after the death of a birth child and so may be more useful.

As described in Chapter 3, the experience of parental bereavement can be understood as a loss or weakening of identity, a disruption of social reality and collapse of meaning. Recovery from grief from a symbolic interactionist perspective involves the reformulation of continuity and meaning.

"Recovery from grief depends on restoring a sense that the lost attachment can still give meaning to the present, not on finding a substitute. The purpose and feeling it expressed has somehow to be abstracted from its past setting and reformulated so as to make present and future behaviour interpretable and rewarding "(Marris, 1986, P.149).

It is this reformulation of continuity and meaning, together with the rebuilding of a social reality and identity that I believe offers an alternative to adoption workers' traditional way of understanding an application by bereaved parents to adopt. It does not provide answers as to their suitability but suggests alternative ways in which their adaptation to the loss can be explored and how adoption fits into this. Rather than viewing a wish to adopt after loss of a child in a diagnostic way as a possibly pathological response, avoiding grief or denying the loss, it can be understood as part of a normal process. This involves the rebuilding of a new reality, identity and continuity of purpose and meaning. This is achieved through a social process of interaction with others.

Thus the parents studied found continuity in their lives by continuing with a previous plan to adopt which they had not pursued when their child was alive, by becoming parents again, by using skills and resources, sometimes specialised ones which they had used for the benefit of their deceased child to give to another child. Purpose and meaning in life was found again through adoption. As Tony Grey said,

"These kids - they put some meaning back in your life."

Viewed from a symbolic interactionist perspective, such matters as maintaining a dead child's bedroom undisturbed, keeping clothes or toys of the child may not necessarily signal unresolved grief as psychodynamic theory and the working through model of grief would indicate. The meaning of such actions and possessions may have a particular significance not readily understood by an outsider. Her child's school uniform kept for over 10 years by one bereaved mother studied did not indicate an inability to accept his death or failure to resolve her grief as a psychodynamic perspective might indicate. The uniform was for her an aide memoire of her child which enabled her to recall and enjoy treasured memories. Further, maintaining a deceased child's bedroom unchanged may be the only way available to bereaved parents to maintain a sense of identity as parents. This may be particularly so if such parents do not have or are unable to use a social network with which to interact enabling them to confirm both their own and their child's identities.

Similarly, an adoption worker studied, used psychodynamic theory to explain her observations of Victorian gravestones which indicated that subsequent children were apparently commonly given the same names as deceased siblings. A pathological interpretation of the parents response to the childrens'

losses was made. However, the naming of children is imbued with superstition, cultural or family tradition as well as particular personal meaning to the parents (Raphael-Leff, 1991, pp.327 - 328). The meaning given by the adoption worker to the naming of the children may not be that which it held for the parents. Nor can present attitudes to the loss of a child necessarily be appropriately ascribed to those of times when children and their loss may have held different meanings for parents.

An enquiry about adoption by bereaved parents after their child's death sooner than might commonly be expected may not necessarily indicate a maladaptive response to loss but could signal the opposite. A particular philosophical perspective or "world-view" of the parents may have made their child's death more understandable to them and therefore easier to accept. Phil Brown viewed death as "not the worst thing that can happen" but part of the richness of life. To Mary Yellolee, the death of her baby was preferable to permanent disability and was compatable with her religious beliefs. To Ann Grey her belief that her deceased son would not have wanted the family to endure protracted sorrow and that other relationships were important helped her to live with the pain of the loss.

Social reality, identity, meaning and purpose by which people interpret and guide their lives are created by social processes - interaction with others. When death disrupts these areas, they are reconstructed and reformulated through similar means. Understanding how loss of a child has affected these areas and how they are being reconstructed and reformulated would be the task of the adoption worker.

Rather than using a diagnostic model to explain a bereaved family's response to loss a client's strengths perspective is proposed as preferential. Cowger (1994) advocates this approach to assessment. His ideas are based mainly on American clinical social work practice but seem very relevant to the assessment of bereaved families as prospective adopters. He argues that there has been little focus on family strengths in past social work literature on practice with families. He states that the assessment literature has instead focused on "individual inadequacies" and referring to Rodwell, 1987, p.235 says,

"Deficit, disease, and dysfunction metaphors are deeply rooted in social work, and the focus of assessment has "continued to be, one way or another, diagnosing pathological conditions".

The focus of assessment of bereaved parents applying to adopt has tended to be the same.

If assessment focuses on deficits, Cowger argues, that will remain the focus of the contact between social worker and client. In assessment of bereaved applicants, the focus can become, as the research has identified, the deficiencies of their grieving process. Further as this author points out, concentration on

deficits may impair the social worker's ability to notice a client's potential for growth and reinforce their self-doubts and feelings of inadequacy. This seems particularly important to avoid where clients are vulnerable as are bereaved parents. A strengths perspective on the other hand reinforces client competence, builds self-confidence and increases hope. It releases people from diagnostic stigmatising labels. The judgement that bereaved parents are seeking to "replace" their deceased child could be one such label.

Cowger (p.263) maintains that a strengths assessment is particularly important for involuntary or mandated clients where powerlessness is implicit in the involuntary nature of the client-worker relationship. Although prospective adopters are applying to adopt as free agents, nevertheless the power is in the hands of the adoption workers who are the gate-keepers of what is desired - a child.

He suggests twelve guidelines for a strengths assessment of which five seem of particular relevance to this subject. Firstly, that preeminance should be given to the client's view and understanding of the situation and the meaning he or she ascribes to it as well as the feelings and emotions involved. This is in contrast to the preeminence identified in the data to the understanding and meanings of the adoption workers. Secondly, that clients should be believed - that there is no evidence to consider them untrustworthy and that their understandings of reality are as valid as the social workers' social constructions of reality. Thirdly, the assessment should focus on discovering the client's personal and environmental strengths . Of particular significance is the further advice to avoid cause and effect thinking. Cowger states,

> "Professional judgements or assumptions of causation may well be the most
> detrimental exercises perpetrated on clients. Worker notions of cause and causal
> thinking should be minimised because they have the propensity to be based on simplistic
> cause-and-effect thinking. Causal thinking represents only one of many possible
> perspectives of the problem situation and can easily lead to blaming."(p.267)

Such thinking was evident amongst the adoption workers studied. Fifthly, Cowger advises social workers to assess not diagnose. Diagnosis, he argues is associated with a medical model of labelling that assumes unpopular and unacceptable behaviour as a symptom of an underlying pathological condition. Replacement seems to be one such diagnosis.

The likely indicators of success as adopters in bereaved families, which were identified by the professionals, were borne out by the study of the families. This also suggested other indicators. The experience of loss rendered these families more fit to adopt rather than less so as the model of negative replacement would suggest. The foundation of the adoptive home was strengthened as in various ways,

the relationship between the parents was confirmed by their experiences. A strong relationship between the parents is particularly important in families adopting an older child whose difficulties can disrupt a marriage. The families showed an ability to tolerate painful emotions of great magnitude and a total disruption to their lives. The experience of adopting, particularly an older child from care, can have a similar effect. The families described not just a general growth through their experiences as the professionals identified as an indicator of likely success as adopters but specifically, an increase in maturity, tolerance and resilience. As well, they reported a greater appreciation of relationships and family life and living in and enjoying the present. These seem particularly relevant to those taking on the demands posed by adoption.

The families showed a number of personal strengths some of which were regarded by the professionals as a positive sign of their potential as adopters. These included courage, self belief, self-esteem and perseverance and an ability to think for themselves. As well, they demonstrated an ability to communicate feelings and use the support of others, also needed in adoption.

The adoption workers viewed positively those who could look outward from their loss at what other ways their lives could proceed and not focus solely on the loss. The parents studied were looking forward to the future and to another child. In this they saw an opportunity to rebuild their lives in which they could find a new identity, purpose and meaning. It is also notable that some of the parents, particularly Ann Grey, Mary Yellolee and Phil and Jan Brown, took definite conscious decisions about how to manage their grief and plan for their future. These seemed part of a social process over which they had control rather than their grief being derived only from unconscious experience or feelings or instinctive systems (Smith,1982,p.53)

The bereaved parents' ability to be open with their adopted children about their own past and how they explain this to them may be what is most important to the children's understanding of it and to successful adoption. This involves discussion of the lost child. The adoption workers suggested that an ability to do this easily could signal likely success. As in explaining the child's past to him / her, the task of adoptive parents, if they are relaxed, open and honest about their own past, dialogue between themselves and their adopted child may easily take place. In the course of this, the child's anxieties about the reasons for his adoption and his parents expectations of him / her may be allayed or these may be anticipated and preempted by them. As the Redpath family experienced, the task is more difficult without information or photographs about the previous child. It is similarly so when these are not available to explain the child's past to him / her.

Future research could test the hypothesis of replacement as a pathologising assumption used in the circumstances outlined earlier. Further, the factors which characterised the families studied could be explored by means of controlled studies to learn more about these as possible indicators of successful adoption after bereavement. Most importantly, much more needs to be be understood about how children fare in those bereaved families which do not come to the attention of the psychiatric services and what accounts for this.

As for us, the professionals in adoption work, we need to revise our long held expectations and assumptions of how bereaved parents respond to loss and to listen attentively to them for it is they who seem to be the experts in their own experiences. Rather than attempting to fit our practice to particular theories of grief, we should aim to be research-minded and be reflective practitioners.

Appendix A

ADOPTION AFTER BEREAVEMENT

QUESTIONNAIRE

As the social worker (or his / her manager) to a child for whom adoption is the plan :-

1. Would you be more worried if a possible new family for your child was one in which a previous child has died than if a proposed new family was one which has not experienced such a loss?   Y / N

Please indicate briefly your reasons :-

2. Would you worry more if the previous child was over one year of age when he / she died rather than under one year of age? Y / N

Please indicate briefly your reasons :-

3. Would the application worry you more if the families loss was by miscarriage rather than of a living child? Y / N

Please indicate briefly your reasons :-

Please assume that there are no particular problems with either family.

4. Would the application worry you more if the families loss was by still birth rather than of a living child? Y / N

Please indicate briefly your reasons :-

5. Please tick in which of the following situations you would consider it inadvisable for your child to be placed.

        a)   "Your child" is of the same sex as the dead child

        b)   "Your child" is of the opposite sex as the dead child

        c)   "Your child" is of similar age to the previous child at death

        d)   "Your child" is of very different age to the previous child at death

        e)   "Your child" is of the same sex and similar age to previous child at death

        f)   "Your child" is of the opposite sex and very different age from the previous child at death"

ADOPTION AFTER BEREAVEMENT

QUESTIONNAIRE

As a member of the adoptions panel would you:-

1. Be more worried about an application to adopt by a family in which a previous child has died than one by a family which had not experienced such a loss?   Y / N

Please indicate briefly your reasons :-

2. Would the application worry you more if the previous child was over one year of age when he / she died rather than under one year of age? Y / N

Please indicate briefly your reasons :-

3. Would the application worry you more if the families loss was by miscarriage rather than of a living child? Y / N

Please indicate briefly your reasons :-

4. Would the application worry you more if the families loss was by still birth rather than of a living child? Y / N

Please indicate briefly your reasons :-

5. In broad terms what kind of child should not be placed for adoption with a family in which a previous child has died? Please tick which of the following you would consider inadvisable.

       a)   A child of the same sex as the dead child

       b)   A child of the opposite sex as the dead child

       c)   A child of similar age to the previous child at death

       d)   A child of very different age to the previous child at death

       e)   A child of the same sex and similar age to previous child at death

       f)   A child of the opposite sex and very different age from the previous child at death

ADOPTION AFTER BEREAVEMENT.

Questionnaire

As a County Adoptions Officer or similar would you:-

1. Be more worried about an application to adopt by a family in which a previous child has died than one by a family which has not experienced such a loss?   YES/NO

> Please indicate briefly your reasons

2. Would the application worry you more if the child was over 1 year of age at death rather than under one year. e.g. a 10 year old child rather than a 2 day old baby?   YES/NO

> Please indicate briefly your reasons

3. Would the application worry you more if the family's loss was by miscarriage rather than of a living child?   YES/NO

> Please indicate briefly your reasons.

4. Would the application worry you more If the family's loss was by stillbirth rather than of a living child?   YES/NO

> Please indicate briefly your reasons:-

5. In broad terms what kind of child should not be placed for adoption with a family in which a previous child has died? Please tick which of the following you would consider inadvisable.

> a)   a child of the same sex as the dead child.
>
> b)   a child of the opposite sex to the dead child.
>
> c)   a child of similar age to the previous child at death.
>
> d)   a child of very different age to the previous child at death
>
> e)   a child of the same sex and similar age to the previous child at death.
>
> f)   a child of the opposite sex and very different age from the previous child at death

ADOPTION AFTER BEREAVEMENT.
Questionnaire

As an Adoptions Officer would you:-

1. Be more worried about an application to adopt by a family in which a previous child has died than one by a family which has not experienced such a loss?   YES/NO

      Please indicate briefly your reasons

2. Would the application worry you more if the child was over 1 year of age at death rather than under one year. e.g. a 10 year old child rather than a 2 day old baby?   YES/NO

      Please indicate briefly your reasons

3. Would the application worry you more if the family's loss was by miscarriage rather than of a living child?   YES/NO

      Please indicate briefly your reasons.

4. Would the application worry you more If the family's loss was by stillbirth rather than of a living child?   YES/NO

      Please indicate briefly your reasons:-

5. In broad terms what kind of child should not be placed for adoption with a family in which a previous child has died? Please tick which of the following you would consider inadvisable.

     a)   a child of the same sex as the dead child.

     b)   a child of the opposite sex to the dead child.

     c)   a child of similar age to the previous child at death.

     d)   a child of very different age to the previous child at death

     e)   a child of the same sex and similar age to the previous child at death.

     f) a child of the opposite sex and very different age from the previous child at death

ADOPTION AFTER BEREAVEMENT.

Questionnaire

As a Divisional Director would you:-

1. Be more worried about an application to adopt by a family in which a previous child has died than one by a family which has not experienced such a loss?   YES/NO

    Please indicate briefly your reasons

2. Would the application worry you more if the child was over 1 year of age at death rather than under one year. e.g. a 10 year old child rather than a 2 day old baby?   YES/NO

    Please indicate briefly your reasons

3. Would the application worry you more if the family's loss was by miscarriage rather than of a living child?   YES/NO

    Please indicate briefly your reasons.

4. Would the application worry you more If the family's loss was by stillbirth rather than of a living child?   YES/NO

    Please indicate briefly your reasons:-

5. In broad terms what kind of child should not be placed for adoption with a family in which a previous child has died? Please tick which of the following you would consider inadvisable.

    a)   a child of the same sex as the dead child.

    b)   a child of the opposite sex to the dead child.

    c)   a child of similar age to the previous child at death.

    d)   a child of very different age to the previous child at death

    e)   a child of the same sex and similar age to the previous child at death.

    f) a child of the opposite sex and very different age from the previous child at death

The Professional Adoption Workers

Interview Schedule

Group Discussions

The Adoptions Officers	10 /12/91
The Experienced Adoptions Officer	15/4/92
The Adoption Panel	24/4/92
The Childrens` Social Workers	27/4/92

Individual Interviews

Key Informant - B.A.A.F.	20/12/91
Key Informant - voluntary adoption agency	9/1/92
Key Informant - local authority adoption agency	10/1/92
Key informant - voluntary adoption agency	17/1/92
Key Informant - local authority adoption agency	22/1/92
The County Adoptions Officer	13/3/92
The Divisional Director	11/5/92

Statement to the Adoptions Officers at the beginning of the group discussion.

You may remember that I am interested in the placement of children for adoption in families which have experienced the death of a natural child.

In April, you helped me by completing a questionnaire about this. This helped me to test out some of my impressions of what adoption workers think about bereaved families as adopters. Later, I would like to give you some feed back from it.

My plan for my research now is in two parts. Firstly I am trying to explore in much more detail the thinking of adoption workers when assessing or approving a bereaved family as adopters or when placing with them, a child. Secondly, I am hoping to undertake some case studies of such families who have adopted.

It is with the first part that I would like your help. The County Adoptions Officer has given me this opportunity to learn what you as a group of experienced and knowledgeable adoptions officers think are the important issues and areas to explore in assessing and recommending a bereaved couple. What would reassure you or satisfy you that they could provide a good resource for a child? What might concern you? In considering what kind of child they might best help, what thoughts might go into your recommendation? Could we spend about 40 minutes discussing this? I see my role as a listener to the discussion rather than an active participant. Some of the areas you might want to think about are factors about the loss itself, the reasons people might want to adopt after the death of a child, factors about the lost child and those about the child to be adopted.

This statement was then adapted for use with the other discussion groups.

Statement to the Adoption Panel before their group discussion.

I would like to thank you first of all for giving me this opportunity to meet you. You may remember from my letters to you and from the questionnaire which you kindly completed last year, that I am interested in the placement of children for adoption in families where a previous natural child has died.

My research is divided into two parts. Firstly, I am trying to explore in much more detail (than the questionnaire would allow) the thinking and knowledge of this subject of what I call "the adoption world". This is an umbrella term I am using to include the various professional people involved in the adoption process. I am exploring the knowledge and thinking of those people on which practice, recommendations and decisions are based. Later, I am hoping to explore through case studies, the experiences of a small number of families who have adopted under such circumstances.

It is with the first part that I would like your help. I would like to learn from you as a group of knowledgeable and experienced people what you think are the important issues and areas to consider in deciding to recommend acceptance or rejection of a couple or a family whose previous child has died. What are the things which would reassure or satisfy you that they could provide a good resource for a child? What would concern you? In thinking about recommending a linking between an approved couple and a child, what sort of child might be best placed with them? What thoughts might go into your recommendation?

I would be most grateful if you could discuss together your ideas. Some of the areas which I hope you will discuss are the factors around the loss itself, those to do with the child who died and the child to be adopted, the reasons that people might want to adopt after the death of a child. I see my role as a listener to the discussion rather than an active participant which I hope you will all be.

Check list for research with the professional adoption workers

motivation

Acceptable / not acceptable

Reasons for seeking adoption

the loss

Nature

Time lapse before application / placement of child

Normal / abnormal grief

child to be placed

Different child? Why?

Gender / age? Why?

deceased child

Neonate / 10 years old

Significance for adoption

bereaved family

Characteristics of parents

Prior histories-prior losses

Other children ?helpful / unhelpful

Extended family

Parenting of deceased child - relationship with

effect on Sws etc

How do you feel discussing this / doing this work

the lost child

aim; to understand the meaning of the child to each parent

who was he / she
name, sex, age, personality, aptitude

could you tell me about.....?

photographs

the loss

aim; to understand the meaning of this to each parent

what happened
when
response...could you tell me about losing?
How did they cope?
Their grief journey from the loss to today.
Effect on them as individuals and as a couple

bereaved family

aim to understand what has helped them to be successful

characteristics of parents
prior losses
other children in the family
extended family
how do they explain the loss to the adopted child
how do they commemorate the lost child now

motivation

looking for hoping from adoption

what did they hope adoption would bring

what sort of child / children

expectations

adopted children

aim; to understand the meaning of this child to each parent

tell me about

how has the experience of child joining family been for you

how has presence of child affected their grief memories live

attitude of social worker

how do they think he / she viewed their application

what sort of child did he / she think they should have

Check list for research with the families

30th April, 1992

MEMORANDUM TO :   ADOPTION & FOSTERING STAFF

FROM: Eve Hopkirk, Adoptions Officer.

I am writing to ask for your help with my research project which is on the placement of children for adoption in families in which a previous natural child has died.

I am hoping to undertake case studies of five or six families who have adopted after losing a natural child. I would be very grateful if you could help me in identifying families which might be suitable.

My criteria are as follows :-

1. The deceased child was aged 0 - adulthood, i.e. not a miscarriage nor a stillbirth.

2. The child was the natural child of the marriage and not the child of only one partner.

3. The 'new' child has been in placement - though not necessarily formally adopted - for at least two years.

4. Placement is for adoption not long term fostering.

5. The 'new' child is verbal as I would like to be able to do some direct work with him or her.

6. The family would be willing to see me.

I am in the early stages of planning this part of my work and need to discuss it further with the County Adoptions Officer and my supervisors, and consider such matters as the ethical issues involved, etc. I would, therefore, not be planning to visit families until June/July. However, I would like to have an idea as soon as possible what families might be available, and if in general terms they would be agreeable to me approaching them for help.

If you do know of such a family and if they would be interested in helping me, I would be very grateful if you could let me have a brief pen picture of their circumstances.

I would, of course, not reveal identifying details of any family willing to help me.

Eve Hopkirk
Adoptions Officer

Research Study   Adoption after Bereavement

I am writing to ask if you and your family would be willing to participate in a research study which I am undertaking. It is of a particular aspect of adoption. I am especially interested in families who have adopted a child after losing their own birth child through death. I am trying to understand more about what this experience means to parents and children so that social workers and others can learn from it.

As part of this study. I have already met with a number of social workers, adoption panel members and others who help to make decisions about children, families and adoption. I therefore know something of their thoughts and ideas. It is very important that I now understand the families point of view and it is with this part of the work that I am asking for your help. Briefly this would mean allowing me to talk with you on two or three occasions in your home. I would undertake nor to reveal any details about your family which could possibly lead to anybody in it being identified.

I would be most grateful if you would write to me in confidence telling me a little about yourselves. I enclose a stamped/addressed envelope. I will then give you further information about my study and how you could help me. If then. however. you would prefer not to take part, I will quite understand. I will respect your decision and not contact you again.

Eve Hopkirk.
Research Social Worker.

Bottingdean,
Hollist Lane,
Midhurst,
West Sussex
GU 29 OQN
10/9/94.

The Editor,
The Times Literary Supplement,
Admiral House.
66 - 68 East Smithfield,
London.
E1 9XY.

Sir,

I am writing to ask for the help of your readers.

I am undertaking some research into an aspect of adoption. I am interested in the placement of children for adoption in families where a previous child has died. There is often professional concern that the bereaved parents may be seeking through adoption `a replacement` for their lost child. This has traditionally been thought by adoption workers to be an unwise reason for adoption. I am trying to learn more about successful adoption in such circumstances.

I have come across examples in autobiography, biography and fiction of children growing up as `replacements` for a dead brother or sister, their emotional and psychological development being warped as a result. I understand , for instance that J.M. Barrie spent his life trying to be his dead brother. Salvador Dali described in his Unspeakable Confessions (1973) the effect on him of his parents idealisation amd continuing grief for his brother who died three years before the artists birth. Vincent Van Gogh was born a year after his stillborn brother whose name he shared. In his study of Van Gogh, Nagera (1967) describes his subjects struggle to find an identity for himself and how his lost brother haunted him throughout his life. Jean Rhys is thought by her biographer, Carole Angier to have been a replacement child. Ken Russell was told as a child by his mother that she would not have bothered to have had him had the daughter born before him lived. (Lynn Barber Interview. Independent on Sunday.14/7/91)

I would be most grateful if your readers could identify any further examples and tell me also of instances of this theme occuring in folklore, legend and fiction. I would be particularly interested to know of any examples which feature a child joining a bereaved family and benefiting from the parents experience of loss rather than being adversely effected.

Yours faithfully,

EVE HOPKIRK.

Appendix B

Appendix B consists of the full narrative accounts of the experiences of each of the five families studied. They are presented in the form in which they were sent to each of the participants for their comments, for confirmation that they accurately reflected their experiences and views and for their approval for the accounts to be used in the thesis in the form presented.Thus, they have not been revised and so are not consistently arranged according to the key themes. The heading "the child who died" is used instead of "the deceased child" as this seemed more suitable for accounts to be read by the families concerned.

The Grey Family Appendix B1

Father	Tony Grey age 52. Self-employed Carpenter.
Mother	Ann Grey age 47. S.E.N working part-time at a home
Son	Matthew, apprentice carpenter, died aged 19 in 1988 following serious illness and major operation.
Daughter	Elisabeth age 23, playgroup leader. Married two years
Adopted Son	Jim age 11. Joined the family 2.5 years previously.
Prospective adoptive daughter	Susan age 14 to whom the family were being introduced.

The parents and their perspective

1 Tony and Ann Grey and their family live in their own semi-detached house on the the outskirts of a large city. Tony, tall, thin and bearded is a shy man with a dry sense of humour and quick wit. His wife is practical. intelligent and down-to-earth. Each is articulate. Ann speaks with confidence. Tony slightly less so.

Perceptions of the child who died

Matthew

2 Matthew was a planned baby and grew up a normal, healthy, happy boy, a much loved child in a close family. He was an intelligent young man who had done well at school and was making strides in the same trade as his father. Although he had similar interests to Ann, she and Tony described a particularly close relationship with his father. There was a strong physical resemblance between the two. they had a similar sense of fun and were always teasing each other. They also had common interests which led to many enjoyable shared experiences. What Matthew meant to Tony is summed up in his own words.

He was my lad. I laid claim to him."

3 Matthew became ill in the summer of 1988. He had had symptoms for some months previously but had thought

little of them. He saw his G.P. and was quickly admitted to hospital for extensive tests. As Anne recalled memories of this period and how difficult it had been, there were tears in her eyes. Eventually, a diagnosis was made and a major operation followed. Ann had stayed in the hospital to be with Matthew as he recovered from the operation. She described this as a happy time time together. Matthew's prognosis was good and he returned home. However he had an unexpected set-back and died a few days later.

Perceptions of the family's response to the loss

4 Ann and Tony were not prepared for Matthew's death. Surgery had been successful and they had been advised that he would have some years of adult life to enjoy. Tony said,

> *"We thought we had got back on our feet, had a future, the whole job*
>
> *lot. When the crash came, the whole world just fell apart. It took quite*
>
> *a while to get back - we just weren't ourselves - the things you go*
>
> *through, the anguish, the frustration. Why us ? Why him? Every*
>
> *question there is no answer to."*

5 Tony and Matthew's shared passion was football. They would spend many Saturdays together on the terraces of their local club or following their teams fortunes at away games. They were planning a full programme of forthcoming fixtures together when it just stopped. Tony has not been able to bring himself to attend a game since. They were also both keen photographers and shared a studio / workshop in the garden where their prized equipment was stored and joint projects planned.

6 Tony and Ann do not know how they coped during the days immediately following Matthew's death. One of their clearest memories was of fears for Elisabeth's safety if her arrival home was minutes overdue. They very quickly realised that their teenaged daughter, who had been used to freedom and time to herself, was being suddenly constrained by their anxiety and need to overprotect her. Ann thought,

> *"No, I can't do this, she's got to have her own life".*

Their insight was sufficient to enable them to resume their normal boundaries for her.

7 Ann also recalled resenting her daughter after Matthew's death. This was not because Matthew was special to her in some way. She explained her feelings,

> " There wasn't any difference between them but the only reason I
> resented her was that she was there and he wasn't. -If it had been the
> opposite way round it would have been just the same. "

8 Tony described a tendency to snap at friends during this time whilst Ann's experience was that friends assumed it would help her to talk but did not understand that she might not want to do so then. Ann found that having the distraction of a job helped her though initially it was hard to return to an environment of elderly people whom she perceived as being able to accept death readily and who could not understand her reluctance to talk of it with them.

9 Sometimes there were good days and sometimes there were dark days. "Anything and everything" could trigger the latter. Matthew had enjoyed skate-boarding and despite attention his prized board had squeaked distinctively. Their evening paper-boy used a similar method of transport and it too squeaked so that

> "every day at 4.30. he came back. "

To spare himself such a painful daily reminder. Tony moved his work-shop out of ear-shot of the house. For Ann,

> "you walk down the road and you see them everywhere - their back ,
> their shape- you see them everywhere - mostly skate-boarding. "

10 Working at the technical college nearby. where Tony does maintenance and repair work, was difficult for him with the presence of so many teenagers. Ann also found it hard to return to the youth club where she is a leader.

> "Because the little boys were there and it must have been 3 months
> before I went back without coming out in the middle of a meeting
> when I suddenly thought "he's not coming back again.""

11 She graphically described how losing Matthew felt.

*"It's like you've cut a piece of yourself out - a piece of you has died
and that piece never really heals over. A little skin comes over it as
you might say but there's still a hole there and always will be. It's not
exactly like cutting an arm or leg off - it's like a piece of your inside
has died."*

12 Ann and Tony agreed that the pain dulls in time but never goes away.

*"It's always there. It's in the back of your mind but it's not uppermost
in your mind all the time. It starts off like that for a long while and
that's all you think about - him - his face - how he was."*

Five years after the loss of Matthew, the "raw edge" of the pain had gone but the core remains.

*"It does get easier. The pain never ever goes away. It just dulls with
time."*

13 Recalling the immediate aftermath, they do not know how they coped. As Ann put it,

*"To be perfectly honest I don't know how we did cope. You just do. I
mean people were marvellous. They were patient with us."*

14 Support from friends, family, Church and work was offered and used. Sometimes this came from unexpected sources - Tony's employer at the time adjusted Tony's work and the organisation of the company around him. Ann's employer unsolicited, visited Tony to share with him her own experience of losing a child. This conveyed to the couple, not only that she cared about them, could identify with their pain and empathise with them, but more importantly to them that she had recognised Tony's need for the help usually accorded mainly to women. Tony for his part could accept it. Later giving me a lift to the station, Tony told me that it was he who had "folded" when Matthew died and he had leant on Ann. This was touching as it seemed in the nature of a confession, shared in the privacy of the car with the tape-recorder switched off. It also carried with it shades of expectations of men to be strong and not the ones to "fold". It seemed understandable that he should be particularly effected as Matthew was "his lad" and through his death, Tony lost not only a son but also a work-mate and companion

15 Matthew's room was altered by moving the partition wall between his and Elisabeth's room. This enabled Elisabeth to have a larger bedroom than formerly but without moving into her deceased brother's room which she did not want to do. Similarly, it could easily be altered again for future changing needs. Many of Matthew's clothes were given away shortly after his death because, according to Elizabeth, their presence was a painful reminder of his absence. Some items were retained for personal and sentimental reasons.

16 I noticed that although there were photographs of both Elisabeth and Jim in the living room where we were, there did not seem to be one of Matthew. Towards the end of my visit, Ann commented on this. She said "we don't need that" (a photograph). I assumed that she meant that their mental images of him are so clear that they do not need a physical one. However I was wrong as she then clarified that it would be unbearable for them to have pictures of Matthew's face in the room. It was the pain of this that they did not need, not the photograph itself. Ann went on to tell me that she can find a photograph very quickly, if wanted, as albums are kept in a cupboard within easy reach. This, it seems, is her and Tony's way of having some control over the pain of living with loss but one which could be easily misunderstood to an outsider.

17 Their experience of loss has affected them similarly as individuals. They have both become more tolerant. As Ann started to explain

> *"It alters your outlook on life. You don't bother about silly little*
> *details any more because you think -*

and Tony completed "life's too short". They also tend now to live more for the present.

> *"You don't plan great long things for the future. Like my parents who*
> *were planning for my father's retirement and then he died befor he got*
> *there (retirement) so all their plan for the future went away and it's a*
> *little bit like that for us. Tony and Matthew had planned to do a lot of*
> *things in the future because they were very close."*

18 As a couple, Ann and Tony thought that their relationship had been strengthened by their experiences. They had supported each other in their grief and had become more bonded together. Their relationship had been further strengthened and renewed by their subsequent experiences. Ann described it like this,

"I think as our own birth children were growing up, you grow a little
bit apart in some ways because you move on with your children -
they're growing up and you're growing older. But we've gone back
because Jim is younger."

Tony added,

"We've retraced our steps by quite a few years."

From my contact with them, there seemed to me to be a high level of agreement between them. On several occasions, Tony completed Ann's sentences when she was momentarily lost for words indicating similar thoughts. He did not however overtalk her and neither interrupted each other. Tone of voice, body language and eye contact all indicated a close relationship between the two.

Plan to adopt

19 From the early days of their marriage, Ann and Tony had the idea of adoption at the backs of their minds. After Matthew and Elisabeth were born, they did not want further children of their own. They considered adoption then but a social worker friend with whom they discussed it discouraged them. After Matthew's death nothing could have been further from their minds. Ann made this clear,

" Oh no! Immediately after he died - no way. I couldn't face anyone
else's child in our house. I was really dead against it."

20 However as the weeks passed the idea of adoption had occurred to each of them separately and unbeknown to each other. They had been afraid of raising the subject together for fear of hurting each other. Eventually they were helped to air the matter together by a mutual friend in whom they had separately confided.

21 This period seemed to have been marked by a definite decision to take stock of their lives. Ann described it this way,

"You eventually get to the stage when you think life has to go on. He
wouldn't have wanted us to sit at home and do nothing. You still feel
occasionally when you go out and do some thing-you feel guilty

because - well he`s not here to do it but you do reach a stage in life when you`ve got to get on with your life now and you`ve got to get on with doing something."

22 Later she reiterated this realisation,

"When he died - his face - that`s the main thing you think of all the time. But as you progress on through life, you`ve got to think of other things. Your daughter, your husband, your neighbours even, or your job because other wise you can`t cope with life."

They did consider fostering but thought that they would not be able to cope with the further loss of children as their placements with them ended and they inevitably moved on.

Perceptions of the family`s motivation for adoption

23 Linked to their decision to do something with their lives was their realisation that they had experiences which they could put to good use for a child. In Ann`s words,

"Our experience was - well we`ve lost one - we`ve brought up children. We`ve got experience - then maybe we can bring up other children and put that experience into practice."

24 Tony had similar thoughts as he queried,

"Why throw it down the drain"(i.e. their experience)

Throughout my contact with them, they referred to themselves with some confidence of having "talents" and "potential" which they did not want to waste. Ann explained it,

"So you`ve got this wealth of experience really and I think that`s really what it was more than anything. We`d got this knowledge, this hope to

do things for a child. And one particular child wasn't there. We
couldn't do it for one - we could do it for another child."

25 Secondly, their wish to adopt a child arose also from a hope that they could rebuild their family into a four person one. Ann was at pains to point out that

"You can't put another child in Mathew's place - male or female or
anything -he is his own person and is still very much part of our lives
and always will be. Nobody can take his place."

In trying to differentiate this from adding to the family so that it should again consist of four people, she struggled to put this idea across.

"There again - its not replacing the person it's replacing the thing -
it's putting some one else there."

26 From time to time both obliquely and directly, they voiced the idea of "replacement". They spoke of their realisation that no one could "replace" Matthew and that that was not what they hoped for in adoption. Ann later tried to explain what she meant and again seemed to be describing "rebuilding" her family rather than "replacing" the unique personality of Matthew.

"In some ways you are replacing something - you can't replace that
person can you - absolutely no way. Even if I had another child which
was the identity (sic) of him and looked like him, it wouldn't be him.
You're putting something there, aren't you, another person. Not in his
place but another person in the family. I think that's the way to
describe it- its not replacement. It's something else - putting another
person there."

Tony said what he meant by "replacement".

"I think any rational person should be able to see if they're going
down the wrong path or - if they are just looking to replace - to fill
that gap and to reincarnate the lost child. I don't think anyone who is
really sensible wants to reincarnate the lost child by getting another

one. That is a trap you could fall into, I suppose, where people

actually believe that this child is going to be the be all and end all of

the situation and going to be the answer to the situation."

27 At the time I met the Grey family, their adopted son Jim had been with them for two and a half years. They had been approved to adopt a second child and when I first visited them, they had been linked with a 14 year old girl, Susan, but had not met her. By then, their reason for adopting had changed as had they. This is clear from a conversation between Ann and Elisabeth which the former described to me.

"When you had Jim, you said you wanted to be a family unit again. If

you have another one you won't be a four family unit. I says 'no. It's

life - we've moved on. We've progressed since then and I do think Jim

needs someone else nearer his age than you are'."

Exploring adoption - approaching the local authority

28 About six months after Matthew's death, they enquired about adoption to their local authority adoption agency. They were invited some six weeks later to a county-wide open meeting. They found this interesting and helpful. They were given some papers to complete and return to their local office. This they did. There then followed a frustrating time as every approach made to the department seemed to take them no further forward. Papers were "between offices", their application was "in the pipeline", "someone else was taking over". After about eighteen months since their original enquiry, the department confirmed that their application had been witheld for a year. Tony's perception of the department's reasons for this was that they thought "we wanted a replacement" His angry response was,

"It's the last thing I wanted . It's a total impossibility -a replacement

for him."

29 Recounting this experience, Ann and Tony thought that on reflection their initial enquiry may have been too soon after Matthew's death. However they considered that they had not been treated honestly. Had they been advised to delay their application for a period, they would have accepted that. They felt that their time had been wasted and as described earlier, their experience of loss had made them more conscious of time passing and the need to live in the present. As well, their initial enquiry was for information. They knew the adoption process was lengthy. As Ann said,

"We had experienced losing some one and times getting on and we're

getting older."

30 I told them of the practice of many adoption agencies of suggesting to bereaved applicants that they delay an application until at least a year after their child's death. Speaking from the perspective of five years since Matthews death, Ann's view was unequivocal.

"Really, waiting a year to get past the first anniversary - the birthday,

the day he died, Christmas - all anniversaries, all have memories so

really waiting a year and going past the first one - they're not any

easier the second time nor the third, fourth or even fifth time."

Later she expanded on her point.

"You don't have to go through every stage of grief to actually deal

with something because once you've what I call got your brain into

action, you've got to deal with life. I mean someone could deal with a

child next day. You don't have to have a long break in between."

Tony's view with which Ann agreed was that "a sensible break" was needed and without this bereaved applicants "might tend to smother a child".

