

**Relinquishment and abjection:
A *semanalysis* of the meaning of losing a baby to adoption**

by

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The maternal body is a split body where childbirth is "the threshold of ...the 'symbolic' and the 'semiotic'" (Kristeva, 1981:159). In relinquishment and adoption, the mother is the site of the split between the symbolic, the social practice of adoption, and the semiotic, the personal meaning of relinquishment.

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ABSTRACT

Between 1960 and 1975 more than 38,000 mothers lost babies to adoption in New South Wales, Australia, a pattern which was replicated in other Western societies. Various theories were proposed for women's exnuptial pregnancies which resulted in their babies being taken for adoption, culminating in the discursive construction of the unmarried mother as "mad, bad, or stupid". Until the 1990s, the voices of women whose babies had been taken for adoption had been silenced by the social order which adoption practices served. It is through their voices, and through the voices of other women who remember the era of the adoption bounty, that another meaning for the loss of a baby to adoption, through the process of semanalysis, has been sought.

This thesis is informed primarily by the writings of the French postmodern feminist, Julia Kristeva. In addition the works of the post-structuralist philosopher, Michel Foucault, the German socialist feminist, Frigga Haug, and the American feminist psychologist, Michelle Fine are used as an heuristic lens through which to examine the phenomenon of losing a baby to adoption. A qualitative research methodology, incorporating feminist praxis and feminist multiple methods, has been employed.

The framework for this thesis is that of a double helix which depicts two orders, the symbolic and the semiotic, which intertwine and intersect. The symbolic order is analogous to the public social order which through its hegemonic discourses constructed the unmarried mother and adoption. The semiotic order refers to the personal space where the voices of women are heard through counterdiscourses. At the scission of the two helical strands sits the thetic phase, a point of rupture by the semiotic into the symbolic where the voices of mothers are expressed through their poetry and art.

Through the process of semanalysis, the tensions which simultaneously resist and challenge the semiotic and symbolic orders are exposed: tensions between discourse, discipline and docility; power and knowledge; sexuality and silence; power of / as sexuality; power and resistance; and resistance and / as silence. Furthermore, I examine the manifestations of mothers' resistance to silence, and their resistance as activism.

My concluding analysis involves the notion of abjection as it binds together the threads of the loss of a baby to adoption: abjection as entrapment; abjection as infertility; and abjection as / in reunion. For mothers who lost babies to adoption, their loss finds meaning in the ultimate horror: it is abjection.

Part 1

INTRODUCTION

NB Where appropriate, and for clarity, I have used the term "relinquishment" to refer to the loss of a baby to or the taking of a baby for adoption. The use of the word, relinquishment, in no way privileges the term. Similarly, I have also used other terms to refer to the women who lost babies to adoption in accordance with the particular context.

PART 1

Background to the thesis

Since the introduction of adoption legislation in 1923, more than 100,000 adoptions have taken place in New South Wales, Australia (see Appendix 1). In the twenty years between 1953 and 1973, the year when the Supporting Mothers' Benefit was introduced, more than 48,000 children were adopted in New South Wales, the peak occurring in 1971-72 when 8,194 adoption birth registrations were recorded (New South Wales Registry of Births, Deaths & Marriages, 1994). Winkler and van Keppel's (1984) analysis of figures from the Australian Bureau of Statistics estimates that more than 38,000 non-relative adoptions took place Australia wide in the period 1969-1980, with 9,359 occurring in 1971-72. However, discrepancy among adoption statistics seems widespread for several reasons: prior to 1975, national records did not distinguish between relative (that is, step-parent) and non-relative adoptions (although state records provide this break-down); state records maintained data on the numbers of exnuptial pregnancies and adoptions, as well as demographic data about the mothers, but did not analyse the correlations among the different sets. Consequently it has been difficult to obtain consistent figures about the number of babies born to mothers in different age-groups who were taken for adoption at birth or thereafter.

In the absence of conclusive statistics, a stereotype of the unmarried mother emerged. Although most of the mothers were unmarried adolescents, some were not: many women were aged in their twenties, and some were married. Almost all, however, had transgressed the morality of the time which decried extramarital sexual activity. When they provided the evidence of this transgression and the consequent vulnerability associated with the stigma of out-of-wedlock pregnancy, they were obliged to seek expiation of their 'sin' through the relinquishment of their babies for adoption, after which they were expected to resume their ascribed female role.