31 After a difficult start with the local authority, their assessment began. From their description, this seemed to be a team assessment with an emphasis on race and homosexual issues. They found meeting a variety of social workers, without an opportunity to get to know anyone well, confusing and the content of the meetings bewildering. After a year of such meetings they understood that they were not considered suitable and perceived this as being "turned down". They were not clear about the reasons for this nor if these were connected with Matthew's loss. However, later Tony revealed how he felt and what his perceptions were of the agency's thinking which was of being "pushed under the carpet" because "oh, you only want a replacement". Their experience damaged their confidence, made them angry and they thought, insulted their intelligence.

Application to a voluntary agency

32 A chance glimpse through a parish magazine which featured an item about the work of a voluntary adoption agency led them to make enquiries of it. This was two and a half years after Matthew's death.

Looking back, they felt that at this point they had reached an acceptance of his loss. Ann put it this way when I asked her and Tony to describe their grief then.

> *"It depends on how different people think of grief. Afterwards, you*
> *learn that grief goes in this way and in that way, in patterns etc..*
> *We've always been difficult and never fallen into patterns. We'd*
> *fallen into an acceptance stage and we've never really moved from*
> *that. We don't understand 'why' and never will. It's still there and*
> *always will be."*

33 Their new social worker's attitude to them was initially cautious. She asked for time to think about their situation. Shortly afterwards their application was accepted and their assessment began. Ann and Tony thought that had this been delayed very much longer they might have lost any potential they had for adopting. Prefacing this with their reason for wishing to adopt, Tony humourously explained,

> *"Also we'd talked it over together and realised there was a little bit of*
> *potential left still in us. And we'd got to go ahead and do something*
> *then and not hang about. Time expiry date comes round very*
> *quickly."*

34 Ann considered that the potential which she and Tony wanted to use for a child might not be there indefinitely.

> *"I think you don't have to leave it too long, otherwise your potential*
> *may not be there for dealing with children."*

Their social worker seemed to share their assessment of their potential as they were approved as prospective adopters some months later.

Perceptions of the child to be placed

35 Ann and Tony's ideas on what sort of child they could best help were influenced by a number of factors. They had a preference for a boy arising, it seemed, from the confidence of having relevant experience and because of the nature of their remaining family. Ann explained,

"We had quite a lot of knowledge of boys really with having a boy.
Also, we already had a girl."

Their understanding of Elizabeth's views, which they sought, were also taken into account. At that point, she didn't want a sister. Her mother told me.

"She said she would be jealous."

The age of child they would consider was a decision reached by reason of their lifestyle, their ages and the agency's policies on this and their sensitivity to their perception of public opinion.

Tony -

"We didn't know at that particular time what we'd be allowed to have.
When we found out that there was this huge book with so many
children in it, it was overwhelming. To find out there were so many
children needing homes - we didn't realise. We heard there was a
queue - a waiting list - but they're all for tots. 5 years old and they're
past their sell by date, - we definitely didn't want a tot."

As they both work, they realised they could not cope with a child who needed "24 hour surveillance".

"we wanted a child about 12 or a little bit younger if allowed to
because of our ages."

As Ann spelt out,

"I don't think we were looking for a particular child but just a child in
an age range - a boy in that age range." (7 to 12 years)

Later, Tony told me that they had not wanted a teenager because they thought

"people would think we were trying to pick up from where we had left
off."

Jim - the adopted child

36 Very shortly after their approval as adoptive parents, Jim, aged 9 years, was linked with them. Tony and Ann responded to an advertisement about him in a P.P.I.A.S. magazine. Their perception was that they had an enthusiastic and swift response. After a period of introductions, he was placed with them. He is the older of two children of a single mother. From their description, I concluded that the mother is an emotionally deprived person without the necessary inner resources to be an effective parent. Jim`s younger sister has particular needs which mean she would be better separately placed in a different family which is being sought for her.

37 Jim had come to them, a very overweight child, who needed special schooling. Tony was very surprised that when Jim was given a bag of marbles, he did not know what they were. He was a clumsy child with few social skills. Tony described him at that time.

"His social skills were about zero when he arrived. He didn`t know
how to act - how to behave himself - how to talk to people. He`d walk
straight into a conversation. He didn`t walk round furniture, he`d
walk through it!"

38 A year later, Jim had lost a stone and a half and was progressing in mainstream schooling. Tony expressed satisfaction which also underlined his and Ann`s original reason for wishing to adopt,

."Well, we decided to put our talents to use and adopt and with Jim it`s
paid off - we`ve done something useful for that child."

Family relationships

39 Ann speaks of Jim with enthusiasm, interest, enjoyment and affection. I saw Jim spontaneously and naturally kiss her and on another occasion witnessed a similar gesture of affection from Ann. I noticed the use of endearments of him by her. A large portrait photograph of him adorns the television in a prominent position in the room. It was harder to guage Tony`s relationship with him and to know how much irritation there was contained in occasional dryly humourous comments about this. e.g.Tony referred in a joking way to Jim "guaranteeing to upset him" and to the fact that they have "a right ding -a - dong sometimes". However this seemed to refer to a mock fight as Tony added, "he (Jim) loves a rough

and tumble". Tony and Jim do not share common interests. Jim loves swimming and is much involved with a local swimming club. Tony actively dislikes the water. Neither does Jim show any interest in or aptitude for either football or photography which Tony used to enjoy so much with Matthew. I did not detect wistfulness or sadness in Tony about this. His tone of voice conveyed an acceptance and acknowledgement that Jim's interests lay in different directions and no wish to change this. He said of him,

"he's a separate little entity, he has his own life, his own way."

40 His relationship with Jim seems to be one of satisfaction and enjoyment. I noticed that he referred to Jim as "Jim" but to Matthew frequently as "our lad". At first, this seemed at odds with his description of him as "my lad". However, I think the terms "our lad" and "our lass" are colloquialisms traditional to the area from which Tony originates.

41 When Jim first arrived in the family, he was wary of Ann and held her at arms length. She found this emotional distance hard but understandable in view of his past poor experiences of women who had repeatedly let him down. He was indiscriminate in his relationships with men. Now, as described earlier, he is able to give and receive affection and is more discriminating in his overtures to men.

42 Ann explained that it took some time for Jim to feel like a son to her and this had only really come with the granting of the adoption order. Legal processes were slow and difficult and the order was not made until over two years after Jim joined the family. Uncertainty about the future heightened by fears of further loss made it difficult for Ann to allow herself to think of him as a son. She explained it thus,

"When you first get a child with you that has come in to be adopted,
you daren't quite call him a son because you don't know quite what's
going to happen - whether they're going to stay, whether the
relationship is going to last, whether the placement is going to break
down - you're a bit reticent to say the word "son'". And I think also
that with the fact that we've lost a son may make me feel like that a
little bit more."

43 As well it was difficult to know how to describe him to others.

> *"If I say "my son" people might think "oh well he's not your born son,*
> *Matthew was your born son" and people might think I was trying to*
> *put Jim in Matthew's place. I'm very much aware of what people*
> *think in this situation and probably being a little bit sensitive about*
> *it."*

Her perception of others views on their reasons for adopting made her somewhat guarded. She now decribes him as "her younger son" or "her youngest".

44 Tony and Ann were aware that their daughter, Elisabeth, found Jim's presence in the family difficult. When I first met the couple and told them of my hope to explore the perceptions and experiences of all members of the family, they were swift and open in their acknowledgement that hers were different to theirs. They thought this was due to the age difference between the two. Elisabeth was 21 at the time Jim joined the family at the age of 9 years. Ann said,

> *"It is entirely different for Elisabeth and her relationship with Jim.*
> *The fact that there is a very great age difference in between is a little*
> *bit of an irritability. It's not out and out dislike-it's --"*

Tony added "impatience really," as Ann searched for the right word.

Speaking of Matthew's death and what she thought it meant to different members of the family, Ann told me,

> *"She has not been able to accept Jim as a brother. She accepts he's*
> *there and as one of the family now but she says he'll never ever be a*
> *true brother."*

45 They had recognised that Elisabeth had found Jim's placement with them very difficult and thought that this had prompted her departure from the household earlier than planned. She had had a steady boy-friend then and they were preparing a home for living together at some point but this had happened sooner than originally anticipated. Tony had an idea that Elisabeth's difficulties with Jim were less to do with this age-gap than the complete difference between this child and Matthew. He commented,

"Jim's so different to Matthew that I've got a feeling deep down
inside that she resented him - why should this uneducated little slob
come and take my brother's place. I think - maybe she expected
something a little bit better."

Ann and Tony agreed that Elisabeth did not at that time have the maturity and experience to understand the difficulties of children in care and consequently she had expected more of him than he could give. Both parents considered that Elisabeth's attitude had softened in the two and a half years since Jim joined the family.

46 They realised also that Elisabeth had found it very difficult to share her father with Jim and had really resented Jim calling Tony "Dad". They had not been aware of the extent of her feelings however, until a particular event caused an explosion of suppressed emotion. Ann and Elisabeth, each youth leaders, had taken a group of youngsters on an outing. Jim had been included. Ann had lent to Jim a personal item belonging to Matthew when younger which was uniquely his. When Elisabeth saw Jim using this, she could control her feelings no longer and a blazing row between her and her mother ensued. The anger, resentment and jealousy which she had kept inside her came pouring out in a torrent of invective. Had they realised that Elisabeth felt this way, they thought they would have delayed their plans to adopt until she became more used to the idea of another child coming into the home. However she had gone along with their plans because as Ann said,

"she wanted to do what we wanted to do."

47 When Matthew was alive it seems clear that of a number of alliances in the family, two distinct ones were mother and daughter and father and son. As already described, there was a strong physical resemblance between Tony and Matthew as well as shared leisure interests and similar careers. Ann told me that the two were "very close". Similarly, Ann and Elisabeth look alike, share a strong interest in youth work and each works closely with people as a career. When Matthew died, these alliances were disrupted. Although his loss affected each family member deeply, it seems possible that Tony lost not only a son, a companion, and a work-mate but an ally also. With Jim's arrival in the family and as his place there becomes more established, it seems that an alliance is forming with Ann. Jim is "her little boy", "her baby". They share an interest in the youth club of which Ann is leader and Jim a member. However Tony does not take part. He has a share in Jim which he explained in the context of telling me of his relationship with Matthew as "*his lad*" He said of Jim,

"he's ours - he's not mine - he's ours. There is that slight difference.
He's something we've both gone into together. And this little package
has arrived and we share it."

A similar or different child

48 Common adoption practice is to place a child different by age or gender to the child that died in the belief that this may lessen the likelihood of comparisons between the two children and that a child "different" in these ways may trigger fewer memories or feelings. "Difference" is sometimes imposed on families. With the Grey family, a child of different age but same gender to the lost child has been placed. I wanted to explore Ann and Tony's experiences, thoughts and perceptions about this. Ann and Tony consistently spoke of Jim not only as different to Matthew but the complete opposite of him. Tony described him as "a completely different entity" to Matthew. The two are "poles apart" academically. Matthew had achieved well in mainstream school while Jim's experiences of disruption, neglect and lack of stimulation resulted in his being statemented and placed in a special school. Except for skate-boarding, they share no common interests and the only similarity is their gender. Such disparity just happened and was not been planned. Speaking about this Tony told me,

"We wanted 12 (years of age), he was 9 - somebody who didn't like
swimming . He's crazy about swimming. A photographer - he couldn't
care less about photographs."

They each seemed at ease with these differences as they laughed together about them.

49 I asked Ann and Tony what the difference between the two boys meant to them after reminding them what they thought this meant to Elisabeth. They seemed not to understand. Ann replied,

"To me, it's only since he's been adopted that I think of him as a son. I
think that is something that takes a little time. I think of him as " my
little boy". I just think of them as two of my children. I couldn't
visualise life without him."

I did not think I had made myself clear and a little later repeated my question. Ann then made herself clear and I realised that it was I who had not understood. She said

"It doesn't mean any thing to me - he's (Jim) just another person."

At the time I did not think I received a clear answer to my question from Tony as he went on to speak about the change in lifestyle which Jim's arrival had brought them and then about Jim needing more physical comfort than Matthew. I did not think he was avoiding my question. I think, like Ann the difference in the two personalities did not mean any thing to him either but because he did not give the kind of answer I was anticipating, at first I did not understand it.

Living with an adopted child after the death of a previous child -triggering of memories and emotions

50 Ann told me how she manages the recall of memories and emotions by maintaining some control of activities and places which might prompt them.

> *"I think there are certain things you do avoid and places you avoid*
> *going whether they are good memories or bad memories. You want to*
> *keep them in the pocket of your life. It's like keeping each child's life*
> *separate - although you intertwine - each one has a separate place in*
> *your heart as they are. They are not 'oh well, he's come, he's gone.*
> *Each one is entirely an individual'."*

51 Ann has not found that Jim as a boy triggers memories of Matthew at a younger age. Tony has experienced this occasionally. Each was clear that this had happened much more in the brief time they had known Susan than in the two and a half years they had lived with Jim. As described earlier, at the time of my second visit to them, they were engaged in a planned programme of visits to each other. These were going well. The family liked Susan very much and were excited about her joining their family permanently. She had spent a few days with them recently. Invited to select from the family's collection of records and tapes, she had unknowingly chosen all those which had belonged to Matthew. Tony described his response.

> *"That upset me for two or three hours. It kicked me feet from under*
> *me. Originally, the first instinct was "no, they're his not hers". And*
> *anyway, we got past it. She stuck the music on. She's dancing. She's*
> *happy. I thought, well does it matter. She's happy. They're being   used."*

52 Ann's feelings about this unanticipated development was similar to Tony's.

> *"I know when she came in here and touched those (records), I didn't*
> *realise how many we'd still got because you do get rid of a lot of*
> *things. I picked this one up and she said, "Oh great! Handmaiden!"*
> *and I must admit, it turned my stomach over. And I said "Hang on a*
> *minute." He wouldn't have wanted it to sit in a plastic thing if*
> *somebody wanted to play with it, provided they took care of it. I*
> *didn't say it was Matthew's. I just said "take it". Well, what's the*
> *point of it sitting there. So it's really happened more with Susan in*
> *the few days we've known her than with Jim."*

53 A further unexpected development was that Susan had expressed some interest in football. They did not know of this previously. Tony told me,

> *"I've put off going to a match for about 5 years now but I'm rather*
> *looking forward to going to one. She's been to a game with the school*
> *and she liked it. When I explained that we'd got a local team she was*
> *pleased. Give me only two pins and I'll take her - the little lass."*

54 They both thought that Susan had similarities to Matthew which no-one had previously recognised. To Tony, this is both pleasurable and painful -"the agony and the ecstacy" as he put it. He seemed very pleased about her interest in football. This could be seen as a wish to put Susan into Matthew's role and an attempt to recreate with her the kind of relationship he had had with him. Alternatively it could be understood as a potential common bond with Tony whose interests are the same as Matthew's. The latter seemed correct as he later commented on the difficulty in communicating with teenagers and having a mutual interest would help this process. As described earlier, as an alliance seems to be developing between Ann and Jim, so there may be one forming between Tony and Susan.

55 Reminders. it seems. come from unexpected sources and Tony and Ann learn to live with them. Tony told me of his attitude.

> *" I think if you love kids enough, then you'll quite happily get on with*
> *adopting or even fostering children and when these reminiscences*
> *come back, provided you accept them, you'll cope with them."*

Ann described her view.

> " I think you expect to feel a lot of emotions anyway and it depends on
> how you personally look at it and I look at it as my fourth or third
> child. It comes now and again - the wave of "oh dear! That's how he
> used to do it" but not often and especially not with Jim."

Comparisons

56 Throughout my contact with Ann and Tony, I gained no impression of Jim being compared unfavourably to Matthew. Tony told me that he makes mental comparisons of milestones of development of the two boys to help him understand the stage Jim has reached and how best to help him. Jim seems accepted for himself.

Telling the adopted child about the lost child.

57 When Jim was placed with them. Ann and Tony were urged to tell Jim about Matthew at the outset. Ann told me of her reluctance to do so. Without further exploration of her reasons for this, wrong assumptions could be made. Ann thought that telling Jim about Matthew and his death might cause Jim to worry that he was going to die also. This seems to point to the need for follow-up discussion to assess what sense the child has made of the explanation. With little prior experience of family life and relationships, he may have little understanding of the significance of Matthew's loss to his parents.

58 Ann and Tony accepted professional advice and Tony spent an evening, while Ann was out, telling Jim about Matthew and showing him photographs. I understood that Jim had seemed interested and that for Tony an opportunity to tell Jim about Matthew had naturally arisen and he had used that without real difficulty. From time to time, Jim asks about Matthew and I formed an impression that these were answered openly and without undue distress.

59 Ann thought that as Susan was older than Jim when she joined the family, it was appropriate for her to be told about Matthew straightaway. Indeed she had already done so during a weekend visit by Susan whose response had been sympathetic.

Anniversaries

60 Ann finds Matthew's birthday the most difficult anniversary to cope with and begins to think about it a week or so beforehand. Christmas can be similarly difficult for Tony. They keep their grief at these times private, considering it unfair to burden Jim with this. They thought however, that an explanation of their sadness at different times of the year might be appropriate for Susan, as an older child, but not at present for Jim who they thought would not be able to understand.

61 They thought that as Jim has a past as indeed Susan does, so do they in Matthew. When telling me about Matthew's photograph, Ann spoke of "that phase of their life being over now" and she had started a new photograph album to record their life with Jim. There seems an equality in this and an opportunity to grow closer as their understanding of each others experiences grows. As Jim and Susan will need help in understanding their own past lives and losses, so they will need help in understanding Ann and Tony's. Ann and Tony repeatedly spoke of how their experience of loss has helped them understand Jim and Susan's experiences. I thought that they had a particularly sensitive perception of how Susan might feel on leaving her foster family which they likened to a bereavement.

Attitude of extended family and friends

62 Ann and Tony's wider family have been largely supportive of their plans for adoption and very welcoming to Jim. Ann had been hurt recently to discover that her mother could not accept Jim as a grandson. She is protective of him, identifies herself to him as "Grandma" and has a warm and affectionate relationship with him but nevertheless, clearly in her mind, differentiates between him and Elisabeth. Ann's mother had found it hard to understand why they wanted to adopt in the first place and was equally mystified by their second application. Ann understands this as a generation difference and so long as the children are not aware of her mother's views sees no real difficulty.

63 Ann and Tony have found that aquaintances and friends have sometimes presumed that their reason for adoption is to "replace" Matthew and occasionally understood Jim to be "a replacement". Ann described one such encounter with a friend with whom there had not been contact for some years but who knew about Matthew. Seeing Jim with Ann, she enquired later who he was. When told, she had commented, " Oh! A replacement." Ann had firmly corrected her. The significance of adopting to Ann and Tony was summed up by the latter,

"These kids, they put some meaning back into your life."

Ann and Tony as adoptive parents

64 Ann and Tony thought that their understanding of childrens development gained through bringing up Matthew and Elisabeth had stood them in good stead and was helping them in their present tasks. Their experience of bereavement has given them a better appreciation of the situations of children in care. They described to me their greater patience and tolerance of children now than when their natural children were younger. They attributed this to their experiences whilst their maturity is likely to have contributed to this also.

65 They also described how the two experiences of adopting and having a child of their own differ greatly. The former has precipitated them into a world of social workers, foster-carers and endless advice. They thought this had led them to scrutinise Jim`s behaviour too deeply and that this was not necessarily helpful. They thought it might be better to apply common-sense and get on with living.

The natural child's perspective

Elisabeth - her experiences.

With curly, fairish hair and wearing glasses, Elisabeth has a physical resemblance to her mother,

Matthew and his loss.

66 To Elisabeth, Matthew was always "her big brother". She recalled fighting together as children but talked of this as part of the normal experiences of brothers and sisters. They had nevertheless been close, as members of a united family. As they grew up, their relationship became stronger and particularly close during his illness. She remembered this as happening very suddenly during the summer holidays when she had just left school and before taking up her college place. Her recollection was of little support for herself since term had ended and her friends scattered. After two months in hospital for tests, the news that Matthew was to have a major operation came as a great shock. The unreality of this for her was conveyed by her description ,

"It`s something that happens to other people."

Recalling this time was distressing for her. Her voice shook as she spoke and her lip and chin quivered.

67 Matthew underwent surgery and thereafter had a comparatively brief spell in hospital before discharge home. He had made exceptionally good progress and Elisabeth had similar expectations for the future as her parents described to me. She was not prepared for his death. I gained a clear and painful impression of her isolation at this time. There was very little support from family and friends, insensitive enquiries from colleagues and lack of real attempts by anyone to consider how she might be feeling. Family members were visiting and friends calling to offer help but it seems she was not seen as needing this. She described it this way,

> *"Gran was down, aunties were down, Mums friends but they were all*
> *for Mum basically. You know anyone who came - it was "How's your*
> *Mum?" Occasionally, "How's your Dad?" but never "how are you?"*
> *".*

It was hard for her to believe that Matthew had died and the reality of this was brought home to her by frequent "sightings" of him. Elisabeth told me

> *"It was horrendous. You wake up and think - oh! he's going to be*
> *there. For weeks after I used to see him coming on his skate-board. I*
> *was sat here - you know , just come in from work and I used to*
> *imagine him coming down the road. I was so used to it , you expected*
> *him to be there."*

Five years after his death, Elisabeth can enjoy memories of him but the emotional pain of his loss is still with her.

> *"I can sit and think about him at home - memories from years ago.*
> *It'll never go away, it's always there but you sort of learn to live with*
> *it. You don't push it out of your mind but you know it's there but you*
> *don't think about it all the time."*

Perceptions of the family's motivation for adoption

68 Elisabeth's immediate response to her parents' idea of adopting was "no way". This was strongly linked in her mind with the idea of a child taking Matthew's place.

"Matthew was my brother and nobody could take his place."

She told me first of her long-felt wish for a sister and how a girl might have been easier for her to accept. Later however, after reflection, she thought,

"I just didn't want anybody else there. It didn't matter who it was."

She was enjoying having her parents attention to herself though regretting very much the reason she had this. She did not want to share her parents with anyone other than Matthew.

"I'd thought about it, you know I'd had a little bit of time and I
thought "no". I don't want anybody else. I think more or less as I was
on my own, I was being spoilt, well not really spoilt but I got a bit
more attention and I didn't want anybody else but my brother and that
was it'"

69 Looking back also, she thought that for her it was far too soon after Matthew's death to consider adoption and the experience of this then was "very raw". She thought that she might have felt differently had the plans been deferred for a year.

"To me it was very soon after - very soon. Too soon. If they'd left it a
year it might have been different. But it just seemed too new. Mum
kept saying "we're not trying to replace Matthew" but I think it stuck
in my mind that they were."

70 The feeling that Matthew was going to be replaced was reinforced by other people. Elisabeth tried to defend her parents by telling others,

"They're not trying to replace him and everyone turned round and
said "well, they are." I think that's what got stuck in my brain. They
are going to replace him."

Later she explained to me how this hurt her.

> *"I didn't want him replaced. If I was going to have anybody, I wanted*
> *him or nobody. That was the choice with me. I didn't want a sort of*
> *in between - somebody coming in."*

71 Elisabeth felt she had no other choice but to go along with her parents plans. She thought her parents were punishing her by not speaking to her because she did not share their hopes and this she could not bear. Thus she felt coerced into agreement.

She found the first assessment incomprehensible and boring. As well, she did not feel fully included in the process. She felt similarly side-lined in the second.

> *"I used to sit there, you know and the occasional question used to be*
> *directed at me - you know twiddling me thumbs and listening and*
> *that's all I did basically."*

72 The family's social worker broached the idea of seeing Elisabeth on her own by conveying a message through her mother. Elisabeth wanted such a meeting to take place in her bed-room.

> *"I says, well so long as it's in my bed-room. That was my territory and*
> *I felt more in control there."*

However such a meeting never took place and she never conveyed her true feelings in the sessions in which she was included because she did not "want to rock the boat".

Perceptions of the child to be placed

Meeting Jim

73 Elisabeth read the advertisement about Jim in the P.P.I.A.S. newsletter and agreed to join her parents in a preliminary visit. They were enthusiastic and although she did not share their feelings, she did not want to upset matters. Introductions to Jim were much quicker than she had anticipated. She was "smiling and happy" at the various meetings which she attended and introductions went on without her heart in any way being in them.

Living with an adopted child after loss

74 Elisabeth found this a difficult experience. Jim "grated" on her. Indeed, she disliked him. Also as she felt forced into the decision to adopt, she resented him too. He seemed foreign to her and did not behave as she expected a child to behave. He had, for example, to be taught how to play. She found that she begrudged Jim the time and attention her parents gave to him and did not gain the sense of satisfaction from his progress that they did. It seemed to her that the rules by which she and Matthew had been brought up did not apply to Jim. As well, relatives and friends who normally would scarcely have sent a Christmas card, sent him presents. She thought he was bombarded with gifts and acknowledged that she had felt very jealous. She had been particularly upset when he had started to call her parents "Mum" and "Dad" and had experienced strong feelings of jealousy.

75 Elisabeth described Jim as completely different to Matthew. I asked what this meant to her. She explained,

"To me that he doesn't fit in. You know you're so used to one person, their way of thinking , their way of doing things and then you put someone totally different in, you have to get used to their ways, their thinking. I can see why they do it (place a different kind of child to the child who has died) - so that you're not expecting this person to be the person that you've lost but in other ways it's very drastic because it's totally opposite."

Elisabeth found that although a boy, Jim did not trigger memories of Matthew. She said ,

"because he's totally different, he doesn't trigger any memories of Matthew at all."

Had he done so, she thought that this would not necessarily have been painful.

"There's nothing wrong with triggering memories. I mean, I like to think of things that have happened in the past, in my life. which I can reflect on. I enjoyed that part of my life."

76 She recalled the occasion when her mother had lent Jim, the personal possession of Matthew's which was uniquely his, and how this had prompted a row between her and her mother. Venting her feelings had made these clear to her mother. Looking back on the occasion, she thought that she had been

regarding this item as a shrine and this was being misused. Now she can view it more as an object which does not engender such strong feelings. In telling me about this in a later telephone conversation, she also conveyed a more peaceful acceptance of Matthew's death.

> *"Matthew was gone. It was his. (the personal item) It was just a*
> *thing. It was part of him but not a physical part."*

Now that she has known Jim for over two years, her attitude to him has softened and she accepts his presence in the family. As he gets older she finds he "grates" on her less. He remains however a child of the family rather than her brother.

The second application to adopt

77 Elisabeth was as unhappy about her parents plans to adopt a second child as she had been about the first. Nor could she understand their reasons for wanting to do this and had felt worried.

> *"Because Mum turned round and she said "we want to adopt again". I*
> *says "why?" - I said "you always wanted to make the family back up*
> *to four members. It's going to be five." You know I felt really pushed*
> *out."*

She later expanded on her fears at that time.

> *"I thought if it's going to be another case of Jim again, I'm going to*
> *be twice as threatened. I felt really, really pushed out."*

78 She was however reassured by her father who apparently recognised how she might feel and told her that her special place in the family would always remain. She was surprised and relieved when she met Susan to find that she liked her. This also reassured her that her place in the family was safe.

The adopted child's perspective

Jim - his experiences and views

79. Jim is a tall, slim, freckled faced boy with brown hair and blue eyes. He was friendly, chatty and relaxed with me. We spent about forty-five minutes sitting together looking through his life story books. He seemed very familiar but not bored with the contents and took me through them without any apparent distress. He did comment on one period of his life as being "very sad". This was a "goodbye visit" paid to him by his birth-mother. He did not seem sad as he spoke of it and I think his comment related to how he understood his birth mother felt.

His views on his adoption

80 He told me how his birth-mother had been unable to look after him or his younger sister despite trying hard to do so and efforts by others to help her. Speaking of his younger sister, he turned to me, smiling. His eyes lit up and there was enthusiasm in his voice as he told me that she was going to be adopted. Later, again referring to his sister, he said

> *"I think it's a good idea if someone adopts her - that makes the pair of us."*

81 I gained an impression not so much of relief that his sister's future was going to be assured but that she was going to enjoy what he has. That he regards his adoption in a positive way was confirmed later when telling me about going to court and meeting the Judge. His Honour said,

> *"The minute I write on this piece of paper, you are officially adopted!'"*

Jim added
> *"..and now I'm adopted."*

I had no doubt from the positive way he said this that he saw this as a happy outcome for himself.

Perceptions of the family's motivation for adoption

82 During the course of his telling me about himself and how he came to be adopted, I asked why he thought his Mum and Dad wanted to adopt a little boy or little girl. He looked puzzled and then answered as though I was asking a very silly question,

"Because they were interested in me."

He did not relate it to Matthew's death and indeed did not initiate mention of him at all.

Perceptions of the child who died

83 I asked Jim who was in his family now. He listed Elisabeth, his natural sister, his Mum and Dad and "maybe Susan". He did not mention Matthew but he may have misunderstood my use of the phrase "your family now". I meant his adoptive family rather than his natural family. However, I went on to try to explore his perceptions of Matthew. I commented that there was somebody else. He agreed with this. I asked if he could tell me about that. A puzzled look came over his face. He asked if I meant Susan. I explained that I had meant Matthew. His face cleared as realisation dawned. He said

"Oh - I didn't actually see him. He died before I came here."

84. His tone of voice conveyed that because of this, he had little knowledge of him. Later, I asked if he could tell me any more that he knew about Matthew. I asked if he ever thought about him. He said, "No". I echoed "You don't." He explained "it's the past". It did not seem to be a subject of much interest to him and I thought he seemed quite tense as though not wanting to prolong discussion of the subject. He went on to talk about his birth sister and then his voice conveyed enthusiasm and interest and this contrasted markedly with his previous tone.

85 He was becoming tired but he agreed to help me in one more way which was to draw his family as animals or things. He then drew his father as a horse with long legs (because he is tall). He drew his Mum as "a pussy-cat" but did not give a reason for his choice. He drew himself as a giraffe "because I have a long neck and I'm tall." He represented Elisabeth as a bear and explained that bears sometimes slept at night and were awake in the day. Her husband was drawn as an ant but without explanation. He drew his natural sister as "a crocodile because she often sleeps like this". He then demonstrated lying face down with arms stretched out in front of him and legs behind, resembling the length of a crocodile. I asked if he could draw Matthew as an animal or a thing. He thought about this but could not think of what to draw. I thought from this that he had no mental image of Matthewand so could not represent him in anyway.

The Brown Family   Appendix B.2.

Father	Phil Brown, age 45 years, customs officer.
Mother	Jan Brown, age 43 years, housewife, prior to marriage residential social worker in a childrens' home.
Daughter	Sheila, died in 1979 aged 8 years after a long period of ill health
Son	Rob age 21 years, baker.
Adopted Son	John age 18 years, attends Adult Training Centre.
Adopted Daughter	Suzanne age 13 years, schoolgirl
Adopted daughter	Louise age 8 years, schoolgirl.

The parents and their perspective

1. Phil and Jan Brown live in their own chalet bungalow in a quiet residential area of a small country town. Phil is a quiet thoughtful man with an air of calmness about him. Jan seems a jolly person but she also is reflective and serious at times.

The child who died

Sheila

2 Sheila was born with a physical disability 10 months after Phil and Jan were married. They were then in their early 20s. Learning of their daughter's condition was a very upsetting experience for them. Phil was called from the hospital ward where he had been visiting Jan, to see a young doctor. Jan was left by herself there terrified, suspecting something was the matter with the baby. The doctor briefly explained to

Phil the nature of Sheila's condition giving him the choice of who should break the news to Jan. Phil chose to do this himself. The doctor's advice, '"more to comfort himself." Phil thought, was for the couple to go straight ahead and have another baby. They were told the chances of another child being similarly affected were very small.

3 Sheila was not expected to live for more than a week. The hospital seemed to adopt a protective attitude to Phil and Jan and did not advocate them seeing her. Indeed they suggested that they leave her in hospital when Jan was discharged home. In that event, they were told. Sheila would not be fed and given only water. The parents response to this was to turn this seemingly negative attitude to a positive one. Phil spoke of his decision to see her.

"No. I'm going to see her. She's our little girl and we'll be parents if only for an hour."

4 Jan described her determination to breastfeed Sheila.

'"I suppose they (the hospital) thought we were young - first baby and no experience with life. They didn't really want me to be involved. I wanted to breast-feed and I made up my mind - 'oh! if we're only going to have her for a week then she'll have what I consider to be the best."

5 Phil and Jan took Sheila home when she was 10 days old. learning to manage her condition as best they could. A month passed, then three months extended to six and then to twelve. During this time, Phil and Jan periodically took Sheila back to hospital for tests. Each time, they were warned that she would live for only a brief period ahead. When she was a year old, Sheila underwent an operation which helped to control her condition. From then, she was able to lead a satisfying life attending a special school at the appropriate age and gaining mobility with the help of a wheel-chair.

6 Jan described Sheila to me at this time and seemed to enjoy doing so. She laughed from time to time as she recalled memories of her child but there was also an element of sadness in her account.

"For those few years until she was 7 or 8, she had quite a good life even though it was so short and she was a lovely little thing - full of life, loved reading, singing, music - showing off. Typical sort of

sweetly precocious little girl. Everybody loved her. You just wanted
everybody to know her because she was so lovely that you just
couldn't help but fall under her spell."

Later, she talked further about her and it was evident from her description and the way she conveyed it that she had loved and enjoyed Sheila.

"She had a happy little life. She enjoyed school, she had lots of
friends. She used to go on outings out and about. Everybody knew
her. She loved school, she was learning to speak French and doing
quite well. Very gregarious little girl. I suppose we'd spoilt her a bit
- couldn't help it really. Not with love. You can't spoil anyone with
love. If we spoilt her it was with love."

7 During the last year of Sheila's life, her condition had deteriorated as had her quality of life. She had had several operations which had been only partially successful. It seemed unlikely that she would be able to sit up successfully and she would have to live lying horizontally. Six months before she died, she had a period in hospital which featured tests which Jan thought had degraded her.

"They were putting needles in her and all sorts and it was so
undignified."

Sheila herself sounded depressed. As Phil said,

"She'd almost lost a lot of her spirit. That's the best way I can
describe it."

8 She died at home aged 8.5 years. The immediate cause was an infection together with complications arising from her treatment. One early morning, Rob then aged 7 years went into his sisters room, as he did each morning, to see her, switch on her radio so she could enjoy some music and to offer a her a drink of water. She did not respond and Rob thought she wanted to continue sleeping. Later, Phil went to see Sheila and found that she had died. It was not until some weeks later that Jan and Phil learned that it was in fact Rob who had been first on the scene.

Perceptions of the family's response to the loss

9 The immediate reaction of both Phil and Jan to Sheila's death was one of relief. Phil recalled his feelings then.

> *"My first reaction when I realised she had died was one of relief. That was the instant reaction. Then it would vary between the depths of grief, tears and all the moans and things you get and that relief".*

Jan put it this way,

> *"For me, when I actually realised she had gone, it was as if - I could feel this weight lifting off my shoulders. It was like a physical thing."*

and she demonstrated with her hands to show me.

10 For Jan, alongside relief went guilt.

> *"But I was riddled with guilt and that went on for about eighteen months to two years, I suppose - if only I'd read her one more story, if only I hadn't shouted at her that time, you know things like that. That was my overriding thing about it all, more than anything else. If only I'd done such and such."*

11 I had the impression that Phil too experienced guilt, not so much for what he had not done but for what he had as he followed his wife's description with this,

> *"You try to almost force her to get better, try to get her to do her exercises - try to sit up - those sorts of things. What do you do? Do you just let them go and get worse or do you try. And then if you try a little bit too much then they die."*

12 He went on to describe the dilemma of their situation and the resulting emotions which compounded his grief.

> *"You've got all those sorts of things - impossible situations to live with*
> *afterwards. And we used to have to pat her lungs because she had an*
> *infection."*

13 This exercise precipitated a further condition directly contributing to her death. Knowing this, he said was "a horrible thought". Compounding this was Phil's guilt at feeling relief.

> *"And even feeling guilty about feeling relief because although it was a*
> *relief, should you have been feeling that?"*

14 Amongst Jan's feelings of both relief and guilt, was thankfulness that Sheila had died at home. This seems to have been very important to her as she mentioned it twice in quick succession. After Phil told me of the complexity of Sheila's worsening condition, which was distressing to hear, as it was so easy to imagine the suffering of all concerned, Jan said

> *"She died at home to which I'm so thankful for. She nearly died in the*
> *Spring in hospital. --------They got her well enough to come home and*
> *of course, in the Autumn, she died. I was so pleased that she died at*
> *home."*

15 Jan and Phil thought that they "went through the usual patterns of grief" recalling this as a very gradual process. They remembered the first birthday after Sheila's death as "terrible" as was the first anniversary of her death. Then their grief became "a little bit better, a little bit easier". Jan thought it had taken her about two years to be able "to go a whole week without crying", and Phil agreed with this. Tears would be triggered by e.g. a song on the radio which had been a favourite of Sheila's.

16 Family and friends had been supportive but Jan had a woman friend who was of particular help to her. Sheila had been able to hold her new baby and after the death, the friend had "given" the baby to Jan "to love and to remember". Jan was able to visit frequently both to talk to her friend and to hold and cuddle the baby who became her godchild. This she found very therapeutic and "helped a lot of those feelings I had welling up". As well as having a live, warm child in her arms, Jan also felt permitted to talk to her friend at length about Sheila and to cry freely. Phil too readily admitted to crying, a process which he not only found helpful but a fitting acknowledgement of sadness.

"Oh, yes. Have a good opening, have a good cry. I wouldn't want not
to cry about anything that is upsetting."

17 He had found some colleagues at work supportive but one in particular was markedly insensitive and appeared to have no appreciation for nor interest in Phil's situation. Others did not understand the true nature of their loss and made clumsy attempts to comfort Jan and Phil. Phil described a typical reaction.

"One or two people who didn't know me better did say "if she's
handicapped perhaps it's the best thing ---" and another "you've lost a
daughter? How terrible. She was handicapped, was she? Oh well." "

18 These responses imply that both Sheila and her loss were diminished by her disability. Phil demonstrated a remarkable degree of tolerance to this attitude saying

"They don't mean it. They don't understand."

19 Another person, closely and professionally involved in Sheila's care, had not been prepared for her death and from Jan and Phil's description had not understood how debilitated her condition was. This person was exerting some pressure on the parents to follow a course of action which they thought inappropriate. Sheila's death proved they were correct to resist it. The professional concerned then gave up her career. I took this to mean that she had suffered a loss of confidence since she recognised she had misjudged a situation. Phil and Jan's response to this was a sympathetic and supportive one instead of an angry one as might be expected. The following exchange between the parents shows this.

Phil. *"She was a lovely lady and she used to work with Sheila very*
well but she did not understand her illness as it was and was
beginning to insist that Sheila go back to school. We were beginning
to get into a bit of a confrontation with her. It must have been terrible
for her because at this time Sheila died. And she must have felt
dreadful about it. There was no way Sheila could get back -----." (to
school.)

Jan. *"It was a shock for her."*

Phil. *"Yes. It was terrible wasn't it because she did not work after that."*

Jan *"No, she gave up."*

Phil. *"We tried to put her mind at rest about it. It was so much of a shock. But she couldn't accept it. I think if she had known Sheila was dying, was going to die, I think that would have been all right."*

Jan *"People don't want to accept it, you see. They can't. We spent a lot of time trying to make people feel better afterwards, I seem to remember."*

It seems that even in their own distress, Jan and Phil had the capacity to understand the feelings of others and despite the need for support themselves, could offer this appropriately to others.

20 As they supported others, so Jan and Phil helped each other in their grief. They found this helpful, talking to each other at length, simply accepting and not judging one anothers feelings. Phil has also developed a means of self-help.

> *"I've always been good at talking to myself - in my mind - sorting things out."*

21 Jan had anticipated that when Sheila died, she would need Phil's strength and support as this had been the pattern of their relationship. However it was in fact she who provided the strength on which Phil could lean. Jan recalled,

> *"I felt our roles were reversed. Phil has always been there for me. He's always been my wall and I've leant on him. But when Sheila died, I was the one who was strong and I was the wall."*

Phil linked his need to lean temporarily on Jan then, with the lack of support which he had received at work and with the great burden of responsibility which he had hitherto been carrying.

22 As described earlier. Phil and Jan had some preparation for Sheila's death. Throughout her first year of life, they were repeatedly warned that her expectation of life was limited. During the last year of her life, they realised that her condition was worsening. Each thought privately that Sheila might die but had not openly acknowledged this to each other. In a way, they dare not, as somehow to voice such a possibility, might make it happen. In another way, each knew that the other knew and so it was unnecessary to express such a fear. As Phil put it,

"I don't think it mattered that we hadn't actually said it to each other
because I think we both understood and we both knew. It was almost
like one of those things, like we almost daren't say it, almost for
superstitious reasons."

23 Any such benefit they might have gained from having some preparation for Sheila's death was far outweighed by the strong sense of injustice they felt at the waste of all the effort and care they had put into helping Sheila and of all the knowledge and expertise they had aquired. Whilst acknowledging the relief they felt, Phil described their feelings in this way,

"but there was also a feeling at that time of "what a waste." All the
effort that we had put in, the work we had done, all the stress we had
been through had come to that. Now that's different from actually
knowing that someone's actually going to die - they've got time to
think "there is no chance." then properly, even calmly, being able to
prepare yourself for something inevitable. We had always, perhaps
wrongly, had always had some sort of hope and therefore had to keep
striving. And we put a lot of work in and gone through ever such a lot
and so I think that far outweighed any help we might have got from
being prepared. I really do. It just seemed such a terrible injustice."

24 In commenting on others difficulties in grieving. Phil and Jan revealed their own capacity to face up to the pain of grief, to accept it as a valuable, worthwhile process which requires time. Jan said ,

"They should give themselves time for grief. They're afraid of grief.
They're afraid of grieving and the upset it causes and the feeling of
not being in control of their feelings."

Phil continued,

*"And when in fact, in a way, you've got to be able to enjoy being
human and accept it and not cover it up and realise it is part of your
life, just as Sheila was part of our life and all that grief happens in life
and is worthwhile and is part of the richness."*

25 Not only have they the capacity to face and accept the emotional pain of loss, they have a positive view of death and dying. Commenting on the infant mortality rate of previous generations, Phil said,

*"A couple or three hundred years ago, a couple would lose half their
children. We seem to avoid pain now. Pain is a necessary part of
life."*

Jan added,

"Try not to be afraid of it."

Phil expanded on this,

*"Yes that's right - death is a challenge. Try not to be afraid of it - live
as long as you can. Enjoy it, before we've got to pop off in the end.
No, I don't agree that death just has to be painful. No, not at all. It
can hold joys for some people."*

26 In an earlier meeting with me, he made a similar statement about Sheila's loss in particular.

*"We often say to one another,"dying isn't actually the worst thing that
can happen to you" and it isn't. We think the last year of Sheila's life,
the last one in particular was a bad one for her. In a way it was a
blessing that she did die eventually. It would have been more of a
blessing if she had got well but when we see what other children have
gone through for even longer, it isn't the worst."*

27 They both consider that they will never "get over" Sheila's loss. They contrast their experience with those of others they know who have lost children and appear to have "almost forgotten ". Phil said of this,

> *"It's just their way of covering up. I wouldn't really want to cover up like that. Sheila's part of my life and Jan's life and part of our family and she always will be. So perhaps our way of covering it up is, in a way keeping her alive. We've often thoughtabout it after. She seems at times more alive now in what we do and what we think than ever before. We haven't really lost her. We go through that loss - we miss physical contact but herself is always here."*

28 I asked if that was comforting to which Phil replied,

> *"Comforting - not in a cuddly way. Reassuring, in a practical way. It's nice. It's nice."*

29 Both Jan and Phil considered that they had changed for the better as individuals. Jan has grown from a shy and timid person who "wouldn't say boo to a goose" in her words, to someone much more confident and assertive. Phil, by contrast, has become a softer and gentler man. As well, they have both reassessed their values and attitudes and become more tolerant, more concerned with people and their feelings than material goods and more inclined to live in and enjoy the present. Jan put it this way.

> *"Life's too short. You've got to make the most of it. Fill it up with all kinds of experiences. Mustn't be afraid of things. Help others. Help yourself. Life's there for grabbing. That's how it made me."*

Phil agreed with this saying

> *"It puts a different value on life. You don't always appreciate it."*

Jan continued,

> *"Don't worry about wearing the latest clothes, don't worry about what your furniture looks like and having the latest thing. It's people and what you feel about people that matter."*

30 They also considered that their relationship had become stronger as a result of their experiences not only of bereavement but of bringing up disabled children. Jan described it like this.

> "We've both changed so much in our marriage but we're still together because we've grown together. We haven't gone our separate ways. We've wanted to stay together and learn together. We're not afraid of change."

Phil continued,

> "We're quite different people, different personalities. We're not right and left hand gloves. But we've grown together rather than apart in things that matter."

Their views on what does matter have changed and these they seem to share as Phil told me,

> "I do see a lot of people of my age who've maybe had life a little bit easier who think the most simple problems are the end of the world. We've got much more realistic about what really matters and what's worth getting upset about."

Perceptions of the family's motivation for adoption.

31 Since the early days of their relationship, Phil and Jan have been interested in adoption. Jan's work in a childrens' home gave her first-hand knowledge of children unable to live with their own families. She used to take the children out. Sometimes Phil joined her. Thus his interest grew also. Jan also laughingly told me that her original interest was also tinged with youthful idealism and that she would be able to love the children even if others could not. Their interest continued after Sheila's birth. Eleven months later, Rob was born, a normal, healthy child. Phil and Jan had taken the medical advice offered when told of Sheila's condition and had planned another child immediately. They were told then that there was little chance of having a child with a similar disability. Well into the pregnancy, they learned that the chances of this happening were in fact high. Had they known this, they would not have planned a

second birth child. An abortion, they considered, would not have been right for them. They also thought it would be wrong to bring into the world unnecessarily, another child with a disability.

32 When Sheila was 5 years old and in good health and Rob 4 years of age, they began to make enquiries about adopting a child. Their thoughts had by then, turned to offering a home to a child with a disability. Phil described their thinking then.

> "We had wanted to adopt children anyway and we would have done but because of Sheila and the experience we gained, the expertise, we thought it would be more valuable. We understand that area. We've got the contacts. We know what to do. We'd made quite a few mistakes with Sheila, simply by not knowing, the way lots of parents do."

This seemed to them a natural course to follow and one which seemed right to them. Phil explained,

> "We just made up our minds we were going to do it. We just started knocking on doors."

33 Their initial enquiry to their local social services department was unproductive. They had a brief discussion with a social worker who seemed not to understand what they were offering nor indeed, to be particularly interested. She said she would make enquiries and be in touch. Jan and Phil thought that she would not fulfil her promise. They did not hear from her again. Eventually, they contacted a London borough whose attitude to them was positive. Their application was accepted and their assessment undertaken. Eventually, they learned of John a 15 month old boy with a similar physical disability to Sheila. He was placed with them and later adopted by them. When he was 5 years old, they were considering the possibility of adopting another child and had approached the same London borough which had helped them previously. However, Sheila's health worsened at this time and she later died. They did not then explore this further.

34 About a year later, they began again to think about adoption. Phil described his and Jan's thoughts at this time.

" It wouldn`t be right to say it was a way of defying what had happened. You know, we had lost a child and it`s not going to stop us. We`re still going ahead. It wasn`t like that. But because we always had wanted to adopt, it felt that we could still use --(our skills). It was a way of using our experiences with Sheila positively and making something out of what we had learnt with her. Actually using her life."

Perceptions of the child to be placed

35 From the outset, Jan and Phil had very specific views about the kind of child they wanted to adopt. They wanted a girl, as young as possible with a similar physical disability to Sheila. Thus they were seeking a child similar in two important respects to their child who had died. As already described, their reasons for offering themselves as parents to a child disabled by the same condition as their lost child is connected closely with their feelings that Sheila`s death represented waste. Not only was her life wasted, but also their efforts and skills. By adopting a child with a similar condition who could benefit from their expertise, Sheila`s life and all they learned from her, would no longer be wasted.

36 Their thoughts about the age of child most appropriate for them were linked to the structure of the family they already had. They also seemed to consider that a young child would be easier to settle into their family. Thus Jan explained,

"We felt the boys had to have their place in the family and any child that came had to be younger. We thought that was very important."

Rob and John were by then aged 5 and 8 years. Later she added,

"We certainly wanted young for that reason but also because we thought the younger the better."

37 Jan and Phil were insistent that any child placed with them should be a girl. Again, the reason was linked with the composition of their family in which there were already two boys. In addition, with Sheila`s death, they lost "a feminine influence" in the family. Jan described this,

"I don't know whether having boys makes you tougher or you have a
tougher attitude towards them but that little touch of femininity
seemed to have gone."

38 In a later meeting, Phil expanded on his and Jan's thoughts about a year after Sheila had died.

"And also we recognised a need to have a little girl, didn't we?
Because our family wasn't balanced with me, Jan and the two boys. It
didn't feel right. I wouldn't say it was an unhappy time in our family
but there was just this gap there, an obvious gap that didn't feel right.
And we were still missing Sheila but not just Sheila. It wasn't a selfish
need. I mean, it wasn't replacing her or anything. It was just the
right thing to do. It felt right."

39 The key to understanding the reasons for their strong specific views on the kind of child they thought should be placed with them lies, it seems, in the history of John's adoption. As described earlier, he was placed with them at age 15 months, a child disabled by a similar condition to Sheila. They met him on two occasions in the foster home where they considered his care had been very poor. Had they agreed to do so, they could have taken him home with them on the first. They committed themselves to him with very little knowledge of him. They did understand, however, that his intellectual development was expected to be within normal bounds. They had, they explained to me, never considered themselves likely to be good parents for a "mentally handicapped" child.

40 By the time John was about 5 years old, Jan and Phil were convinced that his intellectual development was not normal and moreover, that he also had additional serious problems. However, their views were not accepted by any of the professionals who had any responsibility for John. All his difficulties were attributed by them to "naughtiness". The family were labelled a "problem family" and Jan "neurotic". The parents experienced "everything as a battle" and if they "fought", then they "were listened to". Much later, their judgements were confirmed as accurate by an authorative medical opinion. It seems that from this experience, they learned to battle for what they thought right and assert their views forcefully. Their views on the kind of child they wanted were clear to them and on this occasion they took care to make these clear to the adoption agencies concerned.

41 The possibility that they were seeking to "replace" Sheila was put to them by the adoption agency considering their application. I asked what they thought was meant by this. Jan said,

"I suppose they didn't want us to think the reason for having another little girl was to take Sheila's place. People have a baby, don't they - when the baby's died --."

Phil continued,

"When one pet dog dies they have another don't they, to help them get over it and in some ways it was - not a replacement for Sheila but more of a healthy response in a way - it was a positive way ---(of dealing with our grief)"

42 Each expressed firm views that adopting a girl, similarly disabled to Sheila was the right course of action for them and their family. Phil explained,

"It was what we wanted to do and was so much the right thing to do and had a lot to do with feelings. And I don't think we have ever thought that it was replacement because we didn't want to replace her. She's still there. Sheila still had her place."

Jan added,

"No, we couldn't - she'll always be the eldest. That's her place, the eldest. The eldest of five."

42 Phil and Jan had talked a great deal about "replacement" with their social worker at the time.

"We talked about it (their motivation) as not being what it was which would have been a negative side. But we were very, very positive about the child we were going to have. Exactly what sort of handicaps, what sort of age etc. It was really -- not replacement. We were looking forward to another little girl. Somebody else."

43 Although they were very firm about gender, age and physical disability, they had no other preconceived ideas about "their" child. As Jan said,

"We did not know what we were going to get. We had no preconceived ideas about her."

44 Phil illustrated further his thoughts on "positive replacement" by comparing this to forming another adult relationship if Jan died.

> *"I know that if Jan got killed in a road crash, that does not mean I might not get married again but I wouldn't want to replace Jan. The next person would be someone quite different. If we got married that wouldn't be replacing Jan and I wouldn't want to replace Jan. Just because Jan got killed that doesn't mean I'd stop loving Jan or thinking about her or having nice memories of her to have another relationship with someone else and love them. And I think with children it would be the same. You could not replace any of our children because they are themselves and there is no way we could do that. And for myself that's how I would see it. I would never want to push Sheila away and say "well, we've got Suzanne now." No way.'"*

45 Jan commented then on how alive in the family, Sheila seemed to them. Phil agreeing with this went on,

> *"And I think if we had replaced her, then she might not be so alive and that wouldn't be healthy. I really think that would be wrong."*

He compared this to living vicariously through a child and

> *"wanting that child to do all the things that you never did. All you're trying to do is replace yourself and your own childhood and you put all the burdens onto that child. And that is totally unfair. Like my son. I was in the retail trade but he wasn't interested. If I had been educated, I might have gone to university and I would have enjoyed it. I didn't want it for him. No -let him grow up. Let him be. No, I wouldn't do that. There was some kind of replacement (in adopting a*

child after Sheila's death). We needed to replace the feminine

influence in the family. That was good."

46 To Phil and Jan, replacing Sheila would have meant somehow denying her worth and expressing dissatisfaction with her. Phil put it like this.

"It would have been like shutting Sheila out. To replace her - -to shut

her out. Almost as though she had let us down so we were going to

have to overcome it by having another girl."

Jan continued,`

"try to do better with this one."

Phil expanded,

"One child has disappointed so have another one and hope that one's

better.----Because it's bad for the child, it's also bad for the parents.

It would certainly have been bad for me and I do think it would have

been glossing over the grief."

Each of them considered that to deny their grief and suppress their emotions would have been foreign to their natures.

47 As described earlier, Jan and Phil delayed their application to adopt again until a year after Sheila's death. This was an interval that they allowed themselves and one which felt right to them. During that year, they had relived not just the anniversary of her birth and death but also all the other intervening markers. Phil said,

"You go through everything. She died and we went through all the

memories of the times when she'd been in hospital, we'd had all the

times through the winter just before she died, the anniversary of her

birthday, the anniversary of the time leading up to when she had

died.----We missed her that first Christmas, having prepared

Christmas with her in mind and then even the following year, there

was still that next Christmas to get through. It was over a year, but I
think once the New Year started we realised things could be different."

This period was marked by "a certain peacefulness about Sheila" which they shared and as a result seemed released to move on.

Thinking back over a span of about twelve years. Phil recalled his feelings then and linked these to reports he had heard of other bereaved parents.

"I wonder if there is a stage when people initially feel like that, even
though they are in fact going to feel a lot better. They actually
believe they have reached a stage when they feel they have got as well
as they are going to get. Because that is what we said. I remember
quite clearly saying that and I remember the social worker saying
that. Perhaps there is something in that. Perhaps you get to that
stage when you do feel that."

49 Their application to adopt for a second time was accepted. They went through the assessment process again and were approved as prospective adoptive parents once more.

The adopted child

50 Phil and Jan were linked with Suzanne. a toddler suffering from the same physical disability as Sheila. through the Adoption Resource Exchange. As its name suggests, this was a service which aimed to link children with particular needs who could not be placed by their own agencies with suitable families in different parts of the country. It has now been superceded by the British Agencies for Adoption and Fostering Exchange.

51 Suzanne was living in a childrens' home in a large city. the only disabled child in a group of able bodied children. Phil and Jan's memories of meeting her were of a pleasurable experience which they enjoyed recalling. There followed a period of well-planned introductions which were a good preparation for everyone concerned. Suzanne was nearly two years old when Phil and Jan took her home with them, approximately 20 months after Sheila's death.

52 Jan remembered the early days of Suzanne's placement with them as "such fun". They had very good support with her care from local agencies and so had none of the battles which they had experienced when John joined their family and which had marred that time with him. The boys had "responded to her and loved her." Now at 13 years of age, Suzanne attends a mainstream school where she is coping well. Throughout my contact with Phil and Jan, they spoke of her with evident enjoyment and pride.

A similar or different child

53 As described earlier. Phil and Jan were seeking an adopted child similar by gender and disability to their child who had died. When they met Suzanne and in the early days of living with her, they found that she bore a striking physical resemblance to Sheila. Phil explained to me,

> "The extraordinary thing was though, that when Suzanne was
> eventually identified through the ARE, she was to look at, almost the
> spitting image of Sheila."

54 Their perceptions were shared by people outside the family. Later, Phil expanded on the similarities between the two girls.

> "Suzanne is more like Sheila than anyone could have expected. She
> used to sit the same, her physical handicap is almost exactly the same,
> it affects her in exactly the same way. She's alike in so many ways -
> almost a carbon copy in that respect"

Their experience of this was described by Phil,

> "It was a little bit uncanny and it could have been disturbing --."

However, although the two children looked alike, they were very different as personalities and this clear distinction reduced this "uncanny" feeling.

55 Phil and Jan talked together about the differences in the childrens' personalities. They appeared to enjoy doing this and conveyed to me not only appreciation of Suzanne's strong, fiery and determined nature but amusement of her capacity to argue and a relish for her forthright ways. Sheila however was a shy, timid, gentle child whom they could not imagine would have been able to assert herself. They

thought that Suzanne had been encouraged by her early experiences to do so as an exchange between Jan and Phil reveals.

Phil. *"Suzanne had been brought up in her early years in a children's home and been taught to fight for life.'"*

Jan. *"Fight for toys, fight for clothes, fight for love, fight for attention - everything. She's still got that fighting ---."*

Phil. *"Yes, the handicapped one among normal healthy children, really. But not a nasty one but a real character."*

Her experiences had taught her to battle as their own had done.

56 Commenting again together on the similarities between the children but at the same time the total differences in their personalities, they continued,

Jan referring to Suzanne. *"She's loud. She's fierce - extrovert."*

Phil. *"Sheila was rather timid, shy, quiet and reserved though very friendly. More like little girls should be! But Suzanne - she isn't frightened of anything or anybody --"*

Jan. *"She's full of life. Loves life. Grabs it with both hands. Enjoys it. It's lovely."*

Phil. *"And has done all her life - although she does have problems at school because of her disability. She does have problems with coordination."*

57 In the fourteen years since Sheila's death, Phil and Jan have from time wondered what she would be like, had she survived. Jan particularly thinks of Sheila when Rob brings a girl-friend home. Such visits, by girls of approximately the age Sheila would be now, prompt her to imagine Sheila as a 20 year old. Even in their imagination, visualising her as a teenager or a young adult, they see her as a distinct and completely different personality to Suzanne. Phil told me,

"We now wonder and have always wondered what Sheila would be like now at 22 or at 16. We've always thought and wondered.-------I do sometimes just wonder but we've never thought when we look at Suzanne that Suzanne is in any way replacing Sheila even in that respect because we know that Sheila would have been totally different anyway. She would have been - so we've never thought "well, Sheila would have done that" because we know very well that she wouldn't have done. Absolutely! Perhaps that is significant."

58 They are able, then, to retain a memory of a formed personality which they do not appear to idealise. Perhaps it is their ability to talk about her easily and openly in the family and their sense of her still being alive and part of the family that helps this process.

59 Had they imposed on Suzanne, their expectations of Sheila or tried to encourage her to be like her, they were in no doubt that Suzanne would not have allowed this. Her forceful personality would have asserted itself. This is made clear in the following extract.

Phil. *"When what we'd seen of her, she appeared to be quite like Sheila, the appearance didn't lead us to mould her in any way like that. Not at all. Not at all."*

Jan. *"You couldn't do that,"*

this said amid laughter as Suzanne's likely fiery response was imagined.

Phil. *"No. No short of putting it on her head!"(i.e. the mould!)*

E.H. *What would have happened if you'd tried?"*

Phil. *"I don't think she'd have let us get away with it. No. She wouldn't have done!"*

Living with an adopted child after the death of a previous child

60 Speaking of the experience of adopting a child similar in so many ways to Sheila, they described this as a pleasurable and interesting one.

Jan. *"It wasn't unhappy at all."*
Phil. *"It was fascinating."*

Jan. *"Yes it was."*

Phil. *"But it was very much because Suzanne was such a totally different personality."*

61 He thought that had they had similar dispositions, this experience might not have been positive.

"You couldn't expect to see two more distinct personalities. I don't know what it would have been like if she had the same sort of character - that might have been more unsettling. But you see, her character was there from the very first minute we saw her - shouting and bawling."

Phil laughed as he said this, indicating his enjoyment of Suzanne's fiestiness.

62 Although there were similarities between the two children, even to the extent that Suzanne wore similar "little white shoes" to Sheila, these became less evident as the force of Suzanne's personality was felt and she established herself as a different person.

Phil. *"Although she looked alike, even to the extent of having the same little shoes on when we first saw her as Sheila used to wear. Little white shoes".*

Jan. *"The first thing we saw when we saw Suzanne were these little feet in the pushchair."*

Phil. *"The washing on the line - we couldn't see her but we could see the feet and that was Suzanne but as soon as we had her -she was totally different and so the similarities were fascinating and we sort of got obsessed. We said many, many times how similar she looked".*

Triggering of memories and emotions

63 I asked if the experience of Suzanne joining the family had awakened memories of Sheila or feelings about her. Phil told me,

> *"it did and it didn't. It might have upset us now and again but not badly and not in any way that we couldn't cope with or want it to stop."*

In our second meeting they referred again to the mixed feelings Suzanne's presence in the family engendered in them. The following is the vivid exchange between them.

> **Jan.** *"Bitter-sweet."*

> **Phil.** *"Yes. that's right - bitter-sweet it was and in a way a pleasure, wasn't it?'"*

> **Jan.** *"We used to compare --- do you remember when Sheila did so and so? - you know watching Suzanne doing."*

> **Phil.** *"Doing same sort of things in a wheel-chair."*

> **Jan.** *"Yes. But it was happy not morbid"*

I asked if this had been enjoying those memories again and they replied together,

> *"Yes. Yes it was"*

A little later Jan said,

"Yes. What lovely memories - lovely thoughts."

as others might recall a sunny child hood day.

64 As Phil recalled this period of their lives. he had a clear memory of the satisfaction he felt when Suzanne joined his family. It seems he realised then that he had found what he was seeking in adopting a child after the death of his own child. He described it thus.

> *"One thing it certainly did for me was to make me feel that now that*
> *we'd got her, it really felt worthwhile. And although we had lost*
> *Sheila and then at first, it seemed such a terrible waste, now*
> *something good was going on - which was good and worthwhile and a*
> *lovely opportunity. I remember thinking what an investment it was*
> *and how lovely it was to have her around. Although there were sad*
> *feelings, it was bitter-sweet. That sums it up".*

He had found something positive from Sheila's death.

Comparisons

65 Throughout my contact with Jan. Phil and their family. I gained no impression at all of Suzanne being compared unfavourably with Sheila nor of her being viewed as second best to her. When Suzanne joined the family the parents enjoyed discussing both the similarities and differences between the two children. As already described this did evoke memories which they enjoyed recalling and which provided an opportunity not only to delight in Suzanne but to relive happy times with Sheila. As Jan put it,

> *It was that little bit of babyhood, I suppose which was so lovely which*
> *we felt was enjoying Sheila again"*

66 The comparisons which Phil and Jan made between the children led to new realisations which they found helpful. Phil said,

> *"We often noticed with Suzanne that because of her personality and*
> *because we'd learnt much more and were able to help her that*
> *Suzanne was in fact doing much better than Sheila. We recognised*

that and when she started school, she was much better going to a
normal mainstream school. We could then see to our relief just why
Sheila could not stay out of a special school"..

I understood this to mean that Suzanne's degree of disability put Sheila's into perspective for them. Thus they realised that Sheila had been placed in a special school because her condition warranted this and not because their efforts had been insufficient to help her to move into mainstream school.

67 Although they were not particularly aware of it at the time, they realised that they had felt some degree of guilt that they had given birth to a child with a disability. This had led them to overprotect Sheila. Adopting children with disabilities, they experienced no such guilt and considered that their adopted children had consequently benefitted . Phil put his thoughts into words,

"You've decided to have a child like that (i.e.they chose to adopt a
child with a disability.) and all those upsets (i.e.guilt) aren't there at
all. From the start, that's what we wanted to do and so they're better
off than Sheila was because of that."

Attitude of the social worker

68 As previously described, a year after Sheila's death, Phil and Jan approached the same local authority which had originally approved them as adoptive parents. They received a positive response. Jan said of it.

"I don't think they were surprised at all. Not at all."

Their application was accepted and the subsequent home study undertaken in a way which Phil and Jan recalled as "positive and thorough". Their clear preference for a girl was accepted as were their specifications about age and disability. Phil said of this,

"They didn't try - never even suggested, that any of what we wanted
was wrong or never even asked us to consider any thing else."

69 They did recall however that Suzanne's social worker and the person in charge of the children's home where she lived had been concerned though Phil and Jan did not know of this when they first met them. They had however, been reassured by Phil and Jan's approach. As Phil explained it to me,

"They told us afterwards, it was our questioning. We had sat down for weeks beforehand filling a notebook up about things we wanted to know about Suzanne. About what she liked to eat, play with, what she's allergic to."

Jan continued,

"how she responds to being told off, everything."

Phil went on,

"That's right. We had gone through everything like that and we started off asking these questions and they were reassured. If we'd just sat there -- but we asked all the right questions. We asked every question and that was what persuaded them".

I commented that they had been finding out about Suzanne. Phil confirmed my understanding.

"We were finding out about Suzanne. We wanted to find out everything about her."

Adopting a second child after loss

70 Five years after adopting Suzanne and seven years after Sheila's death. Louise joined the family. a little girl of a year suffering from a similar disability to the other children. The whole family had been involved in airing their views about what kind of child would best fit into their family. Rob and John were by this time of an age to express views and Suzanne was also consulted. Phil and Jan had experienced Lousise's adoption as quite different to Suzanne's. They were told of two little girls with disabilities and chose Louise as the younger. As Jan put it,

"we said "yes" to a bit of paper."

71 Introductions to her were positive and enjoyable and Jan felt an immediate bond with her. She described the experience in this way

"We didn't know what she'd look like. That was great fun - bringing
her home. Everyone fell in love with her. It's funny adopting a child
- it's like giving birth. There's this instant love. I felt just as I did
when Sheila and Rob were born."

72 I had the impression that their motivation for adopting a second girl had not received the same attention from the authority concerned as it had previously. I did not specifically ask them but they did not mention this as an issue. My impression was strengthened by Phil's comment -

"I don't think we ever even thought of Louise ----" *(replacing Sheila).*

73 Louise arrived home from school during my first visit to the family. A pretty, dark-haired little girl, she is able to walk independently and strode into the room where we were gathered, confident and smiling. She received a great welcome from her parents, hugs and kisses were exchanged and enquiries made about her day.

Telling the adopted children about the lost child

74 Even before meeting Phil and Jan, I learned that all the children of the family knew about Sheila as Phil specifically mentioned this during one of several telephone conversations which took place between us. Early in our first meeting, Jan mentioned that everyone knew and loved Sheila. Discussing this area with them, it seemed to be a subject which was talked of openly in the family in a relaxed and natural way and without distress. They seemed able to incorporate it into the warp and weft of their every day lives as they do in talking to the children about other important issues. Jan described their approach.

"We've had photographs of Sheila about the house and it's just as you
do with a baby in arms, you're looking at the light switch, pictures on
the walls and "yes, that's Sheila -- and that's Rob -- and that's John."
It's just part of the conversation. I mean, we never sort of sat them
down and told them."

Their explanation to the children has grown with their understanding. Jan compared it to explaining about adoption to the children

> *"It's the same as talking with them about their adoption - they've just grown with that. It's never been a big issue. We've always talked about it. It's the same with Sheila. It's something they're familiar with."*

Phil drew a parallel with sex education.

> *"It's the same with sex. There's never been a time really when we've sat them down and made a big issue of telling them anything. As their understanding has grown, so we've met it all the way along the line."*

The parents ability to talk about Sheila in a natural and relaxed way at unexpected times is mirrored by the ease with which the children can broach the subject. Jan cited an example.

> *"A little while ago, Louise learnt to ride a bike. And they fire these questions at you quite out of the blue, don't they? And she said "did Sheila have a bike?" I mean it'll be just little odd things like that. You'll answer the question and then she'll go on to something else."*

I commented on the naturalness of the question. Jan agreed,

> *"Yes, quite a natural question -- like they ask where babies come from when you're making the dinner. And you answer it and then they go on to something else. It's like that really."*

Jan and Phil do not find this a painful experience as they revealed when I asked them about this. Jan said,

> *"I think it's great. You just answer them. It's all knowledge."*

75 It is an experience into which they have grown. As they have been able to be open with the children about their own loss, so they been able to help Louise understand the death of her birth father. Similarly they later mentioned to me that Suzanne, who had always had photographs of her birth parents, had

realised fairly recently that they and her siblings must have changed in appearance. They helped her to obtain more recent pictures using the original adoption agency as an intermediary. It is interesting, thaat a time when the continuing exchange of news and information between birth and adoptive families after the adoption order is granted is still comparatively new, Jan and Phil have for some years appeared to accept this also as a natural part of their lives. Phil spoke of telling Louise about her natural father`s death in such a relaxed and easy way that I did not appreciate the significance of it at the time and at first scarcely noticed it. They spoke of helping Suzanne with her need to know about her first family in a similar natural, taken-for-granted way. As they are able to accept and face up to their own painful past so they can do similarly with their adopted childrens` past histories. Also, as they keep Sheila`s memory and presence alive in the family, so they keep the childrens` first families alive for them.

Anniversaries

76 When I visited the family for the first time, I discovered that Sheila`s birthday was the following day. I was concerned that I was being intrusive and that my visit was timed insensitively. However, I was quickly reassured not only by their assurances to me, the relaxed and matter of fact way in which I was informed by them, but also by their positive way of dealing with such occasions. Jan and Phil have, from the start, set aside the anniversaries of Sheila`s birth and death as days they spend alone together to celebrate her life and to give thanks. Jan explained it to me.

> *"The children know it`s the day Mum and Dad always have together.*
> *We`re not morose or anything. We go out for a meal and celebrate*
> *Sheila. It`s just something we do on her birthday and the anniversary*
> *of her death and say thank you for her."*

Their way of coping seems to have been marked by a definite decision to do so constructively. Phil described it to me.

> *"I made up my mind that I was never going to work on those days. I`d*
> *arrange leave and we`d go out and do something. We always have*
> *done, right from her first birthday after she died. We`ve always done*
> *it. ---The alternative would be to be all miserable or to get too sad or*
> *wallow in it and then have to shut it off. It`s much better to do*
> *something on the anniversary and enjoy it."*

Jan echoed this, linking her thoughts with those on their motivation for adopting, particularly after Sheila's death which have already been described.

> *"Enjoy the day. Yes. And it's thanks to Sheila that we have John,*
> *Suzanne and Louise. So if we hadn't had Sheila and learnt everything*
> *we did in that short time we had her, we couldn't have helped other*
> *children."*

77 At the time of my first visit, Suzanne was in hospital but due to be discharged the following day. Jan told me how her daughter had realised the significance of the day, apologised for intruding and offered to remain in hospital longer. Jan's response, as she reported it to me in a very unselfconscious way, was to give immediate assurance to Suzanne that she was in no way intruding, that it would be an additional pleasure to have her with them and they would celebrate the day together. It seems that this is not a rigid ritual nor one from which the children are necessarily excluded nor is it one which would be maintained at the expense of another child in the family.

Parenting style and family relationships

78 As described earlier, Jan and Phil considered that their relationship had been strengthened by their experience of loss. My impression of this, from the high level of agreement between them, was of a strong and united partnership.

79 Phil and Jan do not believe, as many parents do, in treating each child the same. They have always treated the children differently but by this I do not think they meant unfairly or unequally. This was revealed when they pointed out to me family photographs on a wall of the living room in which we were meeting. I had not previously noticed them. One photograph stood out prominently as it was larger then the others and framed in an imposing gold frame. Jan and Phil told me that this was of Louise. Sheila featured in two pictures, one in a group with Rob and John and in another individual one but neither commanded particular attention as the one of Louise did. Phil and Jan told me that this had brought them some criticism from family and friends who thought that all the childrens' photographs should be similarly framed. Phil explained their thinking to me.

> *"We've always treated them differently. One will have the sweets. It*
> *doesn't mean the others will. Someone may go out with a friend and*
> *the others won't and the children have always been like that. We've*

never been "one has it then the others must." We've never been like

that. It's just not what life is like. It's not what you expect and they

just accept it in that same way."

80 The parents went on to tell me that the treatment of the various photographs reflects a particular aspect of the family's history. The gold framed picture was made at an affluent time in their lives while there are not many photographs of Sheila because when she was alive, the family could not afford a camera. These are features of the family's history which are known and understood and accepted by its members. Indeed, the children enjoy hearing the "story" which lies behind the pictures. It would be easy for an outsider to observe them and to draw the wrong conclusion from them.

81 My impression from this of each child being particularly regarded and respected as an individual was borne out by my observations. On my first visit, I met only Louise as Suzanne was the in hospital, Rob at work and John at Adult Training Centre. On my second visit however, I met all the family members. Rob returned from work having had an early start, retired to his room for a time and chose not to join the family for their evening meal but to have his later when he had rested. This seemed to be accepted without question, particular comment or fuss from anyone. Similarly, John arrived home in the late afternoon by taxi having had a period of respite care elsewhere. Jan told me that he finds family life very noisy after such breaks which are a regular occurence. He therefore chose to spend time by himself in his room and to have his meal there also. Again, this was acknowledged quietly and his needs accepted and met.

82 I was present in the home when Suzanne and Louise returned home from school. I was impressed with what an event this seemed to be and contrasted with my experience of how other parents receive their children home. There was an air of pleasurable anticipation between the parents as the time for the girls' home-coming approached. Excitement mounted as they arrived and they were met with hugs, kisses, enquiries of their experiences of the day, physical attention and refreshment. There was a flurry of activity which everyone seemed to enjoy. I was introduced to Suzanne, whom I had not previously met, in a way which indicated regard for her and great pride in her. I was struck by how much Phil and Jan enjoyed the children and appeared to appreciate the experience of being parents.

The childrens' responses to the loss of a sibling

83 At the time of Sheila's death, Rob was 7 years old and John 4 years of age. As described earlier, Rob had discovered that his sister had died but did not fully understand this at the time. Later, his father

explained this to him. Phil recalled that Rob had been upset and cried a little but very quickly appeared to recover. Phil shared his recollection with me.

"He cried a little bit. I remember telling him. He was upset but I was
also. I sort of half expected it but I was was also a little bit hurt that
he almost immediately wanted to get on and go out to play. I realised
- but it seemed terrible that he should be like that but we understood.
He was upset."

Jan remembered that Rob had appeared to make a quick recovery though for a short time there was a change in his behaviour, especially at school.