The events surrounding unmarried motherhood and the subsequent taking of babies for adoption took place in major public and private maternity hospitals as well as smaller lying-in hospitals. In Sydney most births took place at The Women's Hospital (Crown Street), The Royal Women's Hospital, Paddington and St Margaret's Hospital, as well as Bethesda (a Salvation Army hospital) and the Queen Victoria Hospital, Annandale. From written and verbal accounts by mothers, it appears that there were details of the experience of giving birth to a baby who would be given up for adoption that were not confined to a particular locale or era. Personal accounts of women's experiences revealed that there were

commonalities across the continents of Australia and North America as well as the countries of England and New Zealand in approximately a twenty year period: recurrent themes of coercion, abuse, deprivation and punishment emerged from these accounts of extramarital pregnancy and relinquishment.

In February 1965 I joined the ranks of women who had, or would have, their babies taken for adoption. At that time, aged 17, I thought that I was the only girl in the world who had committed the 'sin' of becoming pregnant outside marriage. This was something that happened to other girls, 'bad girls': they were the ones who got 'into trouble'. Within both the personal and social climates of denial of extramarital sexuality, I did not seek explanation for my lack of menstruation until I was fourteen weeks' pregnant. By then it was too late for an abortion: the only option suggested to me was to go through with the pregnancy and have the baby adopted. In a chance encounter with another woman who had been in the same circumstance, it was suggested that I go to the Women's Hospital, Crown Street.

What happened to me in the following six months, I believed was a singular experience. Very few of the women whom I met shared their immediate circumstances with me at that time: we might have exchanged first names and some details about boyfriends, real or imagined. Nonetheless, we felt an unspoken common bond which I have subsequently recovered in my work with a support group for mothers who had lost babies to adoption. I felt this bond when I met other mothers at an international conference at Philadelphia in 1992, a bond that transcended time and distance. Successful women now in our forties, who had somehow 'got on with our lives', we could not believe that the same things had happened to all of us, and that our responses to and the effects of our losses on our lives bore striking similarities.

In the United States many women had written books about their experiences in maternity homes which echoed the experience that I and my sisters also experienced in Australia. Not only were we abandoned by the fathers of our babies, our families and society, we were also abandoned by the women's movement. After all, we were doing what feminists rejected: we were expressing regret for a motherhood from which we had been relieved. At the same time, we had been too silly or too naive to seek an abortion to resolve the problem of an unwanted pregnancy. Not only had we transgressed the social mores but we did not fit within the current feminist discourse of motherhood-by-choice. In both feminist and non-feminist literature on maternity, mothers who lost babies to adoption have been accorded scant recognition.

Prior to 1967 and the handing down of the Adoption of Children Act 1965, adoptions could be organised by solicitors and medical practitioners as well as by social workers, and mothers could nominate 'approved' adoptive parents. After the introduction of this Act, mothers gave a general consent to adoption, the arrangement of which was permitted only by accredited bodies such as the Department of Child Welfare, Barnardo's, the Catholic and Anglican Adoption Agencies.

With the introduction of the Adoption Information Act 1990 in New South Wales, the topic of adoption reappeared on the political and social agendas. Faced with the option of finding their adopted-away children, or the prospect of being found, mothers began to speak more openly about what the experience of losing their babies to adoption had been like for them. They wanted to let their children know that they had not been abandoned and forgotten; they also wanted to reveal the long-term effects for them of the relinquishment process. Although Australian legislation was slow to follow similar legislative change in the United Kingdom and New Zealand, in the United States from where most of the research findings and personal accounts of relinquishment had come, the policy of 'sealed adoption records' remained in force, imprisonment being the ultimate penalty for curiosity.

It became apparent to me that many women were rejecting the meaning of losing a baby to adoption which had been prevalent for the past fifty years: they did not see it as an altruistic gesture on their part, but rather a cruel ploy to separate them from their babies who would provide families for infertile married couples. This was a notion many had carried with them in silence, only daring to speak out with the courage of maturity and the solidarity of their sisters. For others, the reunions with their now-adult children, the death of their parents or the support of their families gave them permission to talk about the meaning of losing their babies to adoption.

Aims and objectives of the thesis

The meaning which has been attributed to the experience of losing a baby to adoption has been, in the main, ascribed through others' interpretations of that experience and through what was recounted in the media: stories of teenage mothers, of abandoned babies, of married couples unable to have children. This was the meaning of relinquishment and adoption which was imparted through the symbolic order, the social order, through a taken-for-granted language: that is, through adoption's metanarrative.

In this thesis I will attempt to find a meaning of losing a baby to adoption through a "semanalysis" or semiotic analysis of relinquishment from the perspective of the speaking subject within, in postmodern terms, the semiotic order. This is distinct from the meaning of relinquishment determined by the language of the symbolic order (for example, legislation): in other words, it is an analysis of the dialectical relationship between the discourses of rhetoric and the discourses of reality in order to "investigate language as the locus of the production of meaning" (Jardine, 1980: 15). It is an investigation between what the postmodern philosopher, Jean-Francois Lyotard (1992) has called "metadiscourse...a truth-functional discourse- that is, a discourse which authorises itself to say what it says as a truth which must be understood" and another discourse with "emphasis on the 'truth-value' of our everyday experience" (Jardine, 1980:8). In short, it is an analysis of the contradictions between public and private discourses through which meaning can be exposed.