"He was a bit wild for a bit".

During my first visit, she described this.

"He had a wonderful teacher - he'd get a bit wound up in class,
fidgety, after Sheila dying and she'd say to him "run round the block
twice" so he could burn up the energy. She was absolutely wonderful.
When children are young they get over that sort of thing, death in the
family."

Jan and Phil recalled that although Rob had appeared to adjust quite quickly at the time of Sheila's death, the loss affected him markedly in his adolescence. Jan recalled Rob at age 14 years.

"Think ing about her a lot - sort of depression. Wondering what
things would have been like - how they might have been. Lots of
questions. Life's not fair, things like that. he wasn't morose all the
time but--."

Phil continued.

"No - I think if anything he was a little bit guilty to be alive himself -
to be fit and well himself."

They recalled that Rob's behaviour deteriorated then.

"It was just doing things openly and stupidly and got into trouble with
the police but never seriously enough to even get officially cautioned
but he could have done.--But I think that had something to do with it.
It sort of upset him..---Because when he did get upset and all these
things had gone wrong, he would very often mention her - almost as a
kind of aside. Somehow or other it would get brought in. We thought
it had quite a lot to do with it. "

84 Jan and Phil thought that Sheila's death had not noticeably affected John. They attributed this partly to his learning difficulties which made it very difficult for him to understand what had happened and to retain both the simple explanation given him and memories of his sister. Also he had been very young at the time. Although Sheila and John had played together often, he did not appear to miss her. He had asked about her for a short time. Jan described his response,

"He'd ask for a little while, "where has Sheila gone?" and you'd
explain as briefly and simply as you could but it didn't register. For a
while and still does to a certain degree, he'd have certain questions
he'd ask every day. He has to -it's sort of compelling. And it was like
that with Sheila, just for a little while. Then he gradually stopped.
Then it was something else with his other questions. "

Phil thought that John's concept of Sheila and her death was more like Suzannes and Louise's in that they had not known her when she was alive. He put it this way.

"He doesn't remember her as a living being. He knows of her and
what she was to us in his own way. "

Attitude of extended family to the plan of adoption

85 Jan's parents had initially been very concerned about the plan to adopt, afraid that their daughter and son-in-law were likely to expose themselves to all manner of risks. However once they realised how determined they were, they accepted their decision and have been very supportive since. Jan's brothers and sisters have been similarly so. In addition, Jan and Phil considered that her parents had been

"wonderful grandparents". They were however distressed by Jan's parents response to Sheila's death which was never to speak of it. Jan said of this,

"They just blank it out. Even now. "We don't want to talk about it -

what are you doing that for?" That's their generation."

86 Phil's parents were totally uncomprehending about his and Jan's plans and have never shown any interest in any of the children. Phil's mother had been very attached to Sheila and been a very attentive grand mother whom Sheila had loved. Her attitude to all the other children in the family whether adopted or not was as though they did not exist. When Sheila was born, Phil's mother had, they thought, assumed that they would not want to care of her themselves and had offered to "take her off their hands". Although her offer was not accepted, she had developed a relationship with Sheila from which the latter had benefitted.

The natural child's perspective

Rob - his experiences

87 A slim young man of medium height and build. good-looking with brown hair. he has a pleasant, friendly manner. He seemed relaxed as we met in a bedroom belonging to Suzanne and Louise. talking as he lay back with his feet up.

Sheila and her loss

88 There was less than a years age difference between Rob and Sheila who had died when he was 7 years old. He had a clear recollection of that day some 13 years previously.

"I remember how it happened. I remember that day pretty well

because I used to go downstairs every morning to see Sheila. I used to

get up about 6.30 or 7a.m. and she'd be awake. Usually I'd put on

one of her tapes, get her a drink of water. Well, this particular day,

the day she died -(he identified the date) - I went down and well, I

thought she was asleep so I went back to bed."

89 He described going into her room on two further occasions at brief intervals and finding her still "asleep". It seems that he may have become anxious then as he recalled reporting his observations to his mother. She had reassured him. His parents had then investigated and Rob remembered his father telephoning the hospital and his sister being carried to the ambulance. He did not know if his parents knew then that Sheila had died but he himself did not.

90 Rob described going to school as usual but his mother coming to collect him just before lunch. Fellow pupils had commented on this but he had not realised that anything was wrong. Once home the news was broken to him.

> *"Dad told me to go to my bedroom. Whenever he told me to go to my bedroom, it was when I was naughty. I was really confused. He told me there and I broke down.."*

I commented that he had not been prepared. Rob agreed.

> *"I wasn't prepared, no."*

and then became quiet for a brief period as though those feelings of sad ness had returned. Later, he recalled more of his feelings when his sister entered the ambulance and how unexpected her death had been to him.

> *"I was worried for her of course but I thought she was O.K. I didn't think she'd died, of course."*

He had assumed that she was going to hospital as she had done many times before.

Rob recalled being upset for a short period and then his life quickly returning to normal.

> *"I was very upset the first couple of weeks - well the first week really I suppose. I knew she'd gone and I was still upset really. In my heart I was still upset but I grew up with my friends, did the same things, went round to my friends house."*

He told me of an occasion then when he was particularly aware of Sheila's loss and had some realisation of his parents' grief.

"I was upset, definitely. I remember driving down the drive without
her and I could tell it was on everybody's mind.."

He could not remember anybody particularly helping him at this time nor of needing any special support.

90 Although he has a clear memory of the circumstances of Sheila's death and his response to it, his recollection of her as a person is scanty. His experience of her was of frequent absences from home when she was admitted to hospital and of her being confined largely to bed at home.

"I used to spend time with her in the mornings - we'd really talk then.
I don't really remember her much out of the bed. Really, my main
memories of her are always in bed. Always on her front because it
was more comfortable for her. And of course, she spent a lot of time
in hospital as well. I haven't got any memories of her in hospital but I
know she spent a lot of time in hospital. I remember going to see her,
actually going. She'd get upset if I didn't get her a drink of water. I
don't remember much really. I don't really remember her out of her
bed.."

91 He did have one clear memory of her in these circumstances - sitting on the floor being encouraged by her father to put on her calipers. However, he could not recall whether she had been with them when they had had a family holiday which he could otherwise remember as a special event. He could also remember her presence in their previous home but not of any shared activities. From his perspective, those times seem far distant. He commented on this almost as an aside.

"Course I still think of her."

adding musingly

"It's so long ago."

92 As he talked. Rob played casually with a small woolly toy which had been on the bed on which he was lying. He then realised that it had belonged to Sheila and commented on this. He seemed interested but not distressed nor angry that it was clearly being used by his adopted sisters.

93 At several points in our meeting. Rob mentioned that he thinks of Sheila from time to time. He told me that he has not forgotten her and has a picture of her in his room. Sometimes he wonders what life would have been like if Sheila had not been disabled and died.

> *"Yes, she'd be 22 now. Makes you wonder how life would have been*
> *if she'd been normal. If she hadn't been handicapped and she hadn't*
> *died. It makes you wonder where we'd have been living and if we'd*
> *have adopted people and have the children."*

He seemed to be acknowledging Sheila as still part of the family. though not physically present to give him the support and companionship he would like, when he said the following,

> *"I've always wanted an older sister - well, I've got an older sister.*
> *Sometimes I wish I still had Sheila as someone to turn to sometimes.*
> *To get her advice on things."*

I commented that he really missed her at certain times to which he responded,

> *"Yes, I really do."*

Rob spoke of a period in his life when he had been particularly aware of his loss. He recalled this as being "a couple of years back". He described it this way.

> *"I haven't really been grieving for her but I do miss her. I do miss her*
> *sometimes. I have thought about her a lot and still been upset. A*
> *couple of years back, I was quite upset. I think that was a time when I*
> *wished she was here. I was thinking about her."*

He could not remember what had prompted his feelings though it may be that he did not want to share this area with me. It seems that at a stressful period of his life, he would have valued the support of an older sister.

"I think it was life - how it was running at that time. I don't really
know why - maybe some stress I was going through or something."

Plan to adopt

94 As described earlier, John joined the family before Sheila died. Rob was 4 years old at the time. He had no particular recollection of contributing to the plan nor of having any views on it. Neither did he have any clear memories of his thoughts and feelings about the decision to adopt a child after Sheila's death. He was then 9 years old and recalled agreeing to the plan, suggesting that he had been consulted. Linked to telling me about John's adoption, he said,

"With Suzanne, I think I was just young enough. I think I just said
"yes""

He seemed to connect Suzanne's arrival in the family with Sheila's loss as on two occasions he linked the two, the first apparently, without realising it. Telling me about adopting John and about living with him as part of the family, he then said,

"Then Suzanne died and I didn't mind."

This comment jarred incongruously. I repeated it to him as a question. He then realised his mistake and corrected himself,

"What am I talking about. We adopted Suzanne and I didn't mind.
Scatter-brain!"

I sought further clarification of his views at that time and he gave me these mentioning Sheila in that context.

"I didn't really mind. We went to the childrens' hospital and there
were plenty of children there who were handicapped that I played
with. I didn't mind adopting Suzanne. I still wish we had Sheila of
course".

Not entirely appreciating his connection of the two children at the time. I did not explore this further. It became clearer on studying the transcript later.

Rob understandably could recall much more clearly how he felt about the proposal to adopt a third child as he was about 13 years old at the time.

> *"Well, it was when we were adopting Louise that I wasn't really too sure. Well - I didn't mind it. We adopted Suzanne and I felt a bit insecure maybe because there was more attention going to Suzanne and John as well and I probably lost a little bit then you see."*

He repeated this a little later.

> *"Well it really was when we adopted Louise, that I was not too sure about having another one.--- all the attention was on Suzanne. I don't really mind now.---I think what it was that because we were going to adopt Louise, we had Suzanne and the attention going to Suzanne, I was going to lose even more because it would be going to Louise then."*

Living with adopted child/ren after loss

95 John had joined the family before Sheila died and this seemed to make little impact on Rob's life. He has an awareness of him being part of it for a long time but not in an intrusive way. He described it to me,

> *"Basically, I've just grown up with John and just got used to it. He spent a lot of time in hospital as well to begin with. I've grown up with friends who live down the road or round the corner and I've come home and there's always been John."*

96 Suzanne's arrival clearly did make an impact on Rob. as eleven years later. he could remember it well enough to mention it to me on three occasions. It seems that it was the force of her vociferous personality which commanded attention. Rob said,

> *"I thought Suzanne talked too much and I used to lose my patience. I got really nettled - I thought more attention was going to Suzanne."*

Later when going to court to adopt Louise, he spoke of this in a joking way to the Judge,

> *"and Suzanne was always talking and when we adopted Louise and we*
> *went to court, I said "we'll have Louise and you can take Suzanne*
> *back!" ".*

Now, he and Suzanne get on well together as he told me,

> *"I get on fine with Suzanne. She's a bit moody sometimes - but so am*
> *I. I can tell when she's in a bad mood.."*

I asked if he knew then to keep out of her way but he never finds this necessary.

> *"No, I don't ever really need to keep out of her way. We get on fine.*
> *If she's in a bad mood - like the other day, she stormed in here (to*
> *her bedroom where we were) really grumpy about something."*

He related how he had enquired for her and then contrary to what he had previously said, left her alone in her room.

> *"yes, we get on fine."*

he finished.

97 He also had clear memories of Louise's arrival in the home.

> *"Although when we first got her, I was pleased really, I gave her a*
> *cuddle - this was the thing when I first cuddled her, she cried. I felt*
> *rejected then. --- I felt like this - if she's not going to like me, I'm not*
> *going to like her sort of attitude. Although, sometimes we can get on*
> *O.K., other times we hate each other. We love and hate."*

This was qualified by his realisation that other families are not much different.

*"I think all brothers and sisters are like that - well, all children are
like that. They love you and they hate you."*

98 Very early in our meeting, Rob had told me that he sometimes felt quite jealous. However, this seemed to be quite a strong term for what seemed to be a mild feeling of resentment at being served last at mealtimes.

*"I only feel jealous in a way, like I say with dinner when I have to wait
my turn."*

This may howevever, be an expression of some feeling about his changed position in the family with the adoption of three children with special needs, for he later referred to this again.

*"It's always been John first, then Louise, then Suzanne then myself. If
we were at Lastown (where the family previously lived) it would be me,
me straightaway. Because it's changed like that."*

I commented that he would then have been the baby . He said,

"Yes, I'm the oldest now."

He commented,

"I don't mind now",

implying, as his earlier remarks did also, that previously he did.

99 Although it seems that Rob has in the past felt ousted from his position and has been aware of having to share attention with the other children, he does not resent them as individuals.

*"I don't have any thing against my brother and sisters.----- I still love
Suzanne and Louise and John."*

He spoke of finding Louise quite annoying. He laughed as he said,

"I love her as a sister of course, but I do get annoyed with her."

Rob clearly regards Suzanne and Louise and indeed John as his sisters and brother. His relationship with Suzanne seems to be one he now enjoys and with Louise that of any other elder brother of a much younger sister.

The adopted child's perspective

Suzanne - her experiences and thoughts

100 Suzanne has closely cropped, glossy, fair hair, a lively personality and manoevres her wheelchair skilfully. We spent about three-quarters of an hour talking together in her bedroom, after I had given her a brief explanation of my work and how she could help me.

Sheila and her loss

101 I asked Suzanne if she could tell me about Sheila, what she knew about her and what had happened to her. This seemed to be quite difficult for her, not because it was emotionally demanding but because the subject seemed to be quite remote to her and not something that was in the forefront of her mind. She spoke slowly and thoughtfully as though it was a hard task to formulate her ideas and views. She spoke first of her understanding of Sheila's death.

> *"I only know what I've been told because I was born after her - they adopted me after her. And she was in a wheelchair like me, I think. Anyway, she had an operation, I think. Somehow, it went wrong and then she died. They don't have the equipment they now have today. I don't really know a lot."*

102 I asked what sort of person Suzanne thought Sheila was. She thought that Sheila was quite like herself whom she described in positive terms.

> *"Oh, from what I've heard, quite like me really - pleasant, cheerful, fun to be with and generally a nice person - enjoyed life."*

Later, she referred again to her perception of Sheila as resembling herself.

"---in a way she's an image of me - in a way, in some ways."

Asked to enlarge on her thoughts, she said,

*"her personality and what was wrong with her and things like that.
because she was a gentle, kind person and that's sort of me -
sometimes."*

She laughed at this, as though acknowledging that she is not always so. Later, she explained a little more how she sees herself,

*"I'm nice to people and I'm not usually rude unless I'm in a bad mood
which happens occasionally."*

103 My impression that Sheila was not in the forefront of her mind nor in the family's day to day conversation was amplified when I asked about photographs of her. Suzanne said,

*"Yes. I think we do (have a phograph). We've got one in the lounge -
I think it's her on there. I think so. Then I think we've got some in the
photo albums."*

This required an effort of memory and was said without curiosity but in quite a matter of fact way. Her account matched that given to me by her parents suggesting that she'd been shown them in the past, they were there for her to see but they were not a subject of constant attention.

104 During the course of our meeting, I asked Suzanne if she ever thought about Sheila. Her reply suggested that occasionally she did when she felt the need for an older sister.

*"In a way I think about it. When I've had a row with my sister, I wish
she was here because she'd be a lot older and she'd stick up for
people."*

Later in the conversation. Suzanne spoke as though she realised that this might not necessarily be so as they too might have sisterly quarrels as she does from time to time with Louise. Thoughts of Sheila might occasionally be prompted by thoughts about her birth parents as she explained to me.

> "--with my birth parents - a while ago I decided that I'd like to write a
> letter to them, so through the Social Services Department, I wrote a
> letter to them and they wrote us one back and when I think about that
> she comes into my mind."

It seems that as her first parents are part of her past, so Sheila is also.

Suzannes view of Sheila is summed up graphically by her.

> "I do think of it in a way but I don't really think about it much. The
> fact that she was there and she was part of the family -we don't really
> talk about it much because she's past. She was there. We don't forget
> that she was there but it was a long time ago. Then was then and now
> is now."

Sheila is not part of her day- to day thinking which she later explained to me.

> "Now, I'm so busy with my own life, I know it's an awful thought but I
> forget that they had a child before. And I completely -it's a horrible
> thought and I don't mean to do it but because she was past - you
> forget she was there because she's actually not here now. You forget
> about it. I feel sometimes that it is horrible that I completely forget
> but other times I feel it doesn't bother me ---."

105 As a younger child. Suzanne asked her parents from time to time about Sheila. As a young woman. she is more aware of other peoples feelings and the impact her questions might have on her parents. As she put it.

> "I feel sometimes that I'm imposing a bit and it's not my place to talk
> about it. Sometimes, I just come out with it. Sometimes, I'm careful

what I say and other times I just say it, then I realise what I've said

and I hope it hasn't upset them at all, but it's usually all right."

Occasions when she might initiate talk of Sheila are now very few as, fully occupied with her own life, she feels no particular need to do so.

Anniversaries

106 These are occasions which have, from time to time, prompted some discussion of Sheila and when photographs of her have been looked at. I had the impression that neither were lengthy processes nor regular events. At the start of our discussion, when we were talking about photographs of Sheila and I asked if Suzanne ever looked at them, she said,

> *"No, not really. I don't really. Sometimes, when it is the anniversary,*
> *we talk about it sometimes. We talk about it from time to time. What*
> *she was like and if she was alive today, I'd get on with her."*

Suzanne herself mentioned her parents practice of going out together on the anniversaries of Sheila's birth and death. I asked what she thought about that. Her response was,

> *"Well, I don't mind. I'm quite glad that they do because it gives them*
> *some breathing space for them to enjoy themselves and think of her as*
> *well if they want to and I think they should have the time away from*
> *us."*

Perceptions of the family's motivation for adoption.

107 Exploring together her perceptions of her parents reasons for adopting after Sheila's death, it seems clear that Suzanne has always felt wanted for herself.

> *"Because she died and they wanted to have someone else, another*
> *child, I'm not certain. I think it was they couldn't have one of their*
> *own so they wanted to adopt. I don't really know - that's what I think.*
> *I don't know whether that's right or not."*

I commented that I was interested in what she thought. She continued.

> *"Yes, I think it was just that she died and they wanted someone else -*
> *not to replace her. Of course not but just to fill the gap.----."*

In a later telephone conversation, Suzanne enlarged on what she meant by this. It was hard for her to find the words to express her ideas. She started by expressing some awareness of her parents wish not to bring into the world another child with a disability then continued to struggle to formulate her thoughts.

> *"They wanted to have another child, somebody who is different. They*
> *didn't want to forget Sheila. They wanted somebody different. They*
> *didn't want another Sheila again."*

I asked if she had ever felt that this was being asked of her, she replied very simply but positively,

> *"No, never."*

108 During our initial conversation when she had voiced her thoughts on her parents reasons for adopting after Sheila's death, she went straight on to tell me about her family's first sight of her as a small child in a childrens' home.

> *"Also, it was quite funny when they came to the adoption place -*
> *because I was in a childrens' home - I think it was my brother, Rob*
> *who saw me first---.-- he saw these two little feet beneath the washing*
> *line and that was me."*

There was enthusiasm and delight in her voice as she spoke, as though mirroring her parents joy at meeting her, in an account related to her many times over the years.

The adopted child's view of her adoption

109 At the end of our meeting with the tape recorder switched off, she told me in response to my query on her views on adoption as an outcome for herself, she spoke in very positive terms about this. She considered that she had "nice parents who listened".

The Redpath Family Appendix B.3.

Father	David Redpath, businessman in his forties.
Mother	Christine Redpath, housewife and adoption panel member in her forties.
Daughter	Teresa ,age 20, college student.
Daughter	Sarah died in early infancy, sixteen years previously.
AdoptedSon	Ian age 14 years, joined the family as a baby and later adopted by them.

The parents and their perspective.

1 David and Christine Redpath live in their own detached house in a rural setting. David is a private, solitary person who did not want talk to me. Christine is an intelligent, articulate woman, relaxed, informal and friendly.

The child who died.

Sarah

2 Sarah was born when Teresa was aged four years. She was a planned baby born prematurely in hospital. Christine had been happy, fit and had a sense of well-being in her pregnancy but did not think that she had developed a strong bond with her child before her birth. When born, Sarah appeared to David and Christine to be a normal, healthy if small, baby who cried lustily soon after birth. Christine held her for a while before the baby was taken to be washed and weighed. Christine was moved to a ward and David left to inform family and friends of the event.

3 Christine did not know and has never discovered whether the medical staff had any concerns about Sarah`s condition when she was born. However, a few hours later, the news was broken to her and David on the ward that Sarah had a serious condition which would affect both her physical and intellectual

development. Christine's recollection of this time was patchy but she could clearly remember feeling sorry for the young, junior doctor whose task it was to inform them.

4 Soon afterwards, Sarah was brought to her. She held her and found her feelings towards the baby unchanged by the information she had been given. Christine said,

> *"She just looked like a normal tiny baby to me. So, that was no problem at all."*

5 Close friends, themselves medically qualified, came to the hospital to be with them. Their medical knowledge as well as their friendship was helpful to them as their first thoughts were "is there anything you can do?" Christine recalled little information being volunteered by the medical staff and she and David not actively demanding much. However, there seemed to have been sufficient exchange between them for the parents to have reached an understanding and acceptance that Sarah had multiple handicaps and little could be done. As Christine told me,

> *"once we knew all that, there wasn't much else you could do."*

6 Christine returned home quite soon after the birth but Sarah remained in hospital in an incubator. During the three weeks of her life, the family visited her frequently. Christine described this time,

> *"we just spent the next three weeks trudging backwards and forwards to hospital. We spent a few nights with her -and there was one patch, I can't remember when it was, when we both stayed over because they really did think she was going to die".*

7 Sarah was baptised there. David himself was admitted to the same hopital for an emergency operation and attended the ceremony in a wheelchair. Christine described these events in tones of wry humour which I thought masked the stress and sadness of that time.

8 The hospital was supportive and individuals were sensitive, kind and thoughtful. They were protective of Christine and David and discouraged their tentative suggestions that they might take her home. This has been a source of regret to Christine ever since.

9 Christine could not remember timescales of events of this period but had some vivid memories. Her mother had stayed with them to give practical support in the home. Her way of dealing with the anxiety and uncertainty of the situation was through activity as Christine tends to also. Not only did she cook and iron for the family, but used her interest and talent for flower arranging to keep the house perpetually filled with Spring flowers.

10 During our meeting, Christine returned again and again to describing this short period in their lives and what it had meant to them.

> *"It was only three weeks of our lives but it seemed like - it could have been three years. It was a period not so much that you actually want to forget but somehow like a chunk taken out. You can't fit it in anywhere and that was really weird."*

11 It was a period which felt foreign to their natures. The hospital had tried hard to give them privacy as Christine described.

> *"They (the hospital) couldn't have been nicer but it was so intense and so `unus` because we're not intense people, because we don't get all wound up."*

12 Expanding on what she meant by "intense", she explained

> *"Well, because it was unnatural. There was such a high level of anxiety. And it was just unreal - struggling in some sort of bubble. I can't imagine being --if ever anything dreadful happens to me again, I shall get back in the bubble because it's not like real life at all. I can't imagine equating it to real life and how long one would have gone on being able to cope with it ,I've no idea".*

Thinking about this later, I thought that the sense of unreality which they experienced then might have protected them from the pain of reality.

13 In this short, intense, anxiety-filled, artificial time, Christine, David and Teresa never grew to know Sarah as a child and a person nor to feel that she ever became a full member of their family. Christine struggled to describe this to me.

> *"It was a whole chunk or our life going out - it didn't ever feel like*
> *part of us, what had happened to us because she never came home. It*
> *was like we'd actually been taken out of the world and put into this*
> *bubble for three weeks. I can't really describe it but it was just so*
> *unreal. And we had so little chance to get to know her. ---- I know it*
> *sounds odd to say she wasn't part of the family because she clearly*
> *was but it was like we went to her. She didn't come to us."*

14 Talking about this again in a later telephone conversation she vividly captured the meaning to her of her relationship with Sarah,

> *"it was as though they(the hospital) didn't let her become ours."*

15 Although visits to Sarah were as frequent as possible, it seems that these were taken up by discussion about the diagnosis and possible causes of her condition. The focus was not on the child as a person. Christine described this to me in a manner which seemed to echo the stress engendered by the visits.

> *"And there was so much discussion and time taken up about what was*
> *the matter with her and why and what could have been done and all*
> *that sort of thing. I just think we were lost from---(Sarah as a child)*
> *Oh, we physically went to see her. But I don't think we ever felt she*
> *was a person with us at all."*

16 Christine remains confused as to whether the medical staff made a considered decision that she and David should not take Sarah home or whether this did not take place more by default. It seems possible that the hospital may have assumed that the parents did not want this because they did not press for it.

17 Christine described how she and David were incapable at that time of making decisions and asserting themselves. Although Christine did not spell this out, she must have been recovering from the effects of childbirth, David from illness and subsequent surgery and each from the shock of the diagnosis.

"I was completely incapable of making decisions about anything and so was David. We just lived from day to day. I suppose if it had gone on we might have started to make different decisions. But in the space of 3 weeks, when the hospital were clearly thinking she wasn't going to live though I don't think I realised it at the time. You know, I don't think we had a chance to think about anything to do with any normal relationship as our child. It was all so intense and artifictal."

18 Later, she commented again on this.

"If anybody had said "the best thing you can do when you are in this sort of state is to walk naked down the High St", I'd have done it. I was just pliable. I'd have done anything which is why I now realise that we didn't fight to bring her home. Because I just wasn't in a state to make any kind of fuss about anything. I think I was angry with myself about that. I really wished I had."

19 Christine did not talk of what memories of Sarah as a child she retained until we had been meeting together for approximately 40 minutes when I asked about this.

E.H. *"Did you form any impressions of her as a person? Are you left with any memories of what she looked like?*

Christine. *"Very, very difficult. Very difficult indeed. I've got friends who can remember dates and times and features about friends from the past just like that and I can't."*

20 She and David do remember that she had a physical resemblance to an elderly relative of whom they were fond. She also had auburn hair, as did another elderly relative. They recall too her having "piercingly blue eyes". They did not know whether she would have retained this distinctive feature as she matured. They understood that many young babies had such eye colour at first but this changed as they grew. Thus, it seems they cannot rely on this image as part of her identity. As the interview progressed, Christine remembered that Sarah had been tube fed. Her memories however are very largely of the circumstances and events surrounding the baby and very little of the child herself.

21 As already described, this is partly because of the brevity of Sarah's life and partly because of the circumstances. In addition, Christine and David discovered after her death that a roll of film which they had used to take photographs of her was not in place in the camera as they thought it was. They had intended to include many photographs of Sarah in their family album as is their usual practice. The result was that they had no physical image of her at all to supplement their scanty mental ones. Throughout our meeting, Christine referred again and again to the consequences to them of this loss.

22 As Christine talked, it was hard to gain a picture from her of Sarah. As the interview progressed, I began to realise that this was a reflection of how few memories they have of her. As she did not speak of these until we had been talking together for some time, so she did not tell me about Sarah's death until we had spent several hours together and I commented on this. There followed a long and detailed account of events of that day. This had involved having time to care for herself in the company of a friend. This had been at the instigation of her mother who was staying with the family and who thought this would benefit her daughter. Christine and her friend had visited Sarah in hospital then also. The afternoon had passed pleasantly on a country walk with her friend and her child and Teresa.

23 Returning home, Christine saw her husband from a distance as he stood in the house. She knew instantly, from his stance, that Sarah had died. The hospital had 'phoned David some 10 minutes previously. Christine described it thus.

> *"She just died. I don't know how or when or what or why. Clearly it*
> *was inevitable from what they said. It was funny how intuitively I just*
> *knew. As I turned in the gate, I could see him standing there. I*
> *couldn't see his face. It was just seeing him standing in the window*
> *and I just knew straightaway what had happened before I even came*
> *in the house. I can't remember what happened next."*

24 She and David then went into the hospital and saw Sarah. She was wearing a dress which Christine had thought particularly pretty. She recalled someone asking insensitively if she (Christine) would like it to be removed from Sarah but otherwise she did not tell me of any other memories or feelings of that time. I understood this was not because she did not want to share them with me but because she had retained none. Some time afterwards, a funeral service took place attended by a small gathering of friends. Christine could vividly remember a faux pas made by one friend and could remember identifying with the agony of his embarrassment but otherwise could remember nothing of the ceremony.

Perceptions of the family's response to the loss.

25 Soon after Sarah died, Christine and David received amongst a number of other letters of sympathy, one from a close friend whose own child had been stillborn some years previously. Their friend counselled them to allow themselves to grieve. From her description to me of her response at the time, Christine seemed at a loss as to how to use this general advice.

> *"She didn't say any more. She didn't say anything like what she meant------"*

26 They did not have, nor indeed expect, any particular help in dealing with the loss and to outward appearances, they very quickly resumed their normal lifestyle, as Christine told me,

> *"Looking back it was incredible. Within a matter of weeks afterwards, we were gallivanting about, spending weekends with friends and having supper parties and doing all sorts of things that we'd done before."*

27 David returned to work some three weeks after Sarah's death. In the later telephone conversation which took place between us, Christine clarified for me that privately however, they continued to be distressed, though the initial overwhelming pain subsided after about two months. Christine commented on this apparently quick recovery,

> *"I don't think we really stopped at all to think about what it meant to us-----"*

28 Three or four months after Sarah's death, a holiday spent with a close relative afforded them this opportunity and they began to realise that they would not have further children of their own. Although they had been assured that their was no genetic link with Sarah's condition, they were not totally convinced of this themselves. This seemed to be a realisation which came to them without too much pain as Christine said,

"I'm not one of these women who's desperately concerned to have
children. I mean I bumbled through pregnancy in the way that you do
because it's inevitable once you start."

She did not identify herself with those to whom giving birth is an important need.

29 During our meeting, Christine recalled feeling angry in the aftermath of Sarah's death and specifically described three matters which engendered this emotion. During the three weeks of their daughter's life, they had begun to think about the implications for themselves of bringing up a disabled child and to see this as a challenge. When she died, they lost this opportunity to test and stretch themselves. Christine described their feelings in the following way,

" I think we went through quite a period of feeling really angry. I
know that's normal bereavement process anyway but I think I felt
quite angry about not--- I had quite looked forward to the challenge. I
can remember, in the three weeks we'd talked about all sorts of things,
about where you got the right help and what sort of schools and
perhaps we'd have to move because we'd need to be somewhere
nearer somewhere that would cater for her needs - all that sort of
thing."

30 Later in the interview, Christine told me how looking forward to the challenge had helped her and David cope when Sarah was alive.

"One of the ways we coped was planning for the future and one of the
ways we coped afterwards was being furious because we didn't have
anything to plan for".

31 As described earlier, David and Christine have no photographs of Sarah with which to remember her. Christine said of this,

"---but it was something else that made me really angry and made him
(David) really angry. We were really angry and I think there was a
time when we were angry with each other about that as well because I

suppose we each thought the other should have recognised there

wasn't a film in the camera. "

32 Thirdly, as described earlier, Christine was angry with herself for not doing more to bring Sarah home. She reiterated her feelings of regret, previously quoted, in the following,

"I was just pliable - I'd have done anything which is why I now realise

that we didn't fight to bring her home because I just wasn't in a state

to make any kind of fuss about anything. I think I was angry with

myself about that. I really wished I had".

33 As Christine talked of her experiences of losing Sarah, I, at first, gained little sense of painful feelings. She described discussions with a friend, a bereavement counsellor, about the process of bereavement without any particular reference to her own experience. She had learned from her friend about the grief process and its effects, particularly anger, as one of the constituents. I asked her about any feelings of sadness. From the way I phrased the question, it could be said that I suggested this to her. However, the strength and conviction of her reply did not support this. The following is the exchange which took place.

Christine *"I didn't realise it at the time. I certainly recognise the*

anger bit. "

E.H. *"But the sadness bit or did you not feel sad?"*

Christine. *"Oh yes hugely. I can remember we used to wake up in*

the mornings and think will we ever wake up in the morning and not

feel like bursting into tears. Will it ever, ever not be this way?"

34 Later, she described her and her husband as feeling "absolutely devastated." As described earlier, this initial period of intense distress had lasted approximately two months before beginning to subside. Had it not done so, Christine thought she and her husband would have had a mental breakdown. She explained later that anger and sadness were closely intertwined and not easy to separate one from the other.

"It was all very muddled. I know people say there are stages but I

think I was -- the anger and the sadness was very much wound up in

itself. I don't think I could have extricated the two into stages. They
were, absolutely all the time, the same. "

35 Towards the end of the interview, Christine told me how David had been affected by Sarah's death. This was prompted by my enquiry about whether anyone had offered him any support. Christine thought that his distress was exacerbated by his illness and admission to hospital.

"He was very, very badly affected by it. Even more so than me in a
way. Partly because he was so ill in the middle of it all as well. And
he had just been absolutely wrenched away from being able to support
me so I was sort of left on my own.-----It was just like a dreadful
thunderbolt had descended on him and I think that was one of the
reasons he was so frightened. "

36 The shock of learning of Sarah's disabilities and then of her death at a time when he was himself especially vulnerable was overwhelming to him, as was the strength of his distress. The experience was frightening to him particularly as there was a history of mental illness in his family and he was fearful for his own mental health. Despite this, Christine thought that he did deal well with his grief though she did not enlarge on what she meant.

"He was incredible. I was amazed at how he did cope with what had
happened to us then because he did find it very, very hard. He was
brilliant. There were times when I was quite frightened for him as he
was for himself. "

37 Reflecting on their grief, Christine thought that the period when this was beyond their control was brief.

"As far as timing is concerned, there was probably only a day when we
thought "this is more than we can cope with"."

Experience of earlier loss.

38 In telling me of her friend's advice to her to grieve, Christine then linked Sarah's death with her father's death when she was in her mid 'teens. She referred to the two experiences as being quite different.

"She (i.e.her friend) didn't say anything like what she meant and I had

no experience. Well, I say I had no experience but my father had died

in my mid-teens so I suppose in that sense I'd had every experience of

bereavement but it was somehow completely different - rather than

you being the child, it was your child."

Her father had suffered years of ill-health as a result of injuries sustained from military service in the war. Her mother had nursed him at home where he finally died.

39 Later, Christine described her upbringing as one of four children growing up on an isolated farm to which her father had retired after his Army career. Her mother had, in the process of enduring long periods of separation from her husband, become a strong and capable person. She was herself brought up in a Service family and her own father had been similarly absent. As a Service wife, Christine's mother had assumed much of the responsibility for the care of her children, all of whom went to boarding school. As Christine spoke of the time immediately following her father's death, I gained a sense of the family dealing with their loss in a practical, down to earth way, comforting each other with physical affection but not discussing their feelings with each other nor outside the immediate family.

40 I asked Christine if anyone had helped her at this time. She replied,

"No, but I don't think I expected it. It never occurred to me. I'd never

met anyone whose father had died. I'd never discussed anything like

that. We'd always been very close. We were all there when he died in

the house. We were all home for the holidays."

41 After a short extra period at home, Christine and her siblings returned to school and life went on. She continued,

"I think we were of a family and of a sort of person who were brought

up to think you did not need to ask - not made to feel badly if you felt

you wanted help but you felt you didn't need it or expect it or

anything.----------We would hug and cuddle about anything and

everything and still do but we wouldn't sit down and talk about it. My

mother did sit down and talk to us - I can remember her talking to me

about Dad being ill and that he would be going to die but that was it.
There was nothing else that you could say. It was a fact of life - like
all facts of life , you just accepted it. "

42 As well as viewing the two experiences of bereavement as different. Christine thought that her earlier loss had had the more adverse long term consequences for her. In telling me this, she also recognised that she had not been able to grieve for her father at the time of his death. Referring to Sarah's loss she said,

"---we didn't have any kind of bereavement counselling but I actually
think since, many years on, if I've suffered at all from bereavement, it
is almost more through not having a chance to grieve for my father
than it was for Sarah. "

43 It may have been that the focus of any help then was her mother. as after describing the upbringing and life experiences which had helped make her so capable, Christine said,

"--She was as a result a very strong and capable person and she just
had very good friends. I suppose you don't need a lot of counselling if
you've got very good friends who understand and listen. "

44 I commented on her mother's response and then enquired about Christines at the time.

E.H. *"She (i.e.her mother) was able to grieve with the help of friends.*
What about your   self
then. Did you feel that you grieved?"

Christine. *"Well, no because I didn't really know - expect I didn't*
really know what was expected of me I think.-----I wouldn't have
expected anybody to think I should have had any different treatment
or anything so I didn't really ask for it. We had our time at home after
he died all of us and as far as I remember that was as good a time as
such a time could be. It didn't seem awful to me. I think mostly we
felt so thankful that he didn't have to suffer anymore. "

45 There was a noticeable lack of painful feelings in her account of her response to her father's loss. She herself then suggested a possible explanantion.

> "---we were very, very sheltered. We lived in the depths of the
> country--and I think we were terribly cushioned from life altogether.
> I know we had all been away at school but I think that cuts you off in a
> way.----Perhaps a psychologist would say "it numbs you from real
> feelings of grief because you are cut off".---The thing about being
> used to being away from your family, you are slightly numbed from
> things so you are not quite so easily hit.----because you've learnt the
> defence mechanisms.--But I don't think I knew that at the time. I'm
> surmising now. Perhaps that's what made it less painful. But as I
> don't know how much more or less painful it was or could have been,
> I'm not very sure."

Living with loss

46 Christine described her and David's normal way of dealing with problems which has some similarities to the pattern of her original family.

> "I mean we've never been a couple who've talked incessantly into the
> night with problems.-----It's not that we brush things under the carpet
> but we just don't find the need to talk about things hugely all the time.
> Sometimes I might want to talk about something more than he might
> or vice versa."

Physical contact and affection and the support over the years of a close circle of trusted friends are to them more effective means of help than extensive discussion.

47 They seldom talk of Sarah because as Christine put it "there is so little to talk about." As previously described they knew little of her as a person during her life-time and their memories of her have

> "diminished and diminished and diminished because we have nothing
> to remind us so we don't very much talk about it now."

48 She continued in a similar vein later, describing the confusion and difficulty in grieving someone about whom so little was known.

"I don't think we suppressed anything - we didn't need to make more of it than we really felt, if you see what I mean. We didn't need to - well maybe we did need to, I don't know. Other people might have said we should have made more time to talk about it. I suppose it was because again because she wasn't there for very long, there was so little to talk about. You know, there's not very much you can talk about somebody who's had in one sense such a huge but in another sense such a minimal impact on you. And the good bit was minimal and the bad bit was huge so why make too much of the bad bit. And we couldn't make very much of the good bit because it was so limited and I think probably that was the way we thought."

49 At the end of our meeting, Christine described their attempt to resolve this dilemma by making a definite decision.

"Somehow, there was nothing you could do. You just had to move on otherwise you'd have gone round the bend. If you stay stuck somewhere with no possible way out. And there was no possible way out of that. I mean, I do remember having times when I just used to sit there trying to remember what she looked like and there's nobody here who can tell me. Neither of us could really remember, so better not do it. Whether that was denying it or pushing it away or what, I don't know but it appears to have worked as well as anything like that can work".

50 After our meeting and in the car as she drove me to the station, Christine again referred to her and David's way of dealing with their grief.

"I tucked it away in a pocket of my mind and he tucked it away in a deeper one."

51 Earlier, we had talked of how much the pain of the loss remained after so many years. I had understood that this had largely disappeared and sought confirmation and clarification. Christine

distinguished between trying to imagine Sarah as a person and discussing with David and Teresa the circumstances of her death. The former is not at all a painful process but the latter a distressing one. As illustrated previously, the family excercise some control over their distress by not talking much of those events. The following exchange took place between us.

E.H.. *You were saying a minute or two ago that the pain has gone now - or perhaps it hasn't?"*

Christine *"Well, yes in a sense because it is not uppermost in my mind all the time. But I don't know that I - The trouble is because I don't have a very imaginative memory and I think that's quite important because I am quite an imaginative person but I'm-I have nothing I can remember because I don't have any photographs and I can only remember things that happened. I actually don't know that any little face that comes into my mind is the person that it was . Know what I mean?"*

E.H. *"You don't know whether it's really her or not?"*

Christine. *"I'm sure it's not. It's just a figment of my imagination really, made up. And therefore that side of it is not remotely painfull because it's not real. But I think were I to talk again with David and Teresa about what has happened and at such times as we have done in the past which aren't that often, yes we do get upset and being normal human beings we don't like getting upset and so we don't talk about it. I don't know whether that's healthy or unhealthy. I suspect psychologists would say it was unhealthy but that's the way we are. So, you know, that's the way it goes."*

Long-term effects of loss.

52 As described earlier, at the time of her father's death. Christine thought her emotional response to this was not inhibited by events or circumstances. I understood from her account that as far as she could remember, she had grieved as much as she needed to do so then. However, comparatively recently, she

realised that this was not so. She described seeking counselling help for her difficulties in coping with a mounting work-load and feelings of exhaustion. I thought her description was of depression. The loss of her father as well as of Sarah came to the fore as matters which were playing a part in her difficulties.

53 Also, comparatively recently, Christine and David experienced some difficulties in helping Teresa in adolescence. A trusted friend spent two periods with them helping the parents and Teresa to air the difficulties. Christine described his understanding of a contributory factor.

> "---he just felt that one of the things which we'd failed to do over the
> years was to recognise ourselves as a family of five one of whom
> wasn't here. Because if someone asked me how many children I've
> got, I always say two and I always have done. So again, whether
> that's right or wrong or healthy or unhealthy, I don't know. I think it's
> a mark of how short a period of time it was, how young she was and
> how much of a bubble we felt in at the time.

Helping the natural child with the loss of a sibling.

54 Teresa, as a child of four at the time, had with her parents, visited her sister in hopital and so knew who and where she was. In retrospect, Christine thought that she and her husband had shielded Teresa from the loss too much and she thought this would be her daughter's own view now as an adult. She commented also on the difficulties of how best to help a young child understand the meaning of death. Christine said

> " But I think probably, if you talk to my daughter, she would say she
> had been almost too much shielded. I mean it is very difficult to know
> how to react to a four year old when something like that has happened
> and in retrospect I think possibly she was too much shielded. "

55 Later, Christine explained that she thought that they had been repeating the tendency of their own parents to protect children from painful matters. She thought also that their was an element of protecting themselves.

> "Our upbringing --we'd been shielded from things unpleasant and
> therefore we found ourselves shielding her from it. Not, I think in

retrospect because we were shielding her but because we were

shielding ourselves. "

56 The absence of memories, experiences and photographs has made it difficult for Christine, over the years, to talk with Teresa about Sarah and her loss.

"Because (if Sarah had come home), we'd have something to talk to

Teresa about, we'd have had some memory of her here in this house,

whereas there is absolutely nothing and none of these blinking

photographs either. "

Comparing loss of "unknown" child to loss of child of the family

On two occasions, Christine compared the experience of losing Sarah and what she imagined losing a child of the family whom she knew would be like. At first, I thought they were a contradiction. Early in our meeting, she had been speaking about the intensity of the three week period of Sarah's life. She continued

"But it was incredibly concentrated. People talk about the loss of an

older child being worse because you've got so much to look back on

and I can appreciate what they mean but I actually wonder if having

something to look back on isn't better that not having anything at all.-

--"

58 Towards the end of the meeting, she was again speaking about this period and continued

"I really do --I mean I don't know whether --it will sound

extraordinary probably but if it had been something that happened to

Teresa, aged 5 years, it would have been much worse because I knew

her---I think it would have been much, much worse. I think it would

have had a much more lasting effect on us.

In a later telephone discussion, she clarified what she thought the different effect would be. Loss of a child of the family would be"devastating for ever" whereas loss of "Sarah's sort life would not be devastating for ever."

Thinking about adoption.

59 As indicated earlier. Christine and David decided against having further children of their own. They came to this decision approximately four months after Sarah's death. Their thoughts then turned to adoption. As Christine described it,

> *"And I suppose because we'd already got Teresa and she was happy*
> *and healthy and fine, we thought "don't let's push our luck" and as*
> *people do, thought naively - "well, the other way of having children is*
> *to adopt them"."*

60 At the start of our meeting. Christine had told me of her and David's original hopes. as very young people newly committed to each other, to have "loads of children". It seems that they modified their ideas as when later I commented on their hopes for a big family, Christine said,

> *"It wasn't so much a big family. One child didn't seem - not"enough"*
> *but not quite right. It didn't seem right, only one child. We felt we*
> *had more time and energy to give."*

Perceptions of the family's motivation for adoption.

61 At around this time. with the idea of adoption in mind as a way of having a second child. Christine chanced to read an article in a womens magazine about the work of a small adoption agency which had been formed the year before. This agency aimed to place in permanent new families, young children with disabilities. At the time, this was a departure from usual adoption practice which tended to assume that it would not be possible to find families for such children. The article concerned meant something very particular to Christine who had a clear memory of it as though it marked an important milestone for her.

62 Earlier. I outlined how Christine and David, during the course of Sarah's short life, had begun to think about the implications of bringing up a disabled child and to look forward to the challenge of this.

When she died. Christine was angry that this challenge no longer remained. Christine told me of their idea.

> *"So I suppose what we were thinking of when I read this article was*
> *"we've been denied this challenge - we can take on another one".".*

Exploring adoption

63 The adoption agency concerned held regular open meetings to which any interested member of the public could go, to find out more about the implications of adopting a child with disabilities. Christine and David attended one such meeting about six months after Sarah died. The following is Christine's account of their experiences of it and the two social workers organising it.

> *"They were so welcoming and so lovely and there was no lecturing*
> *and nobody telling you what you should think. Just people who drew*
> *you out and made you want to talk and made you feel as though you*
> *might have something to offer. But the best thing about it was that we*
> *actually went away realising that we were not at all the sort of couple*
> *or individuals that they were looking for but we didn't feel bad about*
> *it. You could go away feeling "Oh God! I do feel guilty. I don't feel*
> *able to take any of these children" but we didn't at all and that was*
> *entirely due to the social workers concerned. I've no idea what they*
> *said but we left thinking "there is some avenue for us. That is not the*
> *right agency. We're not the right people but someone, somewhere*
> *might be interested in us".*

Thus they left feeling valued as individuals and had been positively helped to redirect themselves on a pathway to adoption more suited to them and their circumstances.

64 They wrote to a number of adoption agencies which covered their home area. Most replied advising them of the need for futher time to grieve. Christine described a typical reply and her and her husband's thoughts about it.

"Most of them said something along the lines, "you will need at least
12 months to get over the loss of your daughter". What was so magic
about twelve months, none of us has yet noted."

65 I asked what her and her husband's own views were on this advice, commonly offered to bereaved applicants.

"Well, I think we thought you couldn't get over it. You were either
going to learn to live with it or you weren't and we felt we were
learning to live with it."

66 Later in the meeting, after a brief description of telling Teresa about Sarah's death, Christine added, as an aside, further views on expectations she thought commonly held by social workers of those experiencing various losses.

"---I think one of the things which I come across as a member of an
adoption panel is this business of coming to terms with things. People
are always being asked if they've come to terms with their infertility,
whether they've come to terms with the loss of their mother, come to
terms with the next thing and I don't think you do".

67 I commented that I did not know what this phrase meant. Christine continued,

"But it's a thing which is spouted by social workers as quick as a
flash. And I don't believe it happens. I don't believe it happens with
infertile couples. I think you learn to live with it and if you learn to
live with it so that it is relatively comfortable, you can probably
survive. But if you learn to live with it in such a way that anything that
hits it causes you to crack, then probably you'll find you won't
survive."

68 This period of exploring adoption seems to have been marked by a definite decision to take charge of their grief and their lives as Christine went immediately on to explain.

"And really there was no point in just sitting there and thinking back
and going on over it and worrying about what was going to happen in
the future. It was best to get on with life but I think that is a symptom
of a couple who are "doers"rather than "thinkers" and that's what we
recognised we are."

69 About nine months after Sarah had died, one agency to whom they had written, whilst cautioning them on the need for further time to grieve, invited them to the office to talk to a social worker. There they met

"a very pleasant young man---who did the statutory thing of saying, 'I
think you had better go away and think about it for another six
months. You really do need more time and all this sort of business'".

They paid little heed to this advice. They knew that the adoption process was a lengthy one and and wanted to get this underway, especially as they hoped to have another child before Teresa started school. They wrote to the adoption agency informing them of their wish to delay no longer. Their views were apparently taken seriously and their application was accepted.

70 Christine's description of their social worker's visits was of pleasant, relaxed occasions conducted informally over supper in their home. Their social worker, the same young man that they had met originally. would help Christine put Teresa to bed and then the parents and he would talk over coffee. He seemed to have been able to help Christine and David talk about themselves naturally and comfortably in ways which were neither intrusive nor institutional.

"We just talked over pleasant suppers. He never wrote anything down.
We never saw a report."

About nineteen months after Sarah died, they were formally accepted as prospective adopters.

Perceptions of the child to be placed

71 Christine and her husband did not have specific views on the sort of child they wanted to adopt. Their only maxim was that he or she should be younger than Teresa. As Christine put it

"I think we broadly said we'd be interested in a child up to the age of
4 years which was what Teresa was."

They also offered themselves as new parents for a mixed race child as they had noticed a need for families for such children. Looking back on their thoughts then, Christine acknowledged that an Afro-Caribbean / English or Indian / English child would not have been suitably placed with them in an almost completely white area where the poulation has very little understanding of, or interest in, racial or cultural issues.

The adopted child

72 Very shortly after they were accepted as prospective adopters, their social worker visited them and told them of a 2 month old baby boy whose father was Turkish and mother English. Following the briefest introduction to him, they brought him home. Christine described in great detail the events leading up to meeting Ian and to bringing him home. From the warmth and enjoyment with which this was related, I was left in no doubt that this had been a joyful occasion and these were treasured memories of a major event in the life of the family.

A similar or different child

73 As stated in a previous case-study, adoption practice often seems to be to place a child different by age and / or gender to the child that died. With the Redpath family, a child of opposite sex but similar age to Sarah was placed. From Christine's description of her and her husbands experiences of losing Sarah and subsequently adopting, seeking a child either similar or different to Sarah was not part of their considerations. They were simply seeking a second child. From the little attention Christine paid to this area, I thought that similarities or differences were an irrelevance.

74 Although of opposite genders, Sarah died as a tiny baby and Ian was placed as a two month old infant. Social workers sometimes think that the placement of a child for adoption with a family who has experienced the loss of a child, will rekindle their grief. In the course of telling me that this had not been her experience, she spelt out how she perceived the two children as quite different.

"It was something that was completely different. He was 8 weeks old,
he was a boy, he was healthy, he was somebody else. There was no
way you could even begin to think of it as being the same thing at all.

So, I don't know - it didn't(ie Ian's placement did not cause a
resurgence of grief.)"

75 In the later telephone discussion which took place, Christine spelt out what the difference between Sarah and Ian meant to her.

"Ian's arrival was another part of the family - it wasn't another - a
sort of replacement or a new toy or anything like that. It was another
stage of life and that was new.--I don't think it meant anything as
such. We were moving on .--I suspect what people might expect me to
say is that it meant-- it brought a lot of things back but it didn't
because it wasn't--I didn't look to that at all. Ian wasn't there because
we were trying to recreate something that didn't happen or something
that went wrong. It was a totally separate event. From that point of
view, of meaning something, I think the significant thing is that it was
disconnected."

Living with an adopted child after loss.

Comparisons.

76 Christine, whilst hesitant to call herself and her husband "successful" as adoptive parents, and acknowledging that her thoughts were but speculation, thought that there would be more liklihood of making comparisons between a child who had died and a subsequently adopted child if the former had been an older child. Her basis for these views was her own experience and her recollection of a research project undertaken by NORCAP with adult adoptees. She seemed to assume that any such comparisons would be negative.

"---I'm not a great one for talking about success and I certainly don't
think you can feel successful as a parent until your own children are
having children. I think one of the things that makes (us "successful")
- as we've nothing to compare it with I don't know how one can say
this but perhaps had she (Sarah) been older, we would have had more
to remember and if we'd been those sort of people which we aren't, I
don't think, we might have had more to compare. But there was no - I

think that's one of the things which the author of NORCAP's study of

adult adoptees who felt uncomfortable having been placed where a

child had died. I don't know anything about the statistics or the facts

of that but my feeling is that those children were placed more, not as a

replacement but the existence of the other child (i.e. the deceased

child) was so much more obvious."

I understood from this that Ian and Sarah were not compared one with the other, because there were no memories, images or history with which this could be done.

77 Indeed later in the interview, she emphasised to me that comparing the two children was something which had never occurred to her to do.

"And I have never, ever and I really think I am right about this -I'm

prepared for people to analyse other things about the way I feel about

things because I realise I'm not a great thinker and talking about

feelings bit, I really don't think I've ever given a thought to a

comparison between the two of them. I mean it would be like trying to

find something the same between an ocean liner and a motor bike.

The only thing in common is that they get you somewhere. And the

only thing the same about Ian and Sarah is that they are both

children."

78.Towards the end of our meeting I asked Christine what she meant by "replacement" in the following way.

E.H. *"You said that when Ian joined you you didn't feel that it was at*

all "a replacement thing".Could you say what you mean by that?

What do you mean by "replacement"?"

There was a long pause while Christine thought about this.

Christine *"I don't know. I probably used the word because it's a*

word that other people use I suspect that I expected you to think that

that's what I would think because that's what other people have said."

79 Later she reiterated this.

> *"But as for the meaning of the word "replacement", I don't really*
> *know what I mean. I suspect I say it because I think that's what*
> *people expect you to think you're doing- what other people think*
> *you're doing. But if we'd decided that it was perfectly safe and*
> *sensible to have another child of our own, I can't believe I would have*
> *felt any different about it.-----"*

80 I gained the impression also that Christine had never developed in her mind, ideas of what sort of person Sarah might have become had she survived and so Ian had never been compared with a "fantasy" child. I understood at the time of our meeting that it had helped Christine to cope with her sadness at her loss not to build up in her imagination a picture of how Sarah might have been had she lived. Christine had been speaking of how, when pregnant with Sarah, she had not speculated then on what kind of person was developing inside her. She continued,

> *" --afterwards one was forever looking at little signs of something that*
> *might give her a personality (a) that you could remember and (b) that*
> *you could develop. Most people I'm sure it was what we thought we*
> *might be able to develop for her because she clearly wasn't going to*
> *develop like any normal person anyway, so when we didn't, my way of*
> *dealing with it was not to develop it."*

81 In a later follow-up telephone conversation. I asked if she could explain further what she had meant, she could not remember. However, she confirmed she had not developed imaginative ideas of what Sarah would have been like had she survived but was not sure whether or not this was a coping mechanism. During the course of our meeting, as she recalled Sarah, she never once spoke of attributing to her personality, imaginary characteristics. She acknowledged that in trying to remember what she looked like, without the aid of photographs, she realised that any physical image that came to mind was only imaginary and therefore not really her. It is very hard for her to remember Sarah as she was. She retains no memories of her as a person but she seems not to have developed instead an imaginary child with whom Ian or any other child could have been compared.

Triggering of memories and emotions.

82 As described earlier. Christine did not experience a resurgence of memories and feelings of Sarah and her loss when Ian joined the family as a two month old infant. Any such renewal of emotions and recollections are for her entirely unconnected with him and are prompted by her awareness of the season of the year into which Sarah was born and so soon afterwards died. She described it to me as follows.

> *"I think I said the only time, and it's nothing to do with the children,*
> *that I have ever----I have ever felt the grief welling up again as it*
> *were, is in the Spring. I'm sure it's to do with my mother being so*
> *keen on having flowers all over the house. And at that time of the*
> *year, there were masses of flowers in the garden and I always used to*
> *remember and I still do remember but not with quite such sadness any*
> *more. But that was nothing to do with the fact that I've got two or one*
> *or none or hundreds of children. It was just the time of year."*

83 Later. she spoke more about how she experiences this annual slight depression and what it means to her. Also, how it lifted at least temporarily after the counselling help she received for the more marked depression described earlier.

> *"I really think, probably the first spring I haven't felt low was the year*
> *I finished my counselling. So whether that's had any impact on it I*
> *don't know and it may start again next spring who's to know. And*
> *when I say "low", I don't mean low, low. I just mean you wake up and*
> *things sort of- there are things you remember. And in fact there is a*
> *sort of sense that, not things that I remember that I even know I'm*
> *remembering. I don't remember her as a person at all . Just the*
> *circumstances."*

Anniversaries.

84 As just described. the anniversary of Sarah's birth and death fall close together in the spring and at this time of year. Christine tends to experience low spirits. At her birthday and at Christmas time. Christine and her husband tidy Sarah's small grave putting fresh plants there as they have done from time

to time over the years. However, Christine does this more from a sense of duty than from anything else. Christine described her feelings this way

"If I really felt strongly that it was a way of remembering her

positively, I would go every week and do it. But I don't so I don't and

it gets done at Christmas and her birthday. And it's a chore because I

don't find it a useful way of remembering something positively. I just

find it something that makes me feel guilty that I don't do it more

often. I'm not sure I like that very much."

85 She and David find it more enjoyable to do this work together. I understood by implication that this was something which they undertake privately between them and do not involve Ian or Teresa in it. I realised how difficult it is for them to find a positive way of commemmerating a child whom they cannot remember as a person and who never came home and so never became a full part of their family. Also, it becomes more difficult as time goes on as the following exchange between us shows.

E.H *"So did you ever find any more positive way of remembering her*

then when the grave was so unhelpful in this way?

Christine *."Well, yes. I suppose just talking about the little bit we*

knew of her and the little bit   we remembered of her but

it diminished and diminished and diminished because we have nothing

to remind us so we don't very much talk about it now."

Telling the adopted child about the lost child.

86 Christine told me that as Ian has grown up knowing that he is adopted, so he has always known about Sarah though she could not remember how or when he was told.

"I don't know how he knows. I can't remember who told him or when.

He was clearly too young to be told immediately he arrived. But it's

like -- people say "how do you tell your child he's adopted?" I don't

remember ever telling him that bit but there's never been a minute

when he didn't know. It's just words you use from the moment you

start talking to them and I've talked to mine from breast onwards.---"

87 This was preceded by Christine describing a difficulty which faces her and her husband as Ian's understanding of past events develops

> *"I don't know how we tackle it or when we tackle it or if we have to*
> *tackle this whole business of Ian wanting to know whether he would be*
> *(with us) if it wasn't for her and where she fits in. I don't think he sees*
> *her as a sister. He knows of her existence obviously. He knows she*
> *was our daughter but I don't think he knows any more about her*
> *because we don't talk about her so how could he?"*

88 As well as the lack of memories, both of Sarah as a person and of experiences with her which could be related to Ian, the absence of photographs makes the task of talking with him about her more difficult. In a later telephone conversation between us, Christine said that the absence of photographs made telling Ian about Sarah all the more difficult *"because it would be like discussing a fictional child"*.

Attitude of the social workers

89 As described earlier, Christine and David's contact with the social workers whom they met was positive. Their original meeting with a specialist adoption agency had been an enabling experience whilst their relationship with their own social worker was relaxed, informal and natural. Christine recalled that little attention had been paid to Sarah's loss and the social worker appeared to have no particular views on what kind of child would best be placed with them. However, he may have considered that a boy would be better placed than a girl since this is what happened. Christine and David did not themselves have strong preferences on gender.

Attitude to the plan of adoption of extended family

90 This was not an area which was much explored but I had the impression that Ian's arrival in the family had been welcomed by Christine's mother.

The White Family   Appendix B. 4

Father	Robert White, University Teacher in his late fifties.
Mother	Jennifer White, Senior Social Worker in her
Daughter	Emma, died suddenly aged 20 months, 13 years
Adopted Son	Jonathan motor mechanic age 21 years. Joined
Foster daughter	Helen age 15 years. Schoolgirl. Placed with

The childrens` views are not given in this account as it was not possible to elicit them.

The parents and their perspective

1 Robert and Jennifer White live in their own large semi-detached house on the outskirts of a city. Robert is quietly spoken and gives an initial impression of shyness. Jennifer seems relaxed, informal, welcoming and at ease with people. They are articulate, intelligent professional people.

The child who died

Emma

2 Emma was born comparatively late in Robert and Jennifer`s lives, a much loved first and only child. Soon after her birth, she was diagnosed as having a physical condition which required immediate surgery and was transferred to another hospital for this to be performed. Jennifer was left behind in the maternity hospital to recover from the effects of giving birth and as she described it "in a state of shock" at the diagnosis. Robert, who had a job interview that day and so was already experiencing the anxiety inherent in such occasions, rushed to the paediatric hospital to be with his baby daughter. Emma made a good recovery from the surgery. Robert and Jennifer were advised that she should be treated as a normal child and no particular precautions need be taken with her care. She was expected to achieve adult hood and middle age.

3 By the time Emma was nine months old, Robert and Jennifer were beginning to recover from the crisis of the diagnosis and surgery, to worry less and to believe that they could put the events of the past months

behind them. Jennifer had suffered from post natal depression which had marred her enjoyment of Emma but she had nevertheless been able to care for her with support.

4 Asked to tell me about Emma as a child, they had clear, vivid memories of a definite personality which they enjoyed recalling and relating to each other as well as to me. They both thought that she had a strong resemblance to Robert's father as she demonstrated a mannerism characteristic of him, which they concluded was inherited, as he had died before she was born. They spoke with some pride of her tendency to be stubborn and their expectation that she would have developed a strong personality. The following was the exchange between them.

> **E.H**. *"What sort of little girl was she?"*

> **Jennifer**. *"Obstinate!"*

This was said amidst laughter from them both.

> **Robert**. *"She was like my father - more like him than I am."*

> **Jennifer**. *"She had quite a pronounced chin and a tendency to set her mouth in a firm line like Roberts's father. She had just reached speech and said `no`. She was obviously going to be an enormously strong character."*

> **Robert**. *"Just like he did (set his mouth in a firm line) I can't do it."*

> **Jennifer**. *"She was lovely - people used to say she was the most lovely baby they had ever seen."*

There was wistfulness and sadness in her voice.

> **Robert** *"She was definitely going to be a White."*

5 Jennifer took down a photograph from the mantelpiece of the sitting room where we were and showed me a picture of an attractive fair-haired toddler on the verge of walking. The photograph was framed in a

worn brown frame of unremarkable appearance. The picture did not appear to occupy a prominent or otherwise

special position in the room but was amongst a collection of assorted objects on the shelf above the fireplace. As she handed me the picture to see, Jennifer commented that they always kept the photograph out, as though unsure of expectations of herself about this.

6 Spontaneously, they continued to talk together sharing memories of Emma. They did not dwell on the worrying earlier months. Their recollections were happy and positive but there was acknowledgement also of more difficult times. Their description was of a real but not idealised child of whom they could maintain clear, vivid rememberances.

> **Robert.** *"She was very active and very interested in everything. She liked T.V. and had favourite music and was a very easy child in many respects. She slept well."*

> **Jennifer.** *"Did she, Robert?"*

said jokingly.

> **Robert.** *"Well, once all the trauma of the operation was over -once she got past the baby stage."*

> **Jennifer.** *"Remember those desperate nights. After everything that happened, she seemed tremendously well adjusted. We were so lucky that way because we have lots of good memories. She had lots of fun and she loved doing things, loved playing, trying to be naughty. Really a terribly normal, early toddler."*

> **Robert:** *" She was never a whingy child which was amazing when you consider what she'd been through."*

He continued to describe happy, companionable times he enjoyed with Emma when she would imitate his actions.

7 Four months short of her second birthday, Robert found emma had died whilst asleep in her cot Investigationsinto the cause took ten months to complete but once established showed that there was nothing which Robert or Jennifer could have done to prevent the tragedy.

Perceptions of the family's response to the loss.

8 Robert and Jennifer thought they had grieved painfully but healthily. They thought they were helped by not having to bear the burden of self blame. They accepted that there was nothing they could have done to prevent Emma's death and so were spared the punishing but futile wish to return to the past and do things differently. Jennifer recalled the months after Emma's death.

> "At first you think about her every day and all the time and then you
> suddenly find 'oh, yes I didn't think about her' -- so that's almost one
> stage."

Robert agreed with this. Jennifer described her extreme distress then.

> "I know I cried every day for six months. I remember that. Quite
> unexpectedly - not always publicly but sometimes publicly. You can't
> stop crying. For someone else it might happen quite differently."

9 The funeral, they recalled as although very upsetting, to have been paradoxically a joyful occasion also. Robert seemed to concur with Jennifer's description.

> "I remember the funeral was like a party. We howled and howled
> coming out of church, but then people were so supportive - it was a
> great party. In a curious way we had a good time because all our
> friends were there. Emma's godfather read the lesson. People were
> wonderful. It is a celebration of life."

10 Once over, however adjusting to their changed circumstances was very difficult. As Jennifer put it.

> "After that (the funeral) it is much harder - getting used to it."

Jennifer found that contact with other children of about Emma's age was helpful from the earliest days of her loss. Within a few days of Emma's death, Jennifer took out a friend's young children and thereafter was with them frequently. She described to me what this meant to her,

> *"it's a support in a way because your child lives through them because*
> *they're your friends. It was painful sometimes but comforting also."*

11 Robert and Jennifer have learnt to live with their grief. It does not go away. Robert described to me how suddenly, unexpectedly, Emma will come into his mind. The grief he experiences then is just as intense as it ever was. The triggers for this are almost invariably associated in some way with the anniversary of her death. Throughout the thirteen years since Emma died, this has remained unchangingly a difficult time for them. Robert finds that from Christmas each year he feels low. From then, until the anniversary some weeks later, this mood prevails when it suddenly lifts. Jennifer too finds this time "always bad". The actual anniversary is a day which remains one in which she is more vulnerable emotionally.

12 Comparatively recently, Jennifer and Robert had reviewed their response to Emma's loss and their sense of her continuing presence. Jennifer described their thoughts.

> *"I think we said about a year ago that you never stop grieving. You*
> *just get used to it. It becomes less intense and we get on with our lives*
> *and do lots of other things - we've had two other children. But she's*
> *still there, in the same way as with any other person who is important*
> *to you."*

Robert too spoke of his sense of her nearness.

> *"I never thought she'd be so present for the rest of our lives.*
> *Sometimes it seems she is just around the corner."*

Towards the end of my third visit to her and Robert, Jennifer referred again to grief being a continuing process..

> *"-- in a sense you never really get over it. You get used to it. You*
> *adjust and you adapt."*

13 During my contact with Jennifer and Robert, I was struck by how similarly they seemed to have responded to their loss and how equally they seemed to have grieved. It was very noticeable also how able Robert was to be open about his grief. I commented on how this was something which men sometimes found difficult. Robert linked his ability to grieve equally with Jennifer to his strong sense that Emma had been his child. Touchingly and graphically he explained his thoughts.

> "I loved Emma very much as my child because she clearly was my
> child. I liked my father a lot ---and so of course Emma looking like
> him physically, she was very much my child. Jennifer's -yes- but very
> much my child so when we lost her, we had both lost equally. That
> maybe was why we could both grieve."

14 Discussing the effect her loss had on her, Jennifer recalled feeling for a time that nothing can ever be as important again but then gradually realising that other thing s were important too. This realisation was encouraged by her observations of others experiences of adoption and the frustrations of its process. In our first meeting, Robert could not identify how, if at all, he had changed as a result of his experiences except for a feeling that he probably had. However, at the end of my third visit, he gave a vivid account of his emotional growth since Emma's loss.

> "The analogy is that it is rather like training for an event -it
> strengthens the emotional muscles in some respects. Because you
> have had to cope with the loss, it gives you a different attitude to other
> things in positive ways. It's part of growing and maturing and getting
> used to coping with life."

15 Throughout my contact with them, I particularly noticed the maturity with which they consistently dealt with decisions and events since Emma's death. Reflecting on their experiences since then which featured further losses, Jennifer thought also that they had coped with these better as a result of facing and dealing with the loss of their daughter. Further they thought that as a couple they had grown closer in their grief.

16 As they spoke of Emma and the time they had as parents, I was impressed with their emphasis on the

positive aspects of their experiences rather than the negative. They recalled their good fortune in achieving pregnancy, giving birth and enjoying natural parenthood as well as having happy memories of Emma as a

person. They seemed to see the experiences of those attempting to become parents by adoption as even more difficult than those with which they had been faced. Jennifer described it like this.

> *"In some ways, we felt we've been so lucky to have had a child when*
> *we see what other people go through----we had that and a lot of other*
> *people haven't. And although it was a most enormous loss--it was a*
> *great experience and we were lucky."*

17 Later, talking of the differences in becoming birth parents rather than adoptive parents she said

> *"we have been very fortunate and had our own child. We've had the*
> *bad bits but we've had some very good experiences- her personality*
> *we have very good memories of."*

Robert similarly remarked on the good experiences of a normal pregnancy and giving birth which they as a couple had had while he also recalled how well Emma and his elderly mother had got on together.

18 I asked if they could describe what being a parent meant to them. Robert talked movingly of his growth in self-esteem and of the strengthening of his positive self-image as a result of father hood.

> *"It was very fulfilling, very great. I used to go around saying 'I don't*
> *understand how anything so beautiful can have anything to do with*
> *me'. I adored Emma - marvellous and she was a very likeable little*
> *child and I've never thought of myself as a particularly handsome man*
> *- it was a great bonus, not only my own child, our own child but also*
> *something better than I thought I had any right to have."*

19 Jennifer signified how similarly she felt about this. It seems that they have been able to retain the confidence gained from achieving natural parenthood. For Robert also, the geneological link through having a child of his own was also very important.

"I think the other thing is that being an only child, it's so great to have

something that belongs to oneself. Never having had brothers and

sisters, I've now had somebody else in the chain."

Thinking about adoption

20 Robert and Jennifer had been planning a second baby when Emma died. Sometime later, they
resumed their plans but finally abandoned these after two years mainly for medical reasons. The decision
not to pursue this further was made, they thought without too much cost to themselves.

21 Reflecting on the events since Emma's death and leading up to Jonathan's arrival in their family was
a difficult task as their chronology was hard to recall. To Robert this was by now "ancient history'" I
found it hard to gain a sense of the process by which they came to adopt. I think this was a reflection of
the lack of
direction which they themselves felt at that time. They spoke of meeting numerous social workers from
different agencies and of how their thoughts changed with each new encounter. Also, this was taking
place against a background of continuing change within their own lives and constant reassessment of
themselves by themselves. Robert described it thus.

"so it was a complete mixture of things - various pressures. We were

wondering what else you (ie 'we') should be doing, what do you bring

into your life? Do you bring a child temporarily, permanently or what

do you offer and your perception of what you've got to offer varies

from time to time."

22 However, they could remember certain phases of the process which they underwent and their views
about them. They had initially explored "bridge" fostering but quickly became disenchanted with their
perceived role in this. The purpose of a "bridge" foster home is to provide a child with a "staging post" of
care and preparation for a move to a permanent family whether that was the child's own birth family or an
alternative i.e.an adoptive family. However, Robert and Jennifer thought that in practice there was a
strong bias towards separating child and natural family permanently. This is how Robert saw it.

"The impression I certainly got was that the whole thing was actually

geared to taking children from their parents. The expectation was

that that was what would happen. You, as foster parents would not be

instrumental in getting them back but instrumental in taking them
away. I was not going to be involved in that sort of apparent
collusion."

23 They also considered adoption, as they had done earlier, when thinking about a second birth child. They were by then in their forties and unlikely to be considered by any adoption agency as new parents for a healthy infant or very young child. However, they were prepared to offer themselves for a schoolage child. At that time, the placement of older children was in its early days and the practice was based on the belief that for a child to be able to form new attachments, he or she had to relinquish the old. Jennifer and Robert had serious doubts about both the validity and the morality of this practice and decided not to become involved in it.

24 Their thinking was much more attuned to long term fostering where a child's links with significant people could be maintained. However, the thinking of child-care practitioners then was that the security and promise of normal family life which adoption offered was a much more preferential outcome for children than long-term fostering with an increased danger of disruption and the disadvantage for children of continuing to grow up in care. Thus long-term fostering was an option infrequently planned for children unable to grow up in their own families.

25 Shortly afterwards, they reconsidered their decision once they had realised what the implications would be of not pursuing adoption despite their lack of sympathy with its form then. Jennifer described to me their thoughts at that time.

"We both woke up one morning and said 'perhaps we ought to think
again'. Well, to be perfectly frank we didn't intend to adopt. What we
wanted to do was to long term foster. We felt very strongly that for
older children, the severing of family ties was not right. We didn't see
how it could be made to work because older children have got a
history. We were told by numerous agencies that if we were going to
care for a child long term then we had to adopt. In the end we went
along with it."

26 Robert and Jennifer found it very difficult to find an adoption agency to consider a general application from them for an older child. Shortage of resources, they thought frequently meant that applications could only be considered for specific children who were waiting for families. They responded to many

advertisements for adopters for particular children finding these frustrating and painful experiences. As they thought about a particular child, they imagined him or her as a member of their family thus exposing themselves to the pain of loss when the placement with them did not take place. They particularly remembered Amy a girl of 9 years of age of whom they were told. Robert and Jennifer thought she "sounded right" for them and "*everything* seemed to gel". Essential information about her history was not given to them until they had begun to think of her as their child. When they learnt more about her, they realised that they were not after all the right parents for her. Jennifer said of this,

> *"And that was another tremendous loss. This was a little girl that had*
> *been more or less, as we thought promised us---- so we had that real*
> *loss because we thought that little girl was going to be ours."*

27 These were also anxious times when they felt themselves in competition with other families also being considered for the same child. Throughout this process they felt powerless As Jennifer put it

> *"Our social worker seemed so powerful. If we did the wrong thing*
> *somebody might say `you can't have this child- you haven't done what*
> *we said.` We're two articulate, qualified people in professional jobs*
> *and yet the power is such you feel you can't---(question too much)".*

28 This was particularly difficult for Jennifer as a social worker herself, as she described.

> *"---but it was alsovery hard for me as a social worker because I kept*
> *thinking `how can your own kind treat you like this.`"*

As a researcher, I experienced this imbalance of power with all the power held by families who had the key to data that I so much wanted just as social workers have the key to the child for which prospective adopters long

Eventually however, they learned of a small voluntary adoption agency who accepted their application to adopt an older child and were assessed and approved as prospective adoptive parents.

Perceptions of the family's motivation for adoption.

29 Robert and Jennifers wish to adopt arose quite simply from their desire to be parents and bring up a family. Robert described his reasons for adopting,

> *"--to be parents - it's as simple as.You can't really be a family without*
> *children."*

Jennifer said similarly"*to bring up a family.*"

Emma's death meant that not only did they lose her as a person but they also lost their role as parents.