Organisation of the thesis

In Chapter 1 which follows, I present what I have called "adoption's metanarrative". This chapter presents the hitherto unchallenged, taken-for-granted story of adoption as the panacea for exnuptial pregnancy and intranuptial childlessness. It provides a précis for the chapters that follow in the thesis.

Part 2 presents the frameworks which underpin this thesis. In Chapter 2 I present the theoretical framework which uses the work of Julia Kristeva, Michel Foucault, Frigga Haug and Michelle Fine as an heuristic lens through which the meaning of losing a baby to adoption is analysed. Chapter 3 introduces the main concepts on which the interpretive framework for this thesis is built - the symbolic order, the semiotic order, the thetic phase and semanalysis. In this chapter I describe how I have represented the interpretive framework in the figure of a double helix (see Figure 1).

Part 3 is a detailed account of the qualitative methodology used in this thesis. In Chapter 4 I explain the principles of feminist praxis in terms of epistemology, ontology, methodology and rigour. Chapters 5 presents the multiple feminist methods which I used in order to acquire the information I sought. In Chapter 6 I discuss the ethical considerations which were brought to bear on this research.

Part 4 presents one strand of the semanalysis helix, the structure of which I outlined in Chapter 3, and which represents the hegemonic discourses of the symbolic order. In Chapter 7 I analyse the politico-legal discourses of adoption within historical time. Discourses of social praxis within family time are analysed in Chapter 8. Discourses through which the unmarried mother was constructed are analysed in Chapter 9 in medical and nursing discourses and Chapter 10 in discourses of social deviance. In Chapter 11 I examine how adoption constructed and was constructed by media discourse, while in Chapter 12 I analyse other discourses of popular culture which contributed to the social milieu during which women women were struggling with expressions of sexuality of which an exnuptial pregnancy was frequently the result. Together these chapters form the hegemonic discourses of the symbolic order, or the social order which constructed the discourses surrounding adoption and relinquishment.

In keeping with the relationship of the symbolic order to the semiotic order as a double helix, I have described the intersection of the helical strands as the thetic phase in Part 5. My story occurs in Chapter 13 as a thetic split between an anatomy text and my reading of it against the grain. In Chapter 14 the semiotic again breaches the symbolic as I submit the results of a survey in which mothers challenged and rejected the names which they had assigned by the hegemonic discourses of the symbolic order. In Chapter 14 I also read the inscriptions written on the relinquishing maternal body. Chapter 15, the third in the thetic phase, presents another rupture of the symbolic by the semiotic in the form of mothers' art and poetry. Here I show how poetry and art represent mothers' *jouissance* as they try to make sense of the pain of separation from their children: examples of their creative work are included. Finally in this chapter, I have transcribed part of Julia Kristeva's(1982) "Essay on Abjection" as poetry. Following the mothers' poems, the words have an unsettling effect as it sits uneasily yet compatibly with the mothers' works.

The other strand of the semanalysis helix is presented in Part 6. Here, in contrast with the symbolic order of Part 4, the semiotic order, that is the order through which the subjects themselves construct discourses of adoption and relinquishment, is presented through their counterdiscourses. Chapter 16 gives voice to the mothers' personal accounts of the

experience of losing a baby to adoption: their narratives demand a reappraisal of the hegemonic discourses of the symbolic. Chapter 17 reconstructs women's sexuality during the 1960s from the memories shared by a group of four women who were student nurses during that era. Their theorising provides a counterdiscourse to the discourses of popular culture. In Chapter 18, a group of midwives reminisce collectively about their experiences of working in maternity hospitals during the years when babies were taken for adoption. Their collective reminiscences throw new light on the role that midwives and nurses played in adoption practices.

Part 7 contains the semanalysis where, in Chapter 19, I examine the tensions between the symbolic and the semiotic. In Chapter 20, I draw together the threads of this thesis as I show how the notion of abjection weaves itself throughout the discourses of the symbolic and semiotic orders and emerges as the meaning of losing a baby to adoption.

In Part 8, the Epilogue, I reflect on some of the issues which arose as I travelled on my journey through this thesis: the methodology I chose and the usefulness of semanalysis as a research method; adoption as a modern or postmodern phenomenon; and the emergence of a critical postmodern feminism as a new paradigm. Finally I discuss the difficulty in writing this thesis as insider / outsider, researched / researcher, and how I teetered on that thin line between personal catharsis and professional restraint.