30 From time to time during my contact with them, they spoke both directly and indirectly of what was <u>not</u> part of their thinking i.e.they were not seeking to replace Emma. During my first meeting with them, Robert had commented quite angrily that no one could replace Emma.

31 They had been expecting that the social workers investigating their application to adopt would make extensive enquiries about their reasons for wishing to adopt and the connection between this and the loss of Emma. To their surprise ,this did not take place. As Robert said,

> *"We expected there would be a lot more enquiry along the lines--'well*
> *are you looking for a replacement? How do you see the child you*
> *adopt measuring up? Do you want a daughter because --- etc.' There*
> *was none of that questioning"*

At the end of my third visit, he reiterated his surprise.

> *"The obvious, as we thought, sort of things that they would ask*
> *weren't asked. Particularly this question 'are you looking for a*
> *replacement for your lost child?'"*

32 Speaking of it as the obvious thing to ask he spelt out the assumption which he was expecting to have been made.

"Here you are having lost a child and you're asking for a child. You have a vision of a family which includes a child. There's a gap there and you're filling it. But if you're going to do that are you then going to try to load on to that replacement child the hopes and aspirations of the other one. I would have thought, particularly if you are having an older child because an older child will have loads on it which will require it to be reformed or deformed."

As we considered together why there should have been no exploration of this area, Robert made clear his view that they were not seeking through adoption, a replacement for Emma.

> *"I suppose because it came over very well, we were not in the replacement game and so there was no need for it."*

Perceptions of the child to be placed.

33 They did not have very specific views about the kind of child they wanted to join them but did consider that a child very different by age to Emma would lead to fewer comparisons between the two children. Jennifer's thoughts seemed to have been informed by her knowledge as a social worker. As well, their choice of age of child for whom they could be considered was limited, they knew by policies of agencies. Jennifer described their thinking then.

> *"---bearing in mind that we were both in our forties when we started on this, we realised that we weren't going to be considered for a very young child and we didn't actually want really tiny children because we didn't want to run the risk of repeating the stage that Emma was at--I think a lot of people would want to relive that but we didn't see that as---(something we wanted to do). We were aware that there might be the danger of making comparisons--we were very aware of all the things that social workers say about `you can't replace` and we never felt we could or would or wanted to. I think that was one of the reasons that made us happy to consider an older child. I think our idea at the time was a child of junior school age in order to have time for the bonding before they launched into secondary school. That was the picture we had in mind."*

34 For similar reasons. Jennifer had a slight preference for a boy but Robert did not have particular views. As evidence of the fluidity of their wishes, Jennifer reminded me that they had been willing to consider Amy, the 9 year old girl who they thought was to be placed with them. Jennifer recalled their thoughts then.

> *"I think marginally, I thought I'd like a boy for starters. Again, I*
> *didn't want to make comparisons with Emma. I wanted a child for*
> *itself whatever it was. Marginally, I preferred a boy but I didn't really*
> *mind. As you know, the child we first thought we were going to have*
> *was a girl ."*

They hoped also to have more than one child, not necessarily related to each other.

35 As they were seeking a child different in at least one important respect to their natural child, so they seemed to perceive their role as adoptive parents as different to their role as Emma's parents also. Although it was not explicitly spelt out and I did not realise it until thinking about it much later, it seems that they had different expectations of the emotional relationship they would be likely to have with an older adopted child than they had had with their own child. They were not particularly seeking an exclusive relationship with a child. Jennifer spoke, almost by the way, of her experience of meeting many prospective adoptive parents who would only consider such a relationship. She contrasted her own views with those who typically might say,

> *"I must adopt and they must be mine".*

Commenting on this view and her lack of sympathy with it, she said

> *"People can't bear the thought of letting other people in. "*

In a later meeting with Robert and Jennifer, the latter made a similar comment.

> *"So many people can't bear the idea of competition with other*
> *relatives though it never seemed like competition to me. "*

It seems that they were prepared to share in the upbringing of a child rather than to regard this as their exclusive role.

36 Exploring with them their ideas about adopting an older child and how they perceived their role, it seems clear that although legally they acknowledged they would be full parents, emotionally they would not be so because the child's links and history lay elsewhere. Robert explained their thoughts,

> " --all the pressures were on us to adopt and he would then be our
> child by being mother and father to the child. Perhaps we were too
> rational - we thought this was nonsense because these 12 and 13 year
> old children were never going to be our children in that sense,
> whatever relationship we had with them, however close we got, it
> would only have been a pretence to the child to be father and mother. "

37 Similarly, their views on the significance to the child of his natural family would, they believed, mean that the child's allegiances would be likely to remain with members of that family entailing loss of that child for them. Robert and Jennifer thought that their previous experience of loss would enable them to cope with this. As Jennifer put it,

> "We did have quite a conviction that whatever the legal situation of a
> child, an older child was likely to go back to their birth family at
> whatever level- physically or emotionally or whatever.------I think we
> were always aware that there was a risk of loss there. But I don't
> know why we just didn't have a child with no contacts - but when
> you've lost once, you can't ever envisage it being so bad again so you
> would cope with another. "

38 It seems that Jennifer and Robert, through a lengthy process of exploration, gradually defined and negotiated for themselves a different role as parents to that which they had previously had. Not only were they prepared to accept a child different to Emma but a dissimilar relationship also.

The adopted child

39 Four years after Emma's death, Jonathan aged 13 years was linked and then placed with Robert and Jennifer. He had been in care for three years because his mothers ill health was such that she could not

look after him. He was living in a childrens' home and having regular contact with several close family members who were important people in his life. Although in his early 'teens when he joined them, Jonathan was then very much "a little boy" and Robert and Jennifer had enjoyed and gained satisfaction from this aspect of him. Now at 21 years of age, he seems to have made a good adjustment to adult life. He has passed his driving test and after several periods of short term employment is now doing well in a full time job. Socially, he has formed a relationship with a young woman and recently become a father.

40 The intervening years were not straightforward for any of the family though there were enjoyable holidays and other happy family times spent in the company of friends and neighbours.

41 Adolescence soon reared its turbulent head and this reached a climax in Jonathan's later teens when he told Robert and Jennifer that he was not happy living with them and he would prefer to make his home with his aunt. Torn between doubts that this arrangement would work out well for Jonathan and yet not wanting to prevent him being where he most wanted, they tried to prepare him as best they could and as much as he would allow. Jonathan left for his new home. Jennifer and Robert did not then hear from him for several months though they maintained links with him by letters, cards and presents at significant times.

42 Then quite suddenly, Jonathan reappeared asking to return to his former home. After some discussion and preparation, this was agreed and Jonathan returned having become disillusioned with the realities of a more independent lifestyle. Thereafter, Robert and Jennifer thought he became more settled, more mature and generally easier to live with. In due course, as already indicated, Jonathan formed an adult relationship of his own, eventually moving out to form a new family. Describing these events to me, I noted how their thoughts centred on what was best for Jonathan. They gave no indication of any feelings of disappointment, anger or disillusionment. Indeed, they did not mention their own feelings, though I sensed some fearfulness but for Jonathan not themselves. This is an example of the maturity to which I referred earlier.

43 Jonathan maintains his relationship with Robert and Jennifer and called in briefly while I was visiting the family on the first occasion. I was then introduced to a slight young man of medium height and brownish hair who was much absorbed in attending to his motor bike, a prized possession. I noticed the interest and support which both Robert and Jennifer gave him with this and how this took immediate precedence over our discussion. On my second visit, Jennifer was clearly anxious because Jonathan had not returned home the previous evening, as was expected, nor had he 'phoned either his parents or his girl friend as he usually did if he changed his plans. Her concern and affection for him was apparent to me

when the door opened and someone returned. Her face registered both relief and delight as she called out a greeting to Jonathan. It was in fact Robert who had arrived, delayed slightly for our meeting. Robert's first enquiry too was for news of Jonathan.

A similar or different child.

44 As described earlier, Jennifer thought that adopting a child much older than Emma would prevent her comparing the two children. For similar reasons, she had a marginal preference for a boy. There was an implied assumption that any such comparisons would be destructive. So in Jonathan they had placed with them, a child different in two important respects to the child they had lost.

45 Robert seemed to think that the similarity or difference between the two children was an irrelevance. Agreeing with Jennifer, he said,

> *"It came out healthily - we did our grieving and were able to carry on.*
> *Really the issue of the other children- we were adding two people to*
> *the family. It just happened that the first member was no longer there*
> *but that wasn't particularly significant to it."*

46 The fact that they were not seeking an exclusive relationship also made it irrelevant as he went on,

> *"as we weren't desperate to have a child of our own, the question of*
> *how it related to the child we had had doesn't really arise , I suppose."*

47 They thought that the disparity in ages meant that in practice they did not compare the two children because their experiences of them were at different stages of their lives. Nor did they have expectations of Jonathan which he could not fulfil. It seems however, from what Robert had previously said that they might not have done so anyway, any more than they would have compared any other two children. He described his thoughts after Jennifer had voiced hers on the dangers of adoptive parents placing on children unrealistic expectations. This was the discussion which took place.

> **Jennifer.** *"-----I think we did come through that (our grief) fairly*
> *healthily. I think it could be a terribly dangerous area for some*
> *people."*

E.H. *"What would make it dangerous from your experience as a social worker and a parent. What would you think?"*

Jennifer *"---a child not fulfilling expectations. I mean that's a very dangerous area for adoption*

anyway, isn't it? You always have hopes and expectations for your child which are normally never fulfilled and you have to keep learning not to have great expectations and be content with the things that are fulfilled. But if you've then got this image of what your child would have been and the child you've got isn't anything----(like that) that must beterrible."

Robert *"We might have been saved from that also by the fact that we adopted a boy much older than Emma when she died so we didn't have any actual comparisons - no question of her fulfilling the same role because Emma hadn't developed into a teenage role. It might be complely different with someone who lost a child of 11 or 12 and then adopted a 12, 13 or 14 year old."*

48 Jennifer was reminded then of a couple she knew whose teenage daughter had died and were now seeking to adopt a teenage girl. Her views on this underlined her preference for an adopted child very different to her birth child.

> *"I kept thinking this isn't going to work. The last I heard, they had a further introduction to a 7 year old boy. But I mean if someone is actually saying I do want another teenage girl, the vibes are there that it is a comparative thing - a replacement thing isn't it.?"*

49 In a later meeting she referred to this again and in so doing voiced the concerns of social workers --

> *"I think it is a great anxiety of social workers about what happens when people at whatever level are replacing and of course it is replacement because you've lost a child and then you have another child. There are the very sad people who want exactly what they have lost and it's not like that is it? Like the people we knew whose teenage*

daughter died and they were determined to have a teenaged girl -

likely to be a disaster."

50 I understood that for these reasons Robert and Jennifer had not pursued an opportunity they had had in the past to be considered as adoptive parents to a little girl similar in age to Emma who was being fostered by someone known to them. In the event, this child was adopted by her foster parents who already had a birth child of the same age. Placing children for adoption with families where there are similarly aged children is also often considered by social workers to be very unwise.

51 Robert thought that not only the break in time which they had experienced but also what had taken place during that period had been important factors in preventing them making comparisons between the children as he went on to say:

> *"Of course we also had quite a break between the death of Emma and*
>
> *the arrival of Jonathan. Not just in time but because we made a fresh*
>
> *attempt to have a family and started again and that made much more*
>
> *of a complete break. Again it severed the possibility of comparisons."*

52 Jennifer added then that they would have been more likely to have made comparisons between the children if they had had a further daughter of their own soon after Emma's death. Again it was assumed that such comparisons would be negative and destructive.

53 Jennifer experienced the disparity in ages between Jonathan and Emma as "a great loss". I understood this was because she had thereby missed the experiences of parenting a child between the two ages. As she had been comforted by contact with children soon after Emma's loss, so she gained some compensation for this further loss from close involvement with a nearby family of four young children. Again, this had been for her both comforting and painful.

> *"That was in a way the most enormous gain, watching all the children*
>
> *grow up through the different stages but at the same time quite painful*
>
> *because I watched the children grow to the stage-- (which Emma*
>
> *would have also reached). But I think people do experience that when*
>
> *they see their friend's children go through the milestones their child*
>
> *would have had and yet , it is hard to describe , it is gain and loss at*
>
> *the same time."*

Adopting a second child.

54 Approximately two years after Jonathan joined them, Robert and Jennifer began to think about adding further children to their family. As Jonathan seemed settled with them and the placement was going well, they considered offering themselves for a second boy. They also thought that they might cope with more than one child. They responded to advertisements and had several disappoinments but also one or two interviews with social workers which encouraged them to continue. Their views on the gender of child were not rigid however and they responded to a feature about a girl but later withdrew. They learned of Helen by chance at a meeting about adoption attended by both adopters and social workers. Robert and Jennifer were considered to be very suitable new parents for her as they lived in the geographical area needed, were willing to help Helen maintain contact with family members important to her and had demonstrated their ability to do this with Jonathan. As well, they had experience of adolescent difficulties. As Helen was then 11 years old, this was an important consideration. In addition, Robert and Jennifer were seeking a child of about Helen`s age-group.

55 Robert and Jennifer met Helen and liked her. Introductions, which included meeting members of the birth family, went smoothly and Helen was officially placed with them for adoption. From the earliest days of her time with them, Jennifer and Robert realised that Helen had strong links with her first family and they fully expected that in due course she would be likely to return to live with one of its members.

56 Their views on the adoption of older children remained unchanged. Although they accepted the legal status and responsibilities which adoption would place on them they considered that the "family tie of adoption was never there". I understood that by this Robert and Jennifer did not expect that Helen would regard them as her parents in the emotional sense nor she their child. They did however, repeatedly refer to both her and Jonathan as "our children" and to her being a member of their family. They saw themselves more as foster parents in agreement with the legal plan of adoption because this was required of them rather than because they either believed in it or wanted it for themselves.

57 During my contact with Robert and Jennifer, I did not gain a very vivid picture of Helen as a person. This may have been at least partly because of the kind of person she is. I understood that she is a girl who is quite hard to get to know as she tends to keep her thoughts and feelings to herself. She was described to me also as someone who had a strong wish to be independent and to live her own separate life. As such her tendency would be to grow away from a nurturing relationship rather than into one. However her first

year with them had been a carefree one for her in which she enjoyed the fun of ordinary childhood experiences. Then she entered adolescence with its attendant difficulties. As Jennifer put it

> *"when she wasn`t slamming doors and having a row she was a very*
> *lovable person."*

58 Robert and Jennifer`s relationship with Helen was not strengthened by shared interests. Indeed common interests did not appear to have been sought in a family for her. Her links with her birth family grew stronger as she sought more and more contact with them. An unforeseen major change in the circumstances of the birth family then took place which made care of Helen by them a viable possibility. The decision was made quite suddenly at a child care review that she should return to their care and she did so some five months before I met Robert and Jennifer. This was a plan with which Robert and Jennifer were in agreement since adoption had by then become nonsensical. Again, I was impressed with their ability to put the welfare of the child before any other consideration. Although they had from the earliest days thought that Helen might eventually live with a member of her birth family, this took place much earlier than they anticipated.

A similar or different child.

59 Apart from being similar by gender, Helen would have been very close in age to Emma had she survived. There was a difference in age of under 6 months. Jennifer had been initially worried by this and recalled feeling glad that the two girls had been born in separate years. I understood that her concerns centred on whether this would lead to Helen being unfavourably compared to Emma. However when Helen was placed with them, she experienced her as being "totally different" to how she thought Emma would have been had she lived. She found it difficult to describe to me her perceptions of the differences between the two children and acknowledged that

> *"Helen was just different, I mean we are sure she was different but it*
> *is difficult to describe."*

60 Jennifer has clear mental images of Emma as a young child but not of her as a much older child. Jennifer explained,

> *"although we think about Emma a lot, the real images are of her as*
> *she was, not as she would have become. You lose a child and have a*

fairly clear picture at 2 years and at 3 years and when they start

school. I mean it's only an image but a sort of reality inevitably fades

as the years go by. It's less easy to picture."

61 Jennifer's initial anxiety that the closeness in age between her natural child and the child placed with her for adoption, both girls, might lead to comparisons being made between them was not in fact realised because they were so totally different. The differences themselves did not seem to prompt comparisons.

Living with adopted children after loss

62 Jennifer thought that Emma and her loss was never an issue which featured in their relationships with Jonathan and Helen. She seemed to assume that had it done so it would have been in a negative way.

"It never ever came up. Helen knows we lost a child. I've read about

` the ghost sibling`. We've been open about it. They know that that is

Emma's photograph there and they know why because they asked us

what happened. But it's never been thrown at us and we've never said

to them - I've never ever wanted to say to them, "Oh Emma would

never have done that." It's never even crossed my mind but they have

never ever said even though they may have thought (I don't know) "Oh

I suppose you'd rather have had Emma than me".

Triggering of memories and emotions.

63 Neither Robert nor Jennifer found that the experience of Jonathan joining the family had reawakened feelings or memories of Emma as social workers sometimes think will happen. For Robert, any such triggering of memories and feelings are unconnected with either Jonathan or Helen. As he described,

"what reawakens my feeling is the anniversary - that's individual to

Emma and not related to the other children."

Later, he expanded further on his thoughts.

"-----by the time we adopted Jonathan, there was no real impact from

the loss of Emma because we had totally absorbed it into our way of

living and Jonathan added onto that and was gradually absorbed into
the family."

64 Both Robert and Jennifer thought that the break in time between Emma's death and Jonathan's arrival was significant with the former emphasising the importance of what took place within that time span.

> *"Looking back, the thing that would have been wrong for the child was*
> *immediately starting to adopt and having one in twelve months time or*
> *whatever the quickest space is. That would presumably, have led to a*
> *reawakening (of feelings) but we had gone through quite a long letting*
> *down process before coming to adoption."*

Anniversaries

65 As previously described. the anniversary of Emma's death is always a time when they each feel quite depressed for several weeks beforehand. I asked if they had told Helen and Jonathan the reason for their sadness at these times. However. they had not done so specifically. partly because they thought it was unnecessary as their mood at these times was not so obvious as to require an explanation. My first two visits to them had been at about the time of the anniversary though not on the day itself. Although they were pleasant and helpful, I did at times feel uncertain that I was welcome and specifically checked with them that I was. On my third visit, two months after the anniversary. I found them quite noticeably different. They were then smiling, relaxed and welcoming. I then realised that I had previously seen the annual depression which they had described to me. I did then wonder how aware Helen and Jonathan might have been of it and what sense they might have made of it.

66 Emma's birthday is remembered by them but this does not trigger the emotional response which the anniversary of her death does.

Telling the adopted child/ren about the lost child.

67 Robert and Jennifer could not recall how or when they had told Jonathan about Emma except that they had done so and shown them her photograph. They had not dwelt much on the subject with him and he had never shown any curiosity about it. As Robert put it,

> *"he accepted it as part of us. It was in our past and that was it."*

68 Jennifer remembered that she and Jonathan had spoken of Emma when visiting the grave of a friend of his who had died. Emma was buried close by. However, they had not otherwise involved him in that aspect of their lives. Jennifer explained their reasons.

> *"I think we felt it was unfair to inflict that on him, in a sense why should he have to be involved in that."*

69 I asked if they had explained to him the reason for the annual depression which, as described previously, they each experience. They had not done so but Jennifer wondered aloud if they should have done. However, they had thought that an explanation was unnecessary as their mood was "not so disabling as to need explanation". As Robert put it,

> *"it's not that awful `can't cope` feeling but just a heavy weight to carry around."*

They thought their low spirits would be perceived by others as "just a bad mood" or a reflection of a dreary time of year.

Jennifer in particular seemed to take a different approach with Helen. She described it in the following way

> *"I honestly didn't encourage her to ask anyway. I didn't put her off asking - I wouldn't - but I didn't encourage her because I was very much worried for her that she might start thinking - they were very close in age - and I was a little worried that she might think we wanted her to replace Emma. She could easily perceive it that way".*

Attitude of the social worker/s

70 In their career as adoptive parents, Robert and Jennifer had discussed their situation with innumerable social workers. They had found their attitude to their loss on the whole, sympathetic. They had however, been surprised at how little attention had been paid to this. They were particularly surprised that discussion had focused so little on whether or not they were seeking to replace their lost child. They had

expected to be "grilled" on this as they considered this the "obvious question" to ask. The following exchange between them illustrates this.

> **Robert:** *"It was quite noticeable because we commented on it at the time."*

> **Jennifer"** *It was particularly noticeable with Helen, wasn't it? Hardly anything was said - particularly when she was almost the same age. I don't quite remember what Sue (social worker) said. She did ask about it."*

> **Robert** *"Yes - but not very strongly. We said it was odd they didn't really enquire about that very much, just looked at our track record."*

71 Jennifer's view, which she expressed in an earlier meeting, was that the social worker "decided she wanted us and that was it". The social worker may not have "grilled" Robert and Jennifer but she received this treatment from the adoption panel who were considering whether the couple were the best parents for Helen. As she reported to Jennifer at the time,

> *"the panel were a bit hard on me for not asking you more questions".*

It is not known however, from this reported conversation of some four years previously, on what subject the adoption panel considered more information should have been gleaned.

72 Jennifer, a social worker herself, considered that her colleagues are subjective in their assessments of some aspects of loss and that practice varies widely.

> *"I think social workers are very subjective about this. I don't think I've talked to anyone about an assessment after a child died but I've talked to a lot of people who've had assessments following miscarriages. I have the impression that some social workers 'do it to death'. Some of them will go on and on and parents find it very difficult to convince them that they've come to terms with it. Other people say the social worker shied away from it and didn't seem to want to talk about it and that can be equally painful to them".*

73 It was Jennifer rather than Robert whose thoughts about the relationship between Emma and either of the subsequent children were influenced by ideas of replacement. Her concerns were similar to those commonly held by social workers as she is herself. Towards the end of my third visit. I asked about the source of her information. She recalled "the folklore from adoption and fostering work " when as a member of the Childrens` Department she had undertaken some adoption work. She also remembered reading on bereavement after Emma died e.g. Kubler-Ross. Otherwise she could not be more specific.

Attitude of extended family and friends.

74 Robert`s parents had died before Jonathan joined the family. However Jennifer`s parents had been supportive of their plans and saw themselves as grandparents and now great-grandparents. Similarly friends had completely accepted Jonathan as a full member of their family. However. Jennifer`s wider family, some of whom had adopted children of their own, had appeared to take no interest at all. Robert and Jennifer attributed this possibly to the differences in adoption as understood and experienced by their relatives and by themselves. Adoption of an older child together with maintaining contact with the original family may seem very strange to those whose understanding of adoption is of healthy babies whose links with birth relatives is severed.

The Yellolee Family Appendix B. 5

Father	Richard Yellolee. University student counsellor
Mother	Mary Yellolee. Student counsellor and adoption
Foster son	Raymond age 21. Lives away from home.
Adopted daughter	Marie age 19. Clerical officer.
Son	William age 16. Schoolboy.
Son	Jonathan (Jonty). age 15. Schoolboy.
Daughter	Cherie. died 13 years previously, aged 3 months.
Adopted daughter	Patricia. age 13. Schoolgirl.

--

The parents and their perspective

1 Richard and Mary Yellolee live in their own detached house in a city. They are intelligent, educated, articulate people. Mary is relaxed, friendly and welcoming. Richard, though helpful seeems a little more distant and at times slightly tense and distracted.

The child who died

Cherie

2 Cherie was born easily in hospital, a normal healthy baby, the youngest of three children under two and a half years of age. Richard and Mary had been expecting a difficult birth. Jonathan's had been so less than eighteen months previously, as Mary was taken into the operating theatre, Richard was told by the medical staff that they thought they could save her but not the baby. He had prayed throughout what had seemed to him a long night. Next morning, he was told casually that his baby son was fine. He was offered no news of his wife and had to solicit this himself. There followed then a further period of anxiety until he learned that Mary too was safe.

3 For medical reasons, Richard and Mary were then strongly advised against another pregnancy and heeded this as best they could. Mary suffered from post-natal depression after Jonathan's birth but nevertheless had been able to continue to care for him and William. Mary discovered then, that the

physical symptoms which she and her doctor had attributed to the effects of Jonathan's birth were in fact those of pregnancy. She and Richard were counselled to have an abortion. They had only a week in which to decide as by then it was close to the legal time limit for a termination. Mary had felt the movements of the new baby and her protective feelings were aroused. They decided against an abortion. This was a very difficult decision for them both but I had the impression that it was particularly so for Richard who realised that its consequences might be that he was left on his own to bring up two small children. Once the decision was made however, they had the full support of the consultant caring for Mary.

4 In contrast to Jonty's early infancy which was troubled by his ill-health and fretfulness, Cherie was a contented, happy, baby easily managed. She was a pretty infant whom people would stop to admire. Mary involved William and Jonty in her care and there was little jealousy. She committed herself to the care of the three small children, a task which took all her time and energy. Nevertheless it was an enjoyable, happy period.

5 Soon after I arrived in the home and in the early minutes of our meeting, Richard left the room in response to my enquiry about Cherie as a child. He returned with a photograph album. I was shown two or three photographs of a prettily dressed infant with dark eyes. The photographs were amongst those of other family members and their activities. I did not see a photograph of her in the sittingroom where we were though there was one of the rest of the family. Mary explained her regret that they had not taken more photographs of her. There must have been few opportunities in such a busy household and as Mary said

"With the first babies we had the camera clicking non-stop but almost by the third one we had got used to it."

6 One night, shortly before Christmas, thirteen years previously, Cherie was taken ill and admitted to hospital. At first, Richard and Mary expected her to return home but as her condition worsened, they began to realise that this might not happen. They were advised that if she survived, she might be severely disabled. Mary vividly described her inner struggle then.

"I'd always thought that it was that people who said "I'd rather they died" were being selfish and I suddenly realised it was the other way round - that everything in me wanted that child back whatever state she was in and yet I felt the loving thing was to release her. That she

wouldn't lead a happy life if she was completely disabled and it would

have such an effect on the boys. So in the end, I got to the point of

actually saying to God "unless she's going to be healed, I'd rather she

died" and that was a tremendous struggle. But in a way, we had

accepted it at that point, almost just before it happened. That that

was the best thing to happen - having taken the fact that she'd never

be normal again."

7 The medical staff asked Richard and Mary for permission to switch off the life support system which was maintaining Cherie and this was done. Whilst her baby was in an incubator linked to wires and tubes, Mary had been unable to hold her. She told me of this experience.

"It is something that I found that other people have had who've had

babies go into hospital. That my arms ached with the desire to hold

her. It was like a physical ache. I could actually feel the pain."

8 No longer attached to the mechanical system, she and Richard could hold Cherie together for the remaining half hour of her life. Mary said,

"I was longing to hold her and the fact that I could actually have her

though I knew she was dying - I could - we held her together until her

heart stopped beating. And that was good. I was able to see the death

and accept it and feel I'd been there at the last minute"

Perceptions of the family's response to the loss

9 Richard and Mary responded to Cherie's death in very different ways though their immediate reaction was similar. Mary described it-

"There is a tendency to go over it and think if only I'd done that and

blame yourself --had she made a noise in the night and why hadn't I

gone to look at her and things like that. And to start with you just go

over and over it. The night she became ill, it was like a slow film. I

could replay every bit of it. I started saying "I should have realised

this and that." Actually it was ridiculous because there was nothing I could have done. Certainly, at the beginning that was how you go."

10 From her description to me. Mary seemed to take three definite decisions about how to cope with her loss. The first was to allow herself to grieve freely and openly when and where she felt the need. In our first meeting she explained,

"I coped with it just by talking and talking with everyone who came. I just talked it out. I felt if I wanted to cry, I'd cry and so on.----"

The second time we met, she expanded

"-----I thought when Cherie died, I would just be real the whole time and if I wanted to cry, I'd cry and if I didn't - I suppose people don't know how to take death and find it very hard to cope with someone who's bereaved and some people used to cross over the other side of the road and things like that. They expect you to act in a certain way when they see you and I think by that stage, I felt I don't have to be anything to anybody, I'll just be myself. And if I wanted to cry, I didn't mind who was there but if I didn't want to cry, I didn't feel I'd have to look miserable. And I felt if people come to visit, they were there for my benefit, in a sense and I talked and talked and got it out."

She also decided to use the support of others as she went on to say

"-----And I thought I'd allow it to just wash out, in a sense and accept God's love in this and other people's love and other people were very loving. I think sometimes when you suffer a bereavement, you find it hard to accept other people's love and I think you have to decide to allow them to love you and allow them to look after you. It's very easy to close into yourself and shut them out.---"

Thirdly, she resolved to view her loss in a positive way as a result of advice she'd received.

> *"Somebody gave me some very good advice. He said that he'd seen
> families that had lost a child that had got so obsessed with the child
> they had lost that they almost lost sight of the ones they'd got. And I
> kept saying to myself, "I've got two beautiful sons and I'll really give
> them all my love" and to think I had a very good time with the baby
> when I had her, rather than keep thinking of what I had lost all the
> time. I think I tried to see a positive side to it rather than just a
> negative all the time."*

She spoke in a similar vein during my second visit.

> *"I tried to see a lot of positive things - I think I said to you someone
> advised us that - I really put a lot into just enjoying things I'd got
> rather than constantly seeing the negatives and gave myself to the
> boys and the family. Not in the sense of compensating but just
> thinking "this is what I've got" rather than "!this is what I've lost' all
> the time." And I tried to think_in a very positive way. I've enjoyed 3
> months of a very lovely baby rather than feeling I've lost the rest of
> her. It felt a little bit mind over matter but I think you can take it in a
> negative way."*

Earlier losses

11 Mary thought that she had learnt to handle Cherie's loss through her experiences of bereavement in her adolescence. She told me soon after we met for the first time,

> *"Obviously we were very upset when she died but I'd lost quite a few
> people in the family by then and I suppose gradually you learn to cope
> with death better."*

12 Later, I learned that her mother had died when Mary was 14 years of age and her brother 11. In the second interview, she had described how she had decided to allow herself to grieve freely.

> **E.H.** *"Had you coped earlier with your mother's death in the same
> way?"*

Mary. *"No, I hadn't. Looking back now, I didn't cope well in the sense that my father went into a sort of nervous breakdown not very long afterwards.-----And I ended up looking after things and keeping the family together and the house running. And I think I dealt with my grief by taking on all the responsibility and I didn't really release it. And I can remember my grandmother saying , "Oh you were marvellous. You never cried, you coped." I think I just buried it. And it wasn't until years later, after I'd met Richard, that I went through a period when I went through the whole grief, really. I think it was when I felt secure enough to do it. I think, at the time, I was afraid that if I went to pieces, there wasn't anyone else there that would hold the pieces together."*

E.H. *"You were holding the family together?"*

Mary. *"It seemed like it. Yes. And I just completely slipped into the role of my mother almost immediately. Maybe that was the right thing at the time but I didn't feel it was for my own good."*

E.H. *"It was all for other people?"*

Mary. *"That's right. And my grandmother moved in not long afterwards in an attempt to look after us but she became seriously ill and I ended up looking after her in that next year as well. And then she died so I think really, it was a long time before I had the space to release my feelings. And by the time Cherie died, I had worked through all that had happened and so I was ready to release it straightaway."*

13 That Richard found it more difficult than Mary to express his grief is clear from the following exchange which took place between them soon after I met them for the first time.

Mary, *"In fact, you found it a bit more difficult to cope (to Richard) Everyone who came was concerned about me and almost forgot that Richard was missing her as much."*

Richard. *"It was rather unfortunate that my side of the family only ever seem to produce males for I don't know how long. Everyone was very excited that this was the first time a girl had appeared on the scene. But also, Mary was very ill with Jonty and I had to look after her and Jonty when he was very young."*

Mary. *"Yes, Richard didn't get the same chance to talk it out in the way I did. During the next year, he became ill with a chronic condition and we can never be quite sure but it may have been that (the grief) that triggered it off. I think you held it in more than I did."*

Richard. *"Yes. I think I may have had a physical weakness anyway but the shock finished it off. It was almost a year after Cherie died that it became serious."*

Mary. *"Yes. You were beginning to get ill after about 9 months, weren't you? Well, we can't be sure about that but certainly at the time Richard found it much harder to talk it out."*

14 Richard went on to acknowledge that he had witheld his feelings for the sake of others.

"I think the mistake was not expressing grief at the time but witholding it because you feel you have to for the sake of other people and the family or whatever."

15 Eventually, however this took its toll on him as he described.

"--it sort of catches up with you eventually and that's when I became ill. I almost died myself because it wasn't diagnosed until almost the last moment and then I think coming to terms with the fact that I'd suddenly become ill and that was something I was going to have to

live with and the fact that Cherie had died; when I came out of

hospital, I was quite depressed."

16 Richard described how in the year after Cherie's death, he struggled to make sense of his beliefs.

"I remember for the first year, I found it very difficult to cope with the

idea that it seemed very wasteful of God to have given a baby so

perfect, seemingly so perfect, and for her to have died within that

time. And it was coming to terms with that. There was an

inexplicable waste. It seemed such a complete waste. That was

something I had to come to terms with. I guess other people who

suffer loss (do also). It's first of all the unexpectedness of it. In lots of

circumstances also, its trying to find reasons Keep asking why and

there isn't an answer for it."

17 A little later in our first meeting, Richard explained how he gradually found an explanation acceptable to himself.

"But for me it was coming to terms with God. We cannot understand

His ways or what He does. A lot of things are beyond our

understanding and we have to come to terms as human beings that we

can't understand and a lot of things that happen, we just have to learn

to accept. We still want to know the answers "why" and some day we

may see some of the reasons "why" but the answers are not readily

available. I think we are educated to think we can find the answers

and that is not actually so. As we get older, we have to come to terms

with - we are not going to know the answers."

18 In retrospect, he realised that he had felt very angry about Cherie's death but it had been difficult for him to express this as he described.

"I think I was probably very angry at the time. And the problem is, I

think I have learnt over the years that it is quite O.K. to be angry with

God. He doesn't actually mind that but I think from a religious

perspective you're often brought up to believe it's wrong to be angry -
to think of anger as a sort of neutral emotion, in a way - it's how you
actually use it. I think that's probably what led to the depression -
suppressed anger. There is nothing tangible to come to grips with.
There's no person you can blame."

19 It seems that eventually he gave himself permission or felt that he had God's permission to be angry with Him. As well, God was the only person available as a focus for the anger. Richard vented this by *"going for long walks and shouting at God."*

20 Linking Cherie's birth and death with the events surrounding Jonty's arrival described earlier, he seemed also to be commenting not only on how unpredictable is life but also on the accumulation of stress with which he had coped.

"It had been such a traumatic experience - the birth of Jonty and yet
Cherie's birth was nothing. She was born before the mid-wife had got
Mary into the delivery room and there was nothing wrong and she
seemed a perfectly healthy baby and everything was fine. And I had
to brace myself to cope with all the problems with Jonathan and we'd
come through all that and then quite unexpectedly, we had another
baby coming and everybody was geared up for something to go wrong
and it didn't and then 3 months later, she died, totally unexpectedly,
through nobody's fault. And I guess that was a strange thing to
happen."

I noticed that Richard tended to make such understatements which I thought might be his way of making discussion of such painful events more tolerable.

21 With his University job and work as a lay preacher as well as family responsibitities, Richard was leading a very busy life. This activity helped him not to think about his loss. When he became ill however, there was no escape from its impact as he briefly described.

"--it's only when you stop, like in the year when I was ill, I had to stop
and face up to it."

Earlier loss

22 Richard explained to me that Cherie's death had been particularly difficult for his parents. Cherie was the first girl born to their family for many years. I understood therefore that she was of particular significance to them. In addition, as he described,

> *"she died at 3 months in the same circumstances ---my mother lost my*
> *second brother at 3 months in almost the same circumstances, so for*
> *her, she had to relive a second experience that was very similar. They*
> *hadn't actually seen Cherie, so the first time they saw her, she was--."*

23 In the context of describing how they had helped Jonty and William with the loss of their sister, Richard briefly acknowledged that as a very young child himself, he had had no such help

> *"---my brother disappeared and there was no real explanation for*
> *what ever happened."*

The subject became taboo in his family. As well as losing his brother, Richard's life was further disrupted. From his few memories of the time and small pieces of information given him, he concluded that his mother had been unable to continue caring for him as a result of the bereavment and his grandmother assumed this role for four years.

24 After Richard became ill, Mary learned by chance of the work of the Marriage Guidance Council (as it then was) and that this helped couples faced with the onset of chronic illness. Mary thought then,

> *"Oh it's not just at marriage breakdown that you get help and so we*
> *actually went along to the Marriage Guidance Council and they really*
> *helped. Richard talk about it and brought it out,--It helped us show*
> *him some support but I suppose that was more the illness than the*
> *baby but I think the two things were linked."*

25 Prompted by my enquiry about their grief in the 13 years since Cherie's death, they began to speak about the positive effects on themselves as individuals and as a couple. Richard thought that as a result of his experience, he was better able to empathise with other bereaved people.

"It has helped me in other situations, when dealing with other people's losses. I guess in a way when talking to people suffering a loss it seems very trite the things you say to them. If you have experienced a loss, you are in a much better position to say "well, I can understand."

26 Mary thought that losing Cherie had helped her not only be less possessive of children but also to gain an awareness of her strength as an individual.

"---it helped me to feel I could love a child completely and then let go because I knew I had been through that experience and rather than feeling that you had to hold on to a child to feel they're yours - while they're there you can give them everything. But it stopped me feeling that children are ours. They're there to love but they're their own being. They're not possessions. I think before you lose a child, you think that would be such a terrible thing -"I could never survive it" but when you find that you do survive it and life goes on and you can look back on your memories and still be enjoying the present, then I thought I could do the same with other children. I can let go of them. I'm not saying it's always been easy - we're learning to let go of our teenagers which I suppose is something all parents have to go through. I think, in actual fact, it was helpful rather than a hindrance."

27 She spoke in a similar vein a few minutes later, of how she took a definite decision about parenting her other children as a result of her own experience of losing a child and that of another family known to her.

"------but it makes you - when you realise how fragile life is - it makes you value them very much. I had to keep myself from being overprotective- people do that. I've talked to other people who have lost a child and one particular family where the mother went on to wrap up the other two children in cotton wool for a long time. I could see very much how you could end up doing that. I made sure that I didn't. I tried very hard not to do that. To give them the same

freedom that I would have done. I think after a time that tendency went."

28 After Richard had told me about his child hood loss of his little brother and how difficult it was for his parents, particularly his mother to cope with Cherie's death, Mary commented that this too had had a positive outcome. The following extract from the early part of our first meeting shows this.

Mary *"But even that was positive because when we first got engaged and married, they found it very hard to accept me. I was very different culturally and so on and they really expected Richard to go back and marry someone in the village and I think that brought us closer - we went through that together, Richard's mother and me."*

E.H. *"The experience of grief?"*

Mary. *"Yes."*

E.H. *"That was something you shared?"*

Mary. *"In actual fact, she said she had never grieved at the time her baby had died and it was almost that she could grieve for her baby as I grieved for mine."*

Richard. *"I think she relived that"*

Mary *"A lot of things that were positive came out of it even though the fact that she died was a negative experience."*

29 A little later Mary returned to her mother- in law's reaction to the loss of her baby and contrasted it with her response to Cherie's death.

"She said to me when Cherie died. "I never cried." I think she just held it all in and didn't really accept it. She spent a lot of time at the grave and was still wanting to feel the baby was there whereas I felt, when we buried Cherie, that grave never meant anything to me. I

didn't feel she was there. It was just her body and my memories were different to the graveyard, if you like. I found her photographs very important and things like that but I wanted to remember a living baby and not keep going back to the dead one."

30 Richard and Mary each thought that Cherie's death together with the other difficulties with which they had grappled had strengthened their relationship. Mary spoke for them both.

"We look back on it and think "yes, that was a terrible time but we came through it." It deepens your trust in each other and in your own ability. The fact that things do go wrong but it's not the end of life but just a thing to go through. Not that we didn't trust each other in the first place but somehow we knew that whatever did go wrong, we'd still be there for each other."

31 As Mary recognised that Cherie's death could lead to her overprotecting Jonty and William, so she realised that this and her earlier losses made her want to protect herself from further hurt. She came to recognise however, that as she could deprive her children of valuable experiences so she could deprive herself.

"One way that it affected me was that I always felt that I couldn't get close to a woman. I suppose I was thinking when my mother died, that was a big thing and then when Cherie died as well, I think for a while, I was a bit afraid of making deeper friendships in case I lost them. I mean at every stage when you get hurt, you go through a different stage when you say "I'm going to shut myself away." But I learnt that I can't do that. I'd much rather risk being hurt than not have deep relationships. I think it's a pattern that comes up when you lose somebody. In the end you lose much more than you gain."

The siblings' response to the loss

32 William was aged slightly more than 3 years of age when Cherie died. Richard and Mary recalled that the impact of this had "changed his character for about a year." They remembered him being very insecure for that time. Richard commented,

"In his little world, the security of the child is "the family is always

there" and then she wasn't."

33 From their description to me, it seemed as though William was also angry with Cherie. He had scribbled over her picture saying that she was naughty to have left. Richard and Mary had tried to help him in ways which contrasted with Richard's parents methods when his little brother died. They took both their small sons to see Cherie's body so that they could see for themselves what had happened. Rather than her becoming a taboo subject as his brother had in Richard's family, Cherie could be openly discussed.

Perceptions of the family's motivation for adoption

34 Richard and Mary had, from the early days of their relationship, talked together of their hopes of a large family. They hoped that this could be created not only by having their own children but through adoption and / or fostering also. The idea of adoption was in their minds before Cherie died. The following extract from the early stage of our first meeting shows this.

Richard. *"We had already decided to adopt or foster children before*

Cherie died ------."

Mary. *"We talked about it even before we got married"*

Richard *"-----so it wasn't that we suddenly decided we had to replace*

Cherie. It then seemed that that was the way forward. We had lost

Cherie but it wasn't in one sense (to replace her) although I guess the

social workers doing the vetting probably had that in mind but that

wasn't (our reason)--it was just that it brought forward the plan for

adoption or fostering."

E.H. *"You'd been thinking about adoption or fostering perhaps when*

Cherie and the boys were a bit older?"

Richard. *"Yes, when they were much older."*

Mary *"Before we got married, we talked about ideas. We both wanted a large family - four or something like that. We then wondered whether it was right to bring more children into the world when there were so many children in need of a home. I think, looking back, it was a very idealistic picture then. We were young -about twenty- and we thought we'd have a couple of our own and then a bit later foster or adopt. Cherie wasn't planned. We thought we'd have two close together, then a gap then foster or adopt or whatever. As I say, it was quite an idealistic picture but we always had the idea in our minds, we could love someone else's child and really accept them into our family."*

Exploring adoption

35 Very soon after Cherie's death, Mary felt a strong need to have another baby. There were the same concerns for Mary's health and the risk to her life if this happened as there had been after Jonty's birth. Richard was particularly concerned about his wife's health but nevertheless he and Mary did explore the possibility of a further pregnancy before finally deciding against pursuing this. Their thoughts then turned to adoption, as Richard said as "the logical next step". In retrospect, they thought their ideas about adoption then were naive as they had imagined it "an easy process" and that there were many children in childrens' homes awaiting adoption.

36 It was difficult for them to recall the time sequence of events so many years before. There was considerable discussion between them about this at different times during our two meetings. They finally reached agreement between themselves that they approached their local Social Services Department within a year of Cherie's death. They could recall that Richard had had a medical examination in connection with their application to adopt (or foster) and had been declared fully fit. They concluded that this therefore must have taken place before the onset of his illness. The symptoms of this had begun about nine months after Cherie's death. There had then been a long delay before any further steps were taken by the Department.

37 I asked about their own thoughts on the timing of their initial approach.

Mary. *"I think we first approched the Social Services about a year after Cherie died (their later thoughts were that this had been earlier) which we felt -- it felt like we'd waited a long time."*

E.H. *"Did it? Yes."*

Mary. *"The vetting took a long time."*

Richard. *"I think we had in mind that it would take them a long time as well so we'd make the initial contact."*

E.H. *"When you approached them a year after Cherie died, could you tell me why that felt right to you?"*

Mary. *"I felt I was ready to love another child. By that time, we'd already talked through and come to the conclusion that it would not be a good idea to have another of our own."*

38 I told them of the practice of some adoption agencies not to accept applications to adopt (or foster) until a year after the loss of the child and the first anniversary has taken place. Richard replied,

> *"My one objection would be that social workers invariably seem to follow set rules and they are very unable to see that each individual family and person can be variable to circumstances. As a general principle, I think it is probably wise to have rules that are broad guidelines but I don't know if there is a political or social pressure on them but they tend to keep them very rigid. In some cases it's not necessarily appropriate, so to say, perhaps for the majority of cases, it might be a wise policy but not necessarily so in every case."*

39 When they first began to explore adoption, their initial thoughts were of a baby. Mary described her thoughts about this to me

> *"I suppose to start with a baby is the natural way to start a family - that was something that obviously came into our minds"*

Richard continued,

"--and I guess we were thinking that with a baby you've got a reasonable start though I know of friends who've adopted very small babies who've then got to their late 'teens and then turned on them and become seemingly very difficult teenagers so I guess even with a baby you can't expect natural development. So I think that was what we were thinking. Also, I think I was thinking also at the time about the boys. It wasn't fair on the boys to have a much older child come in. I think I was thinking of William being the oldest of the family."

40 When visits by a social worker eventually began, Richard and Mary reviewed their original ideas about adopting a baby.

Mary *"We approached Social Services and a social worker came round and talked to us. We went through different stages because the first social worker who came round - our ideas changed a bit-the first social workers we talked to- I think because they were afraid we were trying to replace the baby and they suggested we looked at older children. We'd had experience of teenagers living with us - from broken homes - in the 16- 18 year age group. We quite enjoyed the teenage stage. They suggested that rather than looking at a baby, we looked at someone older and gradually our initial ideas changed a little bit. We could see what they were saying."*

41 A little later I explored with Richard and Mary what they thought the social workers were saying.

E.H. *"You mentioned that the social workers were concerned that you might be wanting to replace Cherie. What did they mean do you think?"*

Mary *"I don't know. We talked it through at great length and in the end they seemed happy.---the other reason was because our children*

were very young and they felt there should be a good gap between the youngest and an adopted child which would bring it down to a baby or under whereas a gap the other side (would give a bigger gap) that's how we were advised. I'm not 100% sure looking back--(whether that was good advice) there are some reasons looking back that I can see problems bringing older children in.---"

Richard *"Although I think we were aware of the problems, we seriously questioned the advice."*

42 We returned to this subject a few minutes later.

E.H. *"I'm particularly interested in this idea of replacement."*

Mary. *"That was more their idea than ours. They were concerned about this."*

E.H. *"What did you think their worries were? What did you understand they were?"*

Richard. *"I don't think they ever explained their worries. I could see - I think at the time - that is a concern that is natural but we weren't seeing it from that view. Or at least we were prepared to try to detach ourselves and say ¬"well, are we? I don't think we are." That seemed to be a concern. I don't think it was ever explained."*

Mary. *"I wonder if the fear is that you could expect too much of the child because you wanted them to fulfil the loss that you had and---"*

It seems that Richard and Mary accepted the advice of the social workers without having a clear understanding of the basis of this.

43 There seemed to be a similar discussion between the three of us as Richard and Mary themselves referred to replacement. I found it difficult to obtain from them a clear definition of what they meant.

Mary had spoken of their early meetings with the social workers when they had discussed the placement of a baby but had been advised to consider instead an older child. Mary commented

> "---I didn't want to replace Cherie. I always felt she was a separate
> individual to any other child. "

I later asked what she meant by this but she did not seem to hear my question.

44 Later on in our first meeting, Mary had left the room to prepare some lunch. Richard was talking about how his mental images of Cherie now are of her as a baby. He finds it hard to visualise how she might have developed had she survived but Mary is able to imagine this. I then commented,

> "Your memories are of her as a 3 month old?"

> **Richard**. "Yes. I think the idea of a replacement has always been
> there. We've always been conscious that we were not trying to see any
> of the children as a replacement and whether you diffuse your feelings
> so that they are not so clear in your own mind as a way of coping, I
> don't know."

> **E.H**. "Could you expand on that a bit? It sounds very interesting."

> **Richard**. "Well, if you say to yourself "I'm not going to see adoption
> or fostering as a replacement because we're aware of the possible
> dangers of that - you put onto that child something that is not fair to
> them or it may be a problem or a problem for us." So you consciously
> say you're not doing that but maybe subconsciously there is still a
> need and so the replacement perhaps becomes more diffuse. You
> don't see it in a particular child but you may see it in a wider variety
> of activities or children that you've been near.-----"

45 In our second meeting, I asked Richard if he could explain further what he meant. It was then difficult for him to remember what he had meant.

Richard. "I'm not sure. The only instance I might have of Cherie was literally when she died although this may not be answering your question. There was in the paediatric unit a girl of about 10 or 11 years who was in a wheel-chair. She was a complete vegetable. I thought if Cherie had lived, she might have been in that position so it is better that she has died, perhaps. I think emotionally you probably diffuse your feelings out into a variety of activities. I can't remember what I was trying to say. I know we were conscious that any of the children weren't replacements for Cherie. That was a definite conscious decision. But I think subconsciously, you are always looking for the lost person and so it's probably something you can't come to grips with isn't it? If somebody dies you have memories of them. I suppose the older they are , the more acceptable it is that they've died but if they're younger then what you're looking for is the dream of what they would have developed into and so you're looking for that, perhaps. Maybe occasionally, you have flashes of it when you see - meet another child or meet somebody in that position. I don't recall consciously thinking "Oh, that's somebody (like Cherie)." I don't think I ever consciously thought that."

46 It seems that Richard is unable to conjure up in his imagination. an image of Cherie had she survived. Instead, he seems to have some awareness of looking for glimpses of what she might look like or what she might be doing in other children that he meets. This seems to be what he means by "replacement". Mary, however seems to mean something different to Richard in her use of the term as she went on immediately to say,

"I still at various stages think "what would she be like now?" and mentally visualise what she would look like`.

Richard. *"I haven't got that imagination."*

Mary *"But that's a separate thing from thinking "Oh, one of the other children are replacing her." I think you'd be doing that however many children you had."*

47 At the start of the process of finding out about adoption, Mary and Richard did not see a great difference for themselves between adoption and long-term fostering but were definitely looking for a child to be a permanent member of their family whatever his or her legal situation. Mary described their thinking then,

> *"At that time, we didn't see too much difference between adoption and fostering. Again, perhaps we wern't fully aware--(of the implications of the differences) I was quite happy to work with a social worker. I later found that not all social workers were like the ones we had to start with. At that point, I was quite happy to have that support. I felt we could give a commitment to a child without physically adopting him. The social workers were pushing for fostering rather than adoption at that time. I don't know that I fully understood why. I'm wondering now whether it was because we lost Cherie that they prefer we did fostering rather than adopt. But I don't think that was actually said to us at the time, if it was in the backs of their minds. I think it was more that there were a lot of children who needed fostering and not many who needed adoption."*

48 About two years after Cherie's death and very shortly after they had been approved as long term foster parents, Richard and Mary were asked to take a 9 year old boy supposedly for the weekend. He was a child who had been rejected by his birth family and had had many placements subsequently. Richard and Mary felt "an intense pressure" from within themselves to accept him because a further rejection, they understood, would be very detrimental indeed to him. They then felt that they had made a commitment to him and they expected that in time he would make a similar commitment to them. Later, Richard and Mary learned that the social workers concerned had yet further expectations. Richard described this.

> *" It was a strange policy because they told us in hindsight that they didn't expect the placement to last more than a few weeks anyway. It was a last resort - he'd been everywhere- they were desperate to find somewhere for him but they didn't think it would work. From their perspective, they were only expecting it to last a very, very short time. In actual fact, it lasted until he was 16."*

49 It was not until years later, in which she and Richard had struggled in vain to treat Raymond as their own, that they realised that he did not want this for himself. Looking back, Mary could now appreciate,

> *"I think it was a wrong placement because our views, ideas and*
> *expectations were very different to Raymond's. We'd made it very*
> *clear to the social workers that we were looking for a permanent*
> *placement with a view to adoption or whatever and Raymond was very*
> *adamant that that was not what he wanted. He wasn't ready to*
> *become a permanent member of a family."*

50 Mary explained to me at our second meeting that at the time, they "had trusted the social workers completely". It seems however that there were misunderstandings between child, carers and social workers. The carers felt under pressure to give a full commitment to a child who could not accept this. When he rejected their offer, they thought that they had failed him. The social workers were themselves under pressure to find a haven for a child already damaged by repeated changes and rejections. They did not expect a long -term placement to develop but when this happened through the dogged persistance of Richard and Mary, the latter found themselves in the position of maintaining hopes of adopting an unadoptable child.

Perceptions of the child to be placed

51 Approximately a year after Raymond was placed with them, Richard and Mary contacted another authority with the blessing of their local one which had processed their original application. With information from their first application, they were reassessed and accepted as prospective adopters of a child up to age 10 years. From their description of this time, it seemed to me that they took much more charge of themselves and were much less inclined to put their trust in social workers as they had done previously. They had grown in confidence as a result of their experience with Raymond. As Mary put it,

> *"By that time we had got Raymond and were much more aware of*
> *what we were doing"*

52 They also had clear views of their own about the kind of child they thought would best fit into their family and made these known. They wanted a girl in the age range 5 -10 years who would fit into the gap between Raymond and William. Mary told me of their thoughts then,

"--we wanted someone to fill in that gap. We were particularly
looking for a girl so we were being much more precise about that as
well. And we actually looked at quite a few children of that right
age."

Mary continued later,

"we then saw our family as being 10 - 3 (years) or whatever age they
were - 11 - 4 (years) and so having a younger one would have
widened it out. Of course, in the end we did have another younger
one but at that stage we weren't planning to. We had always wanted
four.--------We had done quite well with Raymond that year. The
social workers were amazed at how well he'd progressed and I think
we felt by that stage a lot more confident. It just seemed looking at a
family of 10 - 4, there was a gap in the middle."

53 Their thinking on the gender of child to be placed is clear from the following extract from our second
meeting.

E.H. *"And you had made up your minds on a girl?"*

Mary. *"Yes. Well, we'd got three boys. Yes, it seemed a right*
balance. As I say we looked at two or three which for various reasons
we felt were not right."

Richard. *"We looked at - .Yes, there was a brother and sister which*
was one possibility."

Mary. *"Yes, that's right. That never got past the original enquiry. By*
that time we were ready to be a lot more fussy and make sure we got
the right one."

The adopted child, Marie

54 As illustrated previously, Mary and Richard had made their own enquiries about children featured in publications as needing adoption and trusting their own judgement had not felt particularly drawn to any until Mary saw Marie's photograph.

> *"When I saw Marie's photograph, I was very much deeply taken by*
> *her. The strange thing was there was quite a resemblance in some*
> *ways to me. It is daft but not that daft but there was a certain*
> *resemblance. ---A facial resemblance. Several people - because I*
> *showed the pictures round and several people said "Oh, doesn't she*
> *look like you."---So it may have been something in that which almost*
> *immediately, I felt that she was the right child for us."*

55 Marie, at that time 9 years old, is of mixed race. When I expressed interest in this, Mary told me

> *"We didn't look for a mixed race child, we looked for the right child*
> *but we didn't mind what race they were. That didn't worry us at all."*

At the time there was not the emphasis placed on establishing children in families reflecting the child's racial origins as there currently is.

56 Mary's immediate conviction that Marie was the right child for her family was, Mary thought shared by Marie and an affectional bond between them quickly developed. This experience was in marked contrast to that with Raymond as the former described to me.

> *"I think that made us realise the difference with Raymond- that we'd*
> *never felt that bond in the same way. We didn't know at that stage*
> *(i.e.when Raymond was placed) what we were supposed to feel but we*
> *kept thinking it would grow on both sides. But with Marie we felt we*
> *knew and Marie was very sure at the beginning that she was the right*
> *child."*

57 Several times during our two meetings, I noticed that both Richard and Mary called Cherie "Marie" and vice versa. When I commented on this, Mary explained to me that Marie's name was really Mary as

was her own. This had caused great confusion when she had joined the family and so she had changed it slightly to Marie. This then resembled Cherie's name. Without exploring the reasons for the similarities in names and Richard and Mary's tendency to confuse them, it would be easy to make other assumptions about this.

Adopting a second child

58 After Marie was adopted, Mary and Richard felt satisfied that their family was complete. They wanted four children and this they had as at that time they hoped that Raymond would himself want to be a full member of their family. Once the four children were established in school, Richard and Mary began to do some short-term fostering. Patricia who is of mixed race, was placed with them on this basis. They were by then experienced foster parents and their expertise was sought in understanding what particular needs she might have and thus in planning for her future.

59 Patricia came to them as an emergency, so disruptive that she could no longer be contained in the childrens' home where she had been placed. Her natural mother had a history of serious mental illness and Patricia had been very much affected by her experiences with her. It was thought that Patricia might be autistic. Her behaviour resembled "a wild animal" with whom it was very difficult to communicate. She would roll up in a ball on the floor screaming and could not be left alone in case she injured herself. It was anticipated that she would need a special school for children with learning difficulties. However in the 9 months which she spent with Richard and Mary before starting school, she changed dramatically and she emerged as a responsive, loving, intelligent child.

60 In addition, Mary learned that Patricia had a serious congenital condition though she did not know this before the child was placed with her and Richard. In the process of supporting Patricia through distressing tests and hospital treatment, Mary grew to love her and gradually realised that she did not want to part with her. Legal complexities were such that Patricia was not adopted by Mary and Richard until some eighteen months later.

A similar or different child

61 As stated in earlier case-studies, adoption practice tends to place a child different by age and /or gender to the child that died in the belief that this will discourage comparisons of the children one with another and will reduce the likelihood of painful memories and feelings being aroused. It is sometimes

seen as an extra safeguard for the child being placed as a "different" child will not so easily be pushed into the role of the previous child nor have the expectations of that child placed on him or her. In this family, two children similar by gender but different by both age and race to the child that died have been placed.

62 As indicated previously, by about a year after Raymond's placement with them and in the expectation that they would eventually adopt him, Mary and Richard redefined for themselves their vision of their family. They did not view Cherie as part of it. Mary told me

> "--somehow Cherie was a child who had come and and gone. She was
> very much part of our life but no longer of our family .---"

63 They saw their family then as consisting of three children aged 10 years to 3 years with a natural gap into which a fourth child might fit. They took charge themselves of selecting that child. At the start of their exploration of adoption, they were advised to consider an older child rather than a baby as Cherie had been and had gone along with this advice. Thus they had had "difference" to some extent imposed on them. However with Marie's placement, they had themselves negotiated the degree of similarity or difference by choosing a child of different age and race to their lost child but the same gender. Similarly, Mary and Richard took charge of Patricia's permanent placement with them by initiating the process themselves.

64 Richard and Mary clearly view Cherie. Marie and Patricia as different individuals as the following extract from our first meeting shows.

> **Richard.** *"I don't think we ever consciously or inadvertently made any*
> *comparisons between the girls and what Cherie would have been like."*

> **E.H.** *"Do you think?"*

> **Mary.** *"Well they are different. They're different people. It's just like*
> *when we had Jonty. We still love William but they are different*
> *people."*

> **E.H.** *"Yes."*

Mary. *"And I think it's the same. It's not that Cherie wasn't there or hasn't got a place in our hearts or anything like that but Cherie and they are different. I think a parent is more able to do that (i.e.love different children as separate indidviduals) because parents have more than one child whereas the children can only have one mother in a sense. --- and I was expecting them to be able to love both. I could love both children whereas they've both gone through a period when they could only love one mother and they had to make a choice."*

65 Whilst acknowledging the differences between individual children as people. Mary was expecting that eventually she would have a similar relationship with an adopted child as with a natural child. She explained her expectations to me.

"At the time we adopted, although I knew it would take time, I felt given enough love and acceptance that that child would eventually feel that we were as much their parents as a natural child would and looking back now I think that was a wrong expectation particularly of the adopted older children that had had a parent before. For a long time I felt I was failing because they weren't seeing us in the same way and I put the blame onto myself. Whereas now they are older and we've talked things through a bit more I've been able to accept much more "no. I'm not their real parent." I've got a different relationship and although I can love - I feel my love for the girls is equal to my love for our natural children but the way they see us is slightly different."

Comparisons

66 As described previously. neither Richard nor Mary thought that they ever compared either of their adopted daughters with Cherie and attributed this to their acknowledgement of all three children as different individuals. As well. neither Richard nor Mary have developed in their minds a clear image of what Cherie would have been like had she survived. Thus it seems neither parent has a "fantasy child" with whom Marie or Patricia could be compared. Early in our first meeting Mary told me,

"when I think about her now, it's not so much with the pain of the loss. It's what would it be like if she were here . What would she be looking like. "

E.H.. *"It's more what kind of person would she be?"*

Mary. *" Yes. I suppose so. You feel, when you lose a baby, they've never reached enough potential that you've got to know what they would have been.*

67 Later in the same meeting, Richard spoke of his experiences and thoughts.

"I think when Marie came, being a girl, it possibly triggered memories but of course she was 9 years old when she came and to make a comparison even if Cherie were at the same stage as Marie, there wasn't a comparison. Certainly there hasn't been with Patricia. And of course both racially and facially both girls are quite different to what Cherie could have been like."

Triggering of memories and emotions

68 Both Richard and Mary tend to think of Cherie on Christmas Day which is also the anniversary of her death. Mary told me how she experiences this.

"Even now, - she died on Christmas Day and so it tends to bring it back a little bit - but I suddenly get waves of "wouldn't it be lovely if we'd still got her " and things like that.

69 Richard found that the festivities helped to distract him from painful memories.

"I know that Christmas's were difficult for a good few years.----By that time we'd got Raymond and Marie and then Patricia and I were always busy at Christmas doing things for the children. And yet you remember that it was on Christmas Day that Cherie died which I

thought at the time was unfortunate. I don't think it's unfortunate now
but that made Christmas difficult at times."

70 Neither Richard nor Mary found that the placement of any of the children rekindled their grief as social workers sometimes think will happen when adopting after the death of a child. For Richard, the arrival of his adopted children were events quite different to any connected with Cherie as he explained to me.

> *"No (their placement did not rekindle my grief) because I think each*
> *of the children who came had their own challenges and problems and*
> *we were thinking more of those. Raymond was a challenge almost*
> *from the word go. Everytime there was a problem, he ran away - ran*
> *away from the childrens' home frequently. I remember the first time*
> *he ran away from us, that was a new experience and I guess I never*
> *really thought of Cherie or put it into that context.----"*

71 Mary felt her feelings of grief reactivated, not by the arrival of the children joining the family but by her perception of their threatened departure. This is illustrated by this extract from our first meeting

> **Mary.** *"I think the only times the grief was reactivated was at times*
> *when we had a lot of difficulty. Marie went through a period in her*
> *'teens when she turned against us and was very angry towards us-*
> *when she was sorting out who she was and I felt very hurt at that time.*
> *I had loved her so completely and it seemed she was rejecting my love*
> *and I think at that sort of point I grieved for Cherie."*

> **E.H.** *"It wouldn't be like this?"(if Cherie had not died)*

> **Mary.** *"Yes. I mean we've gone through that with Marie and come*
> *out the other side now but it seemed at one point I was going to lose*
> *her completely and so then there was longing for what wasn't."*

> **E.H.** *"Yes."*

Mary. *"And we went through a similar - we've had some difficulty with Patricia in the last couple of years and again, I think it is the rejection that makes it come back not the placement. Yes, I would say at both those points when I felt rejected by the girls."*

72 Later in the meeting, Mary explained further.

"---there was a period when Marie seemed to reject us and then Patricia went through a difficult period and it was almost like I felt "I'm losing all my children" and it seemed I'd lost three children really. In actual fact it was just a period we went through. At that point I just felt I was losing them all. It was like death in a sense in that it seemed I was losing the relationship which is what mattered.---"

73 Mary experienced Marie's apparent rejection of her and Richard much more painfully than he did. She connected this with the difference in their expectations of the relationship they might have with an adopted child. Although Mary clearly was expecting a different child to Cherie, she was expecting that in time she would have a similar relationship as with any birth child.

"---but it did seem at one point that we were losing her. It had much more effect on me than Richard because I'd felt she was the same as a natural child to me. I think she still is to me-but our relationship seemed to be the same but then suddenly found as she got into teenage that it wasn't the same. I suppose I had to face up to the fact that there was a big gap there."(because her history and origins lay elsewhere).

74 Mary described Marie's behaviour then and her gradual understanding of what lay behind this. It mirrored her own emotions.

"And she seemed to want - I suppose she was testing us really but everything we did she'd twist that it wasn't that we really loved her and however much we did - and we could do the same thing with William and Jonty but that would be loving them and we could do the same with her and it was because we were really hating her and so on.

She was almost wanting to leave us at one point. Gradually, she was
able to verbalise more how she was feeling and she was really going
through the grief that she had lost her own mother and that she had
been rejected".

75 It may be that this caused in Mary echoes from her own past and the loss of her mother which may have seemed to her as a rejection. As well, Richard and Mary realised that Marie had probably been frightened that she might become like her birth mother who suffered from a serious mental illness.

76 It was at this point in our first meeting that they spoke together of not making comparisons between their adopted daughters and Cherie, attributing this to their acknowlegement of each child as a different indidvidual. Mary then drew an interesting parallel.

"Well they're different. They're different people. It's just like when
we had Jonty. We still love William but they are different people.--
And I think it's the same. It is not that Cherie wasn't there or hasn't
got a place in our hearts or anything like that but Cherie and they are
different. I think a parent is more able to do that because parents
have more than one child whereas children can only have one mother
in a sense.--And I was expecting them to be able to (love both her
birth mother and me). I could love both children whereas they've both
gone through a period when they felt they could only love one mother
and they had to make a choice."

It seems that there is more potential for adopted children to experience a conflict of loyalties than for a mother adopting another child after the death of a birth child.

77 A similar conflict of loyalties apparently underlay Patricia's behaviour when she seemed to reject Mary and her new family. This was when Mary had experienced again her feelings of grief of which she spoke earlier. Patricia had alleged that she was being abused by family members and this had prompted an investigation by the local Social Services Department This had been a particularly distressing experience for Richard, Mary and the rest of the family. Mary described it in the following way.

"It seemed I had lost Marie and then I thought that Patricia was------
(lost also) we'd seemed very, very, close. I suppose because she

was a girl. It was always me that did something with her and we did a

lot together. And there was no warning at all. One minute I was her

lovely Mum and all of a sudden the next there was a social worker

here and we were abusing her. And there was Patricia holding fast to

this story of all the things we were meant to have done to her. And so

I felt my emotions change to her and it was a defense mechanism. I

started putting up barriers. No--- she's not my child. I was afraid to

let my love come back to her and it's taken a long, long time because

it was quite a time ago now."

78 At this time Jonty had spoken of his sadness at Cherie dying and his anger about subsequent events. Mary also acknowledged to me that she had felt similarly then.

"If she'd lived, it would have been different."

Mary thought that this was the only occasion when such regrets had been felt and expressed.

Anniversaries

79 Any feelings or memories of Cherie on her birth day or the anniversary of her death are kept private and the family do not mark these times. At first, Mary would realise that that day was Cherie's birthday but now the day passes without any acknowledgement. Sometimes Mary will feel a moment of sadness on Christmas Day but this is fleeting and she is able to enjoy the day fully. They have never felt it appropriate to remind any of the children of anniversaries since William and Jonty have little memory of her life and Cherie's loss was not Marie and Patricia's.

Telling the adopted children about the child who died

80 Both Marie and Patricia know about Cherie and she is openly talked of within the family though this does not now happen frequently. My visit to the family had recently prompted a question from Patricia about Cherie though neither Richard nor Mary could remember what it was. Such occasions seem to be handled easily by them. Enquiries about Cherie are experienced by Mary in a similar way to queries about William and Jonty's babyhood. Patricia enjoys looking through the family photograph album and will sometimes ask about Cherie then. From the relaxed and natural way in which Mary spoke of this, it seemed to me that this was a subject that could be easily raised and discussed in the family.

Family relationships

81 I found it difficult to gain a clear picture of relationships with in the family as, except for brief glimpses, I did not meet members other than the parents until the end of my second visit when I had tape recorded discussions first with William and Jonty together and later with Patricia. I had the impression however, from the concern and care with which the parents spoke of all the children that no one child was more favourably regarded than the others. The only occasion when an adopted child was distinguished from a birth child was as described earlier, when Richard confused Marie and Cherie's names and distinguished the two by calling the latter "Our Cherie'"

82 Raymond's arrival in the family as a child four years older than William had not then posed a threat to the birth children. Mary thought that they had been able to accept him just as an older child. Raymond himself had benefitted from being able to join in with the activities of the younger children and had been able to regress without loss to his dignity. However Mary and Richard were of the opinion that they had had no preparation for the likely impact on their birth children of the placement of an older child. Indeed, they thought that the social workers' concern was directed very largely to the welfare of the child to be placed and little attention was paid to the well-being of others in the family. Mary indicated to me that there had been difficulties but this was not much explored except for the particular episodes already described. She did however, cite the fact that as children older than birth children had been placed with them, they had of course, reached adolescence first. As Marie and Raymond had had particular difficulties then, they had not served as helpful role models for the younger children.

83 Mary and Richard described a close relationship between Raymond and Marie who regarded each other as brother and sister. It was indeed so close that the adults had explored together how they would regard this if it developed further as it promised to do. As an infant, Raymond had lived in a long-term foster home where there was a girl of the same racial background and same age as Marie now. Richard described Marie as "almost a replacement for this person he had lost". This seemed to be regarded by him in a positive way and did not seem to carry with it the negative connotations social workers often hold for such relationships.

84 During the initial part of my meeting with William and Jonty, Mary sat with us until Patricia arrived home from school. I was struck by how honest Jonty was able to be in recalling the uncertainties he had had about adopting Patricia. Mary had herself described this earlier saying that although the family had initially been united in a wish to adopt her, the legal process had been so lengthy that by the tim the matter reached the court, Jonty had become less sure of what he wanted. This had posed Mary and

Richard with a difficult dilemma as Patricia very much wanted to be adopted by them and was expecting this to happen. I was also struck by how closely the parents account of events, views and feelings fitted with that of the boys. I thought this indicated open and honest communication between family members and a tolerance for each others views.

Attitude of extended family and friends

85 There was no opportunity in the available time for me to initiate discussion on this area. Richard and Mary did not themselves specifically mention it. Mary has few close remaining family members and Richard's family live at some distance. Their friends had been very supportive when Cherie had died and I gained no impression other than they had been similarly so about their plans to adopt .

Attitude of the social workers and adoption agencies

86 At the start of their career as adoptive parents, Mary and Richard found the social workers with whom they had contact helpful, and supportive though they later questioned the advice to adopt or foster older children rather than children younger than their own. Thereafter they had contact with numerous social workers as Raymond grew up and Marie and Patricia were placed with them. Of these, the white social worker who had investigated Patricia's allegations had been hostile to them. I understood that her attitude reflected her view that children should be placed in families racially similar to their own. At the time Patricia was placed with the family, this conviction was not prevalent. This illustrates the changing fashion in adoption practice. In a similar way, the High Court Judge hearing the application concerning Marie had been doubtful for a time that an adoption order should be granted. The basis of her concern was that Richard and Mary were willing to allow Marie regular contact with her birth mother at such times as she, the child needed it. They had recognised that as an older child, this relationship was important to Marie and should not be broken. The Judge thought that guardianship would be more appropriate in the circumstances but was persuaded after hearing for herself from Mary and Marie. Adoption with contact is now common practice. At the time of Marie's adoption, Richard and Mary's thinking was ahead of current trends.

The natural children's perspective

William and Jonty - their experiences

87 Tall, slim boys in their mid- teens William and Jonty chose to meet me together. They were both unwell at the time, suffering from heavy colds. Mary was with us at the beginning of the meeting but left to be with Patricia when she returned from school and after I was briefly introduced to her.

The child who died

88 William and Jonty were aged three and two years when Cherie died. William thought he could recall her birth. He remembered his father's absence then and being cared for by someone else. He remembered seeing her in her cot, the ambulance taking her to hospital and visiting her there. He recalled realising that she had died as he had been told so. Much later, he began to understand more of what this meant and could remember wondering what had happened to her in her grave. Jonty spoke of no such recollections and I understood that he had been too young then to have retained any.

89 Both William and Jonty had been told the cause of Cherie's death by their parents. Jonty spoke of being infected with the same virus himself but as an older child he had been able to cope better with the symptoms. Mary joined in the conversation at this point saying that all three children had been infected and confirming Cherie's extra vulnerablility as a younger child. Although neither William nor Jonty had many real memories of Cherie as a person I was very much aware that they felt and regretted the loss of a sister and that this was how they viewed her.

Photographs

90 William and Jonty knew of the existence of various photographs of Cherie and recalled these together. They spoke of looking at them occasionally. They remarked on the differences in numbers of photographs of themselves and of Cherie and attributing this to their parents *"never getting round"* to taking more of Cherie. This accurately reflects Richard and Mary's account to me.

Plans to adopt

91 Neither William nor Jonty could remember Raymond's arrival in the family. I had the impression that it had seemed to them that he had always been there. William commented on having no memory of being involved in the decision that he should come and contrasted this with the way Marie had joined them. They each had memories of contributing to the plans to adopt her and could remember looking at photographs of children in a large book. (the Be My Parent Book). Jonty particularly recalled that he and William had not been asked by their parents their views on adopting Patricia, that he had not been "particularly happy" about this and this remains his view.

Perceptions of the family's motivation for adoption

92 I asked the boys why they thought their parents wanted to adopt. Their explanation accurately reflected Richard and Mary's account to me. They knew that their parents wanted "more than two children", that they had experienced medical problems with Jonty's birth and that they had been advised against having further children after Cherie was born.

Meeting the adopted child

93 William vividly described to me how he, at the time a child of 7 years, had thought of Cherie when Marie had first joined the family.

> *"Although I don't remember Cherie that well, I didn't really like*
> *Marie coming straight into the family. I remembered it more when*
> *Marie first came (into the family) because Raymond was a boy so I*
> *didn't really think (when he joined the family) of having another sister*
> *but with Marie, I can remember thinking of Cherie. I hadn't really*
> *thought much about Cherie. Mum had mentioned her occasionally*
> *but it made me think a lot more about what it would be like to have a*
> *natural sister rather than an adopted one."*

94 At this point Jonty firmly stated that he would prefer to have a natural sister. A few minutes later William continued describing his memories of how he felt when Marie arrived in his home.

*"Having Raymond wasn`t any problem at all. He was just a brother -
I`d never had a sister before and Cherie had died so it was a different
experience."*

Later he added,

*"I can`t remember Cherie that well, so it wasn`t (ousting) a sister. I
only thought of her. I wasn`t upset."*

Living with adopted children after loss

95 As Mary and Richard had been advised against adopting a baby at the time of their early enquiries
about adoption and fostering and encouraged to think instead of older children, I was interested to learn of
William and Jonty`s views. Also social workers often consider it unwise to place children in a family
older than the birth children as this deprives the oldest child of his or her position in the family.

96 Looking back from a position some 9 years later, both the boys were clear in their views that, from
their perspective, adopting children older than themselves had been a better experience for them than
adopting younger children. They were agreed that "older people" were "less annoying" than younger
ones. William`s view was that the company of older children had "brought him on". In addition William
thought that his older brother and sister had prepared him for events facing him and implied that this had
been helpful. Raymond and Marie had for instance told him about senior school so he thought he had
been more prepared for this than if he had gone straight there without any prior knowledge of it. As well,
recalling the difficulties which Raymond and Marie had had during adolescence, William considered that
in those, he had a model of how not to behave as a teenager. From this he seemed to have gained an
appreciation of his parents viewpoint and a realisation that they were trying to be helpful and not
awkward and obstructive as adolescents often perceive parents. Jonathan thought that as well as having
Raymond and Marie as examples of teenage experience, he also had William as a model.

97 Apart from age, they thought common interests with Raymond and Marie had helped them get on well
together. They had fewer common interests with Patricia. They described two alliances within the family
- Raymond and Marie and William and Jonty.

With the arrival in the family of Raymond and Marie, William had lost his position as the eldest child.
He did not seem to have minded this at all and may even have been a relief to him. He commented,

"I was the oldest at first and then Raymond and Marie were older than
me. If we'd had Cherie, I'd have been the oldest.---I quite like having
an older brother to take charge, someone other than my parents to
look up to."

98 When Raymond and Marie both left home to live elsewhere, William again became the eldest child. He said of this,

Now I'm older, I can take more responsibility, being the oldest in the
family. When I was younger, it didn't really matter."

99 Jonty too, lost his position as the youngest of the family when Patricia joined it. Again this does not seem to be a source of regret to him. Indeed he and William were firmly of the view that they did not want to be allied with the younger children in the family. When I commented to the boys on the changes of position within their family they have each had, they seemed to accept this as an experience shared with children joining the family. As William put it,

"Well, Patricia is the oldest in her family and Raymond the youngest
in his."

100 In the early part of our meeting, William had reflected on how different the family would have been had Cherie lived.

"It would be different to have a sister who is younger than me than our
actual family because then we might not have had Patricia, Marie or
Raymond and it would have been a totally different set-up."

101 I did not get the impression that he was comparing one situation adversely with the other but was simply acknowledging the difference. He went on to speak of how much more attention Marie and Raymond had needed than he thought Cherie would have required. I had the impression that he did not consider that this was provided at his expense. Instead I thought that he viewed himself as having helped to give to Raymond and Marie the attention they needed.

The adopted child's perspective

Patricia - her views

102 An intelligent girl of Afro-Caribbean appearance, Patricia was shy and embarrassed at the start of our meeting. She lay curled up on the settee sucking her thumb but then quite quickly relaxed and became friendly and chatty.

The child who died

103 I asked Patricia if she could tell me about Cherie. She said,

> *"Well, I don't know anything about her really. Apart from when I was a little girl, I used to have one of her dresses and I used to dress up my doll in it. And I know she died on Christmas Day and she'd have been about a year older than me - that's all I know really."*

104 I then asked what sort of little girl Patricia thought Cherie had been. Her reply was

> *"I don't know - I haven't the foggiest."*

She recalled seeing photographs of her in the family photograph albums. She had not wondered who the baby was as her mother had told her about her. She could not remember the details of the explanation but remembered the occasion. From her account Cherie has not been a subject of interest or curiosity.

105 After talking together for a few minutes, I asked Patricia if she would like to help me with something else. I invited her to draw the members of her family as animals or symbols. The initial part of our meeting had felt quite tense as Patricia was shy. However, she very quickly understood what I had invited her to do and seemed to enjoy doing it and find it interesting. We sat on the floor together in a relaxed and friendly way and the previous tension disappeared.

106 After a few minutes thought, Patricia started by drawing William as a book entitled "How to be clever but nice". She spoke of him as being clever and that he could be described as a boffin. However he was too nice to be a boffin. She then represented Jonty as a stick figure holding a test-tube because he

"is very electrical and very clever with things like maths. He's a good
technician and good at science as well."

She then represented herself as "a little bookworm" describing to me her enjoyment of reading. She drew a segmented worm holding a book in its mouth. She later commented that the worm was fat as she herself was though she did not appear so to me.

107 With some amusement Mary, her mother, was drawn as a face with pointed ears which she labelled "Human Spock". This she explained to me was a character from Star Trek and reminded her of her mother

"because she's so logical. When I say something somebody's told me
at school, she says, "Oh no. I don't think that's true." "

Patricia drew her father as a bird because he enjoys singing. Marie was illustrated in two ways. Firstly as a lion or lioness .

"because she's very bold, not afraid of anything. She'll just say
anything she wants to"

Patricia also drew her as a girl with long hair

"a model - a fashion model because she's really pretty."

108 Patricia did not seem to include Cherie as part of the family as after representing Marie, she thought she had finished the task but then enquired if I wanted her to include grandparents. I asked her "So if you were to draw a picture of Cherie in the same way, what would you draw?" She drew a picture of an infant wearing a jumpsuit. She coloured the face red and gave her an angry expression with tears . She commented "I'd draw a baby." When I asked about the baby, she said,

"I don't know - I just drew the baby. A baby with a bad temper . I just drew that."

Her views on her adoption

109 It was not possible to explore with Patricia how she felt about her adoption as time was limited as the family was going out. However from the way that she placed herself in the middle of the group in her picture and the warmth with which she spoke of the people as she drew I had the impression that she saw herself as belonging with them and that she was pleased to do so.

The Families

Interview Schedule

The White Family   20/1/93

                                      11/2/93

                                      21/4/93

The Grey Family   17/2/93

                                      29/4/93

The Brown Family   21/5/93

                                      18/6/93

The Redpath Family   8/10/93

The Yellolee Family   10/9/93

                                      26/11/93

List of references

Allan, G. (1996), Qualitative Research, in Handbook for Research Students in the Social Sciences, Allan G. & Skinner, C. (Eds.), The Falmer Press.

Anonymous author (1963), 'About Adoption', Child Care, Quarterly Review of the National Council of Associated Childrens Homes, 17/1:1 - 3.

Angier, C. (1990), Jean Rhys, London: Andre Deutsch.

Arbuckle, N. W. and de Vries, B. (1995), 'The Long-Term Effects of Later Life Spousal and Parental Bereavement on Personal Functioning', The Gerontologist, 35/5: 637-647.

Atkinson, K. (1995), Behind the Scenes in the Museum, London: Black Swan.

Ball, M. (1994), Adoption U.K., 'Adoption Who Needs It?' Parent to Parent Information on Adoption Services,.68: 21

Bank, S. P. and Kahn, M. D. (1982), The Sibling Bond,:Chapter 10, Siblings as Survivors: Bonds Beyond the Grave, New York: Basic Books.

Barber, L. (1991), 'The Impossible Romantic' The Independent on Sunday, 14/7/91: 8 - 10.

Baumer, J. H., Wadsworth, J. and Taylor, B. (1988), 'Family recovery after death of a child', Archives of Disease in Childhood, 63: 942-947.

Beresford, S. (1991), Seminar at Southampton University.

Berger, P. L. and Luckman, T. (1967), The Social Construction of Reality, Harmondsworth: Penguin.

Berger, R. (1988), 'Learning to Survive and Cope With Human Loss', Social Work Today, 28/4/88: 14 -17.

Berman, L. C. and Bufferd, R. K. (1986), 'Family Treatment to Address Loss in Adoptive Families', Social Casework, January: 3 - 11.

Bluglass, K. (1980), 'Psychiatric Morbidity after Cot-death', The Practitioner, 224: May, 533 - 539.

Bogdan,R. & Taylor, S. (1975), Introduction to Qualitative Research Methods: A Phenomenological Approach to the Social Sciences, New York: Wiley.

Borg, S. & Lasker, J. (1982), When Pregnancy Fails: Coping with Miscarriages, Stillbirths and Infant Death, London: Routledge and Kegan Paul.

Bourne, S. (1968), 'The psychological effects of stillbirths on women and their doctors', Journal of the Royal College of General Practitioners, 16: 103-112.

Bourne, S. and Lewis, E. (1984a), 'Pregnancy after stillbirth or neonatal death. Psychological risks and management', The Lancet, July,7: 31 - 33.

Bourne, S. & Lewis, E. (1984b), 'Delayed psychological effects of perinatal deaths: the next pregnancy and the next generation', British Medical Journal, 289:21 July, 147 - 148.

Bourne, S. and Lewis, E. (1992), Psychological Aspects of Stillbirth and Neonatal Death. An Annotated Bibliography, London: Tavistock Clinic.

Bowen, M. (1978), Family Therapy in Clinical Practice, Chapter 15, Family Reaction to Death, New York and London: Jason Aronson.

Bowlby, J. (1980), Attachment and Loss:Volume 3.Loss Sadness and Depression, Penguin:

Braun, M. J. and Berg, D. H. (1994), 'Meaning reconstruction in the experience of parental bereavement', Death Studies 18: 105-129.

Brewer, C. and Lait, J. (1980), Can Social Work Survive?, London: Temple Smith.

Brinich, P. (1990), 'Adoption,ambivalence and mourning; clinical and theoretical relationships', Adoption and Fostering, 14/1: 6 - 17.

British Agencies For Adoption and Fostering (1992), What is BAAF?, British Agencies for Adoption and Fostering.

Brodzinsky, D. M. and Schechter, M. D. (eds) (1990), The Psychology of Adoption, Oxford University Press.

Bryer, M. (1988), Planning in Child Care, British Agencies for Adoption and Fostering.

Bryman, A. (1988), Quality and Quantity in Social Research, London: Unwin Hyman Ltd.

Burks, V., Lund, D. A. et al (1988), 'Bereavement and remarriage for older adults', Death Studies, 12: 51-60.

Cain, A. C and Cain, B. S. (1964), 'On Replacing a Child', Journal of American Academy of Child Psychiatry, 3:July, 443 - 456.

Cain, A. C. Fast, I and Erickson, M. E. (1964), 'Childrens' disturbed reactions to the death of a sibling', <u>American Journal of Orthopsychiatry</u>, 34: 741 - 752.

Cain, P. (1992), 'Objectivity and assessment', <u>Adoption and Fostering</u>, 16/2: 40-41.

Cheetham, J. and Fuller, R. (1987), 'The impact of research on social work', <u>Adoption and Fostering</u>, 11/2: 48 -52.

Chennells, P. (1987), <u>Explaining Adoption to Your Adopted Child</u>, British Agencies for Adoption and Fostering.

Child Welfare League of America (1991), personal communication.

Cleiren, M. P. H. D .(1993), <u>Bereavement and Adaptation. A Comparative Study of the Aftermath of Death</u>, Washington: Hemisphere.

Coffey, A. (1997), 'Adoption Reform:Which way forward? M.P.s from three political parties declare their positions ', <u>Adoption and Fostering</u>, 21/1: 3 - 7.

Cohen, M.Z. (1987), 'A Historical Overview of the Phenomenologic Movement', <u>Image: Journal of Nursing Scholarship</u>, 19:31 - 34.

Cowger, C. D. (1994), 'Assessing Client Strengths:Clinical Assessment for Client Empowerment', <u>Social Work</u>, 39/3: 262 -268.

Craig, Y. (1977), 'The Bereavement of Parents and their Search for Meaning', <u>British Journal of Social Work</u>, 7/1: 41 - 54.

Crotty, M. (1998), <u>The Foundations of Social Research</u>, London: Sage.

Currer, A. (1996), in <u>What Works In Family Placement</u>?, by Sellick. C. and Thoburn J, Barnardos.

Dali, S. and Parinaud, A. (1973), <u>The Unspeakable Confessions of Salvador Dali</u>, London: Allen.

Daly, K. (1990), 'Infertility and Adoption Readiness', <u>Families in Society :The Journal of Contemporary Human Services</u>, 71/8: 483 - 492.

Demi, A. S. and Miles, M. S. (1987), 'Parameters of Normal Grief: A Delphi Study', <u>Death Studies, 11</u>: 397 - 412.

Department of Health and Social Security (1970), <u>A guide to adoption practice</u>, London: HMSO.

Department of Health (1992), The Family Placement of Children, Circular letter, London: HMSO.

Department of Health (1993), Adoption:The Future (White Paper), London: HMSO

Department of Health and the Welsh Office (1992), Review of Adoption Law : Report to the Ministers of an Independent Working Group:A Consultation Document, London: Department of Health.

De Vries, B., Dalla Lana, R. and Falck, V.T. (1994),' Parental bereavement over the life-course:a theoretical intersection and empirical review', Omega, 29/1: 47-69.

Dey, I. (1993), Qualitative Data Analysis, London: Routledge.

Drotar, D. and Irvin, N. (1979), 'Disturbed maternal bereavement following infant death', Child Care,Health and Development, 5: 239 247.

Engel, G.L. (1961), 'Is grief a disease?', Psychosomatic medicine, 23: 18-22.

Everitt, A., Hardiker, P., Littlewood, J. and Mullender, A. (1992), Applied Research For Better Practice, Basingstoke: MacMillan.

Fahlberg, V. I. (1994), A Child`s Journey through Placement, British Agencies for Adoption and Fostering.

Fish, W. C. (1986), Differences of Grief Intensity in Bereaved Parents in Rando (ed), Parental Loss of a Child, Illinois: Research Press Company.

Fratter, J. (1996), Adoption with Contact: Implications for policy and practice, British Agencies for Adoption and Fostering.

Freud, S .(1917/1959), Mourning and melancholia, Collected Papers, New York: Basic Books, 152-170. (Original work published 1917.)

Fitzjohn, J. (1974), 'An Interactionist View of the Social Work Interview', British Journal of Social Work, 4/4: 425 - 433.

Flusfeder, D. (1997) 'The Shrine', The Guardian Weekend March 15: 26 - 31

Fowler, D. (1993), A Guide to Adoption: The Other Road to Parenthood, London: Optima Books.

Gentry, M., and Shulman, A. D. (1988), 'Remarriage as a Coping Response for Widowhood', Psychology and Aging, 3/2: 191 - 196.

Gibbons, J., Gallagher, B., Bell, C. and Gordon, D. (1995), 'Development After Physical Abuse in Early Childhood: A Follow-up Study of Children on Protection Registers,' in Child Protection Messages from Research, London: HMSO.

Gilgun, J. F. (1994), 'A Case for Case Studies in Social Work Research,' Social Work, 39/4: July, 371 - 380.

Glick, I., Weiss, R. S. and Parkes, C. M. (1974), The First Year of Bereavement, New York: Wiley.

Goldstein, J. Freud, A. and Solnit, A. J. (1973), Beyond the Best Interests of the Child, New York: Free Press.

Goldstein, J., Freud, A. and Solnit, A. J. (1980), Before the Best Interests of the Child, London: Burnett Books.

Goodacre, I. (1966), Adoption Policy and Practice, London: George Allen and Unwin.

Gorer, G. (1965), Death, grief, and mourning, New York: Doubleday.

Guest, J. (1976), Ordinary People, Bath: Pitman Press.

Gough, D. (1993), Child Abuse Interventions - A Review of the Research Literature, Public Health Research Unit, University of Glasgow.

Haddad, C. (1988), A Mothers's Secret, London: Bantam.

Hakim, C. (1987), Research Design, London: Unwin Hyman Ltd.

Hammersely, M. and Atkinson, P. (1983), Ethnography:Principles in Practice, London: Tavistock.

Hartman, A. (1979), Finding Families. An Ecological Approach to Family Assessment in Adoption, California: Sage.

Houghton Committee Report (1972), Report of the Departmental Committee on the Adoption of Children, London: Home Office and Scottish Education Department.

Howe, D. (1995), Attachment Theory for Social Work Practice, Basingstoke and London : MacMillan.

Howe, D. (ed.) (1996), Attachment and Loss in Child and Family Social Work, Aldershot: Avebury.

Hunt, M. (1993), The Story of Psychology, New York: Doubleday

Jarrettt, R. (1992), 'A Family Case Study: An Examination of the Underclass Debate,' in Gilgun, J., Daly, K.and Handel,G., (eds) Qualitative Methods in Family Research, California: Sage.

Jasper, M.A. (1994), 'Issues in phenomenology for researchers of nursing', Journal of Advanced Nursing, 14: 333 - 354.

Jeffreys A. (1987), 'Stillbirth and miscarriage: sharing the grief', Practice, 3: 287-296.

Johnson, S. (1984), 'Sexual Intimacy and Replacement Children After the Death Of A Child', Omega, 15/2: 109-118

Jolly, H. (1976), 'Family Reactions to Child Bereavement', Proceedings of the Royal Society of Medicine, 69: November, 835-837.

Jones, C. (1991), 'Qualitative Interviewing,' in Allan, G. and Skinner, C. (eds) Handbook for Research Students in the Social Sciences, London: The Falmer Press.

Kelmer-Pringle, M.L. (1967), Adoption - Facts and Fallacies, London: Longmans.

Kerner, J., Harvey, B., and Lewiston, N. (1979), 'The Impact of Grief: A Retrospective Study of Family Function Following Loss of a Child from Cystic Fibrosis', Journal of Chronic Diseases, 32: 221 - 225.

Kimmell, A. K. (1988), Ethics in Applied Social Research, California: Sage.

Kirk, D. (1964), Shared Fate: A Theory of Adoption and Mental Health, New York: The Free Press.

Kirkley-Best, E. and Kellner, K. R. (1982), 'The forgotten grief: a review of the psychology of stillbirth', American Journal of Orthopsychiatry, 5: 420 - 429.

Kissane, D. W.and Bloch, S. (1994), 'Family Grief ', British Journal of Psychiatry, 164: 728-740.

Klaus, M. & Kennel, J. (1982), Parent Infant Bonding, 2nd edition. St. Louis: Mosby.

Klass, D. and Marwit, S. J. (1988), 'Towards a model of parental grief', Omega, 19/1: 31 -50.

Knapp, R. J. (1987), 'When a Child Dies', Psychology Today, July, 60 - 67.

Kohner, N. and Henley, A. (1991), When a Baby Dies, Stillbirth and Neonatal Death Society, London: Pandora.

Kornitzer, M. (1968), Adoption and Family Life, London: Putnam.

Kornitzer, M. (1991), personal communication.

Krell, R. and Rabkin, L. (1979), 'The Effects of Sibling Death on the Surviving Child: A Family Perspective', Family Process, 18: 471 - 477.

Kubler-Ross, E. (1970), On Death and Dying, London: Tavistock Publications.

Lazarus, R. S. and Folkman, S. (1984), Stress, Appraisal, and Coping, NewYork: Springer Publishing.

Lee, R. M. (1993), Doing Research on Sensitive Subjects, London: Sage.

Legg, C. and Sherrick, I. (1976), 'The replacement child - a developmental tragedy', Child Psychiatry and Human Development, 7/2: Winter, 113-126.

Leon, I.G. (1990), When a Baby Dies. Psychotherapy for Pregnancy and Newborn Loss, New Haven and London: Yale University Press.

Lewis, E. (1979), 'Inhibition of Mourning by pregnancy: psychopathology and management', British Medical Journal, July 7: 27-28.

Lewis, E. & Bourne, S. (1989), 'Perinatal Death,' in Bailliere`s Clinical Obstetrics and Gynaecology, 3/4: December, 935-953.

Lewis, E. and Page, A. (1978), 'Failure to mourn a stillbirth:an overlooked catastrophe', British Journal of Medical Psychology, 51: 237 - 241.

Lewis, R. (1995), The Life and Death of Peter Sellers, London: Arrow Books.

Lindemann, E. (1944), 'Symptomatology and Management of Acute Grief', American Journal of Psychiatry, 101: 141 - 149.

Lishman, J., McIntosh, L. and McIntosh, B. (1989/90), 'AChild Dies', Practice, 3 & 4: 271 - 284.

Littlewood, J. (1992), Aspects of Grief.Bereavement in Adult Life, London: Tavistock/Routledge.

Littlewood, J. & McHugh, N. (1997), Maternal distress and Postnatal Depression. The Myth of Madonna, Basingstoke and London :MacMillan.

Livingston G. (1995), <u>Only Spring</u>, San Francisco: Harper.

Lockwood, S. and Lewis, I. C. (1980), 'Management of grieving after stillbirth', <u>Medical Journal of Australia</u>, 2: 308-311.

Lovell, A. (1983), 'Some questions of identity:late miscarriage, stillbirth and perinatal loss', <u>Social Science and Medicine</u>, 17/11: 755 - 761.

Lummis, T. (1987), <u>Listening to History</u>, London: Hutchinson.

Lunken, T. (1995), 'Recruiting adoptive parents for older children', <u>Adoption and Fostering</u>, 19/4: 16-20.

Mandell, F., McNulty, E. and Reece, R. M. (1980), 'Observations of Paternal Response to Sudden Unanticipated Infant Death', <u>Pediatrics</u>, 65/2: February, 221 - 225.

Mander, R. (1994), <u>Loss and Bereavement in Childbearing</u>, Oxford: Blackwell.

Marris, P. (1958), <u>Widows and their families</u>, London: Routledge and Kegan Paul.

Marris, P. (1974/ revised edition, 1986), <u>Loss and Change</u>, London: Routledge and Kegan Paul.

Maycut, P. & Morehouse, R. (1994), <u>Beginning Qualitative Research</u>, London: the Falmer Press.

Mays, N. & Pope, C. (1995), 'Rigour and qualitative research', <u>British Medical Journal</u>, 311: 8th July, 109 - 112.

McWilliam, C. (1990), 'Trust Hansel and Gretel more than Janet and John', <u>The Independent on Sunday</u>, May 27: 17.

Middleton, W., Raphael, B., Martinek, N., and Misso, V. (1993), Pathological grief reactions, in Stroebe, M.S .et al. (eds.), <u>Handbook of Bereavement Theory, research and intervention</u>, University of Cambridge.

Moss, M. S. and Moss, S. Z. (1980), 'The image of the deceased spouse in remarriage of elderly widow(er)s', <u>Journal of Gerontological Social Work</u>, 3/2: 59-70.

Munhall, P.L. (1988), 'Philosophical Ponderings in Qualitative Research Methods in Nursing', <u>Nursing Science Quarterly</u>, Nov.:20 - 28.

Murray, J. and Callan, V. J. (1988), 'Predicting adjustment to perinatal death', <u>British Journal of Medical Psychology</u>, 61: 237 - 244.

Murphy-Mancini, E. A. (1988), Degree of resolution of grief in parents who have lost a child through death and its relationship to having a subsequent child, unpublished Ph.D Thesis, New York University.

Nagera, H. (1967), Vincent van Gogh. A Psychological Study, London: George Allen and Unwin.

Natanson , M. (1973), Edmund Husserl: Philosopher of Infinite Tasks, Evanston: Northwestern University Press.

Nissim, R. and Simm, M. (1994), 'Linking research evidence and practice in fostering work - the art of the possible', Adoption and Fostering, 18/4: 10 - 17.

Oglethorpe, R. G. L. (1989), 'Parenting after Perinatal Bereavement - A Review of the Literature', Journal of Reproductive and Infant Psychology, 7: 227 - 244.

Oliver, R. C. and Fallat, M. E. (1995), 'Traumatic Childhood Death:How Well Do Parents Cope?', The Journal of Trauma: Injury, Infection and Critical Care, 39/2: 303-308.

Opie, I. and Tatem, M.,eds., (1989), A Dictionary of Superstitions, Oxford University Press.

Orme ,J. (1994), The Case for Research into Practice in Understanding Social Research: Perspectives on Methodology and Practice, eds., McKenzie G. and Usher R., University of Southampton.

Osterweiss, M., Solomon, T.andGreen, M. (1984), Bereavement:Reactions, Consequences, and Care, Washington,D.C.: National Academy Press.

Parent to Parent Information on Adoption Services (1990), 'When an Adopted or Foster Child Dies', P.P.I.A.S. Newsletter, No.55: 5 - 8.

Parent to Parent Information on Adoption Services (1995), Editorial, Adoption U.K.,73: 3.

Parkes, C. M. (1976), Bereavement:studies of grief in adult life, London: Tavistock.

Parkes, C. M. and Weiss, R. S. (1983), Recovery from Bereavement, New York: Basic Books.

Peppers, L. G. and Knapp, R. J. (1980), 'Maternal reactions to involuntary fetal / infant death', Psychiatry, 43: 155 - 159.

Petch, A. (1988), 'Answering Back: Parental Perspectives on the Children's Hearings System,' British Journal of Social Work, 18: 1-24.

Phipps, S. (1985), 'The subsequent pregnancy after stillbirth: anticipatory parenthood in the face of uncertainty', International Journal of Psychiatry in Medicine, 15/3: 243-264

Pine, V. R. and Brauer, C. (1986), Parental Grief: A Synthesis of Theory, Research, and Intervention, in Rando,T.A., Parental Loss of a Child, Illinois: Research Press Company.

Powell, J. (1994), Researching Social Work and Social Care Practices in Understanding Social Research: Perspectives on Methodology and Practice, eds., McKenzie G. and Usher R., University of Southampton.

Powell, M. (1995), ' Sudden Infant Death Syndrome:The Subsequent Child', British Journal of Social Work, 25: 227 - 240.

Poznanski, E. (1972), 'The 'replacement child': A saga of unresolved grief', Behavioural Pediatrics, 81/6: 1190 -1193.

Prior, P. (1981), 'Death of a Child', British Journal of Social Work, 11: 315 - 327.

Psathas G. (1973), 'Introduction' Phenomenological Sociology : Issues and Applications, ed. G. Psathas, New York: Wiley.

Radford, E.and M. A., and Hole, C.eds., (1961), The Encyclopaedia of Superstitions, London: Hutchinson.

Raphael-Leff, J. (1991), Psychological Processes of Childbearing, London: Chapman and Hall.

Rando, T. A (1983), 'An Investigation of Grief and Adaptation in Parents Whose Children Have Died from Cancer', Journal of Pediatric Psychology, 8/1: 3-20.

Rando, T. A. (1985), 'Bereaved Parents:Particular Difficulties, Unique Factors, and Treatment Issues', Social Work, January / February, 19-23.

Rando, T. A. (1986), Parental Loss of a Child, Illinois: Research Press Company.

Raphael, B. (1984), The Anatomy of Bereavement. A Handbook for the Caring Professions, London: Hutchinson.

Raynor, L. (1980), The Adopted Child Comes of Age, London: George Allen and Unwin.

Rees, T. (1991), 'Ethical Issues', in Allan, G. and Skinner, C. (eds) Handbook for Research Students in the Social Sciences, London: The Falmer Press.

Reich, D. (1990), 'Preparing people to adopt babies and young children', Post-adoption Centre Discussion Papers, 1, January, London: The Post-Adoption Centre.

Reid, M. (1992), 'Joshua - Life After Death. The Replacement Child', Journal of Child Psychotherapy, 18/1: 109-138.

Rosen, G. (1982), 'Replacement Children:Expanding the Concept', Journal of Behavioural and Developmental Pediatrics, 3/4: 239 - 240.

Rosenblatt, P. C. (1983), Bitter, Bitter Tears: Nineteenth -Century Diarists and Twentieth - Century Grief, Minneapolis: University of Minnesota Press.

Rosenblatt, P. C. (1993), Grief: The social context of private feelings, in Stroebe M.S. et al.(eds.), Handbook of Bereavement: Theory research and intervention, Cambridge University Press.

Rosenblatt, P. G. and Burns, L. H. (1986), 'Long-term effects of perinatal loss,' Journal of Family Issues, 7/3: 237-253.

Rowe, J., Clyman,R., Green, C,. et al .(1978), 'Follow up of Families Who Experience a Perinatal Death', Pediatrics, 62/2: 166-170.

Rowe, J. and Lambert, L. (1973), Children Who Wait, London: Association of British Adoption and Fostering Agencies.

Rubin, S. S. (1985), 'Maternal attachment and child death:on adjustment, relationship, and resolution', Omega, 15/4: 347 - 352.

Rubin, S.S. (1993), The death of a child is forever: The life course impact of child loss, in Stroebe, M. S. et al. (eds.), Handbook of Bereavement: Theory research and intervention, University of Cambridge.

Ryburn, M. (1991), 'The myth of assessment', Adoption and Fostering, 15/1: 20 - 27.

Sabbadini, A. (1988), 'The Replacement Child', Contemporary Analysis, 24/4: 528 - 547.

Sabbadini, A. (1991), personal communication.

Sahu, S. (1981), 'Coping with Perinatal Death', Journal of Reproductive Medicine, 26/3: 129 - 132.

Sanders, C. (1989), Grief:The Mourning After, New York: Wiley.

Schatz, B.D.(1987) Grief of Mothers in Rando (ed.) <u>Parental Loss of a Child</u>, Illinois: Research Press Company.

Schon, D. A. (1983), <u>The Reflective Practitioner: how professionals think in action</u>, New York: Basic Books.

Sellick, C. and Thoburn, J. (1996), <u>What Works in Family Placement?</u>, Ilford: Barnardos.

Shaw, M. (1984), 'Looking back: rejected applicants', <u>Adoption and Fostering</u>, 8/2: 44 - 48.

Shaw, M. (1994), <u>A Bibliography of Family Placement Literature</u>, British Agencies for Adoption and Fostering.

Sheldon, B. (1979), 'Theory and Practice in Social Work: A Re-examination of a Tenuous Relationship', <u>British Journal of Social Work</u>, 8/1: 1 - 21.

Shuchter, S. R. and Zisook, S. (1993), The course of normal grief, in Stroebe et al, (eds), <u>Handbook of Bereavement :Theory research and intervention</u>, University of Cambridge.

Smale, G. and Tuson, G., et al. (1993), <u>Empowerment, Assessment, Care Management and the Skilled Worker</u>, London: H.M.S.O.

Smart ,L. S. (1993), 'Parental bereavement in Anglo-American history', <u>Omega</u>, 28/1: 49 - 61.

Smith, C. R. (1975), 'Bereavement: the Contribution of Phenomenological and Existential Understanding of the Problem', <u>British Journal of Social Work</u>, 5/1:75 - 92.

Smith, C. R. (1982), <u>Social Work with the Dying and the Bereaved</u>, London: MacMillan.

Smith, C. R. (1984), <u>Adoption and Fostering, Why and How</u>, London: MacMillan.

Smith, D. (1987), 'The Limits of Positivism in Social Work Research', <u>British Journal of Social Work</u>, 17: 401 - 416.

Spiegelman, A. (1992), <u>Maus, Volume 2, And Here My Troubles Began</u>, London: Penguin.

Stephenson, J. (1986), Grief of Siblings in <u>Parental Loss of a Child</u>, (Rando, T.A. ed.), Illinois: Research Press Company.

Stewart, D. & Mickunas, A. A. (1974), Exploring Phenomenology, Chicago: The American Library Association.

Storey D. (1976), Saville, London: Jonathan Cape.

Stringham, J. G., Hotham Riley, J. & Ross, A. (1982), 'Silent birth: mourning a stillborn baby,' Social Work, July, 322-327.

Stroebe, W. and Stroebe, M. (1987), Bereavement and Health. The Psychological and Physical Consequences of Partner Loss, Cambridge University Press.

Stroebe, M. S.and Stroebe, W. and Hansson ,R. O. (1988), 'Bereavement Research: An Historical Introduction', Journal of Social Issues, 44/3: 1-18.

Stroebe, M. (1992), 'Coping with bereavement: a review of the grief work hypothesis', Omega, 26: 19-42.

Stroebe, M., Stroebe, W. and Hansson, R. O. (1993), Handbook of Bereavement: Theory research and intervention, Cambridge University Press.

Stroebe ,M. S. (1994), Helping the Bereaved to Come to Terms with Loss: What does Bereavement Research Have to Offer? Keynote address presented at the Conference Bereavement and Counselling, St.George`s Hospital Medical School, London, March 25.

Taylor, J. De Frain, J. & Ernst, L. (1986), Sudden Infant Death Syndrome, in Rando, T.A. Parental Loss of a Child, Illinois: Research Press Company.

Theut, S. K., Pederson, F. A., Zaslow et al., (1989), 'Perinatal loss and parental bereavement', American Journal of Psychiatry, 146/5: 635 - 639.

Theut, S. K., Zaslow, M. J., Rabinovich, B. A. et al., (1990), 'Resolution of parental bereavement after a perinatal loss,' Journal of the American Academy of Child and Adolescent Psychiatry, 29/4: July, 521-525.

Theut, S. K., Moss, H. K., Zaslow, M. J. et al., (1992), 'Perinatal Loss and Maternal Attitudes towards the Subsequent Child', Infant Mental Health Journal, 13/2: 157 - 166.

Thoburn, J. ,Murdoch, A., and O`Brien, A., (1986), Permanence in Child Care, Blackwell.

Thoburn, J. (1990a), Inter-Departmental Review of Adoption Law, Background Paper No.2, Review of Research Relating to Adoption, Department of Health.

Thoburn, J. (1990b), Success and Failure in Permanent Family Placement, Aldershot: Avebury.

Thoburn, J. (1996), Psychological parenting and child placement: 'But we want to have our cake and eat it'. In Attachment and Loss in Child and Family Social Work,. Howe, D.(ed.), Aldershot: Avebury.

Tietz,W., McSherry, L., and Britt, B.(1977), Family sequelae after a child`s death due to cancer, American Journal of Psychotherapy, 31 :419.

Triseliotis, J. (1970), Evaluation of Adoption Policy and Practice, University of Edinburgh: Department of Social Administration.

Triseliotis, J. (ed.) (1980), New Developments in Foster-Care and Adoption, London: Routledge and Kegan Paul.

Triseliotis, J. (1989), 'Some moral and practical issues in adoption work', Adoption and Fostering, 13/2: 21-26.

Trisiliotis, J. (1991a), 'Permanency planning. Perceptions of permanence', Adoption and Fostering, 15/4: 6-15.

Triseliotis, J. (1991b), 'Maintaining the links in adoption', British Journal of Social Work, 21: 401-414.

Triseliotis, J. (1995), 'Adoption - evolution or revolution?', Adoption and Fostering, 19/2: 37 - 44.

Trisiliotis, J., Sellick, C. and Short, R.(1995), Foster Care, Theory and Practice, London: Batsford.

Triseliotis, J., Shireman, J., and Hundleby, M. (1997), Adoption theory, policy and practice, London: Cassell.

Videka-Sherman, L. (1982), 'Coping with the Death of a Child. A Study Over Time`, American Journal of Orthopsychiatry, 52/4: October, 688-698.

Videka-Sherman, L.and Lieberman, M. (1985), 'The Effects of Self Help and Psychotherapy Intervention on Child Loss: The Limits of Recovery,' American Journal of Orthopsychiatry, 55/1: January, 70-82.

Videka-Sherman, L. (1987), 'Research on the Effect of Parental Bereavement. Implications for Social Work Intervention', Social Service Review, March: 102-116.

Walter, T. (1994), The Revival of Death, London and New York: Routledge.

Walter, T. (1996), 'A new model of grief: bereavement and biography', Mortality,1: 7-25.

Walters, A.J. (1995), 'The phenomenological movement: implications for nursing research', Journal of Advanced Nursing, 22: 791 799.

Weiss, R. (1993), Loss and recovery, in Stroebe, M. S. et al., (eds.) Handbook of Bereavement Theory, research and intervention, Cambridge University Press.

Wheeler, I. (1993/4), 'The role of meaning and purpose in life in bereaved parents associated with a self-help group: Compassionate Friends', Omega, 28/4: 261-269.

Whitaker, D. S. and Archer, J. L. (1989), Research By Social Workers: Capitalising on Experience, London: Central Council for Education and Training in Social Work.

Wilson, E. (1988), 'Stendhal as a Replacement Child: The Theme of the Dead Child in Stendhal`s Writings', Psychoanalytic Inquiry, 8/1: 108-133.

Wilson M. O `H. (1989), Mourning and Generativity: Women and subsequent children after Sudden Infant Death Syndrome, Dissertation Abstracts International, 49 / 07 - B.

Wolff, J. R., Nielson, P. E., & Schiller, P. (1970), 'The emotional reaction to a stillbirth,' American Journal of Obstetrics and Gynecology, 108/1, September: 73-77.

Woolley, M. M. (1997), 'The Death of a Child - The Parent`s Perspective and Advice', Journal of Pediatric Surgery, 32/1, January, 73-74.

Worden, J. W. (1982) and (1992), Grief counselling and grief therapy.A handbook for the mental health practitioner, New York: Springer. 2nd edition, London: Routledge.

Wortman, C. B.,and Silver, R. C. (1989), 'The Myths of Coping With Loss', Journal of Consulting and Clinical Psychology, 57/3: 349-357.

Wortman, C. B., Silver, R. C., and Kessler, R. C. (1993), The meaning of loss and adjustment to bereavement, in Stroebe et al.(eds.), Handbook of Bereavement :Theory, research and intervention, University of Cambridge.

Yelloly. M. (1980), Social Work Theory and Psychoanalysis, Wokingham: von Nostrand Reinhold Company.

Yin, R. (1988;1994), Case Study Research.Design and Methods, California: Sage.