Chapter 1

ADOPTION'S METANARRATIVE

"[Metanarratives]...legitimate social and political institutions and practices, forms of legislation, ethics, modes of thought, and symbolics"(Lyotard, 1992:61)

Throughout the Judeo-Christian history of the Western world stories have been told about the separation of mothers from their babies. The stories that have been told are as diverse as the stories which have remained unheard. Until the early twentieth century practice was to for babies to remain with their mothers because, after all, the primary function of mothers was to care for their children. However, when, owing to mothers' impoverished circumstances, the care of children devolved to the State, another solution was found - the removal of their children for a better life than that which their mothers could provide.

During the 1950s and 1960s, a means for providing children with a better life, a life synonymous with family life, gained greater credence than it had hitherto. This means became an end in itself, and it was called adoption. The philanthropists of the previous centuries who had laid claim to saving children from 'real' poverty gave sway to a new generation of saviours - social workers- who saw their mission as one to save children from a prospective poverty for which they were destined should they remain with their mothers. Such salvation could be achieved by the removal of children from their mothers - for adoption.

Adoptive parents, however, no longer required older children for domestic or farm service as had families of earlier times. Now married couples who had tried unsuccessfully to have children were offered the promise of a normal family through the adoption of children whom they were told were unwanted. Rather than choosing to adopt older or differently abled children, they wanted babies whom they could raise 'as if born to them' and, in order for adoption to be successful, babies needed to have their past erased in order to be considered 'filius nullius', the child of no-one. That the 'no-one' who bore a child taken for adoption was a mother received little consideration or acknowledgment. She was exhorted to forget that she had carried a baby for nine months and had borne a child: she was expected to get on with her life, marry, and have children of 'her own'.

The adopted child, presumed to be 'tabula rasa', was a blank slate on which both a new and old genealogy could be inscribed. The child's name was changed and a new birth

certificate issued, one which would closely approximate a child's original birth certificate. Provided that all parties remained silent, the secret could be maintained.

However mothers felt that they had remained silent for too long. Their children were now coming into adulthood and mothers were beginning to discover that the assurances that they had been promised were flimsy. When one mother who had lost a baby met another, she discovered that she was not alone; then as groups of mothers spoke to others they discovered that not only were they not alone in their community, or even nationally, but that internationally there were not hundreds, or thousands, but hundreds of thousands of women such as they. Their experience which they had assumed to be singular had been replicated throughout the Western world. Their furtive whispers became a shrill cry against the injustices that they believed had been inflicted on them, to separate them from their babies for adoption. In some countries such as New Zealand, England and Australia legislation allowed mothers to trace their lost babies. For mothers in most of the United States of America the fight for such legislative change continues to be waged.

Adoption's metanarrative has been successful, for the most part, in its endeavour. Within the symbolic social order which proscribed it, adoption achieved its goal of family creation. It legitimated the practice of removing babies from their mothers and perpetuated a misguided morality on which the success of adoption relied. For many years adoption attempted to level the societal playing field: adoptive parents raised the babies, the babies grew into more or less adults, and the mothers got on with their lives. Such are the demands of time. However, beneath a presumption of social order lies a murky entropy. It is not within the scope of this thesis to tell the stories of the adopted children whose lives ended in prison, drug addiction or death. Nor is this thesis about the adoptive parents' grief for their infertility, their unsuccessful attempts to parent another's child, or their fears of reunion between 'their' child and her or his mother. These are stories for others in a different space to tell.

Now, as mothers try to make some sense of what happened to them, to have been separated irreparably from their babies through adoption, they are confused as to why they were betrayed by a social system, a symbolic order, which claimed to have their interests, and the best interests of their children, at heart. They are asking, "What did it all mean?"

Part 2

FRAMEWORKS

*"The maternal body is a split body where childbirth is the threshold of...the 'symbolic' and the 'semiotic'."
(Kristeva, 1981:159)*

FRAMEWORKS

Introduction to Part 2

In this section I will present the frameworks which both inform and support this thesis. Chapter 2 contains the theoretical framework and Chapter 3 presents the interpretive framework.

To inform the theoretical framework described in Chapter 2 I have drawn primarily on the works of the Bulgarian / French postmodern feminist Julia Kristeva and her writing on semiotics, motherhood and abjection. In addition I have turned to other works by the French post-structuralist philosopher Michel Foucault, the American critical feminist psychologist Michelle Fine, and the West German socialist feminist Frigga Haug. I have used these works as heuristic devices through which to decipher the meaning of losing a baby to adoption. However, I must emphasise that whereas none of these writers has written about the loss of babies to adoption, nonetheless their writings provide an insightful lens through which to explore the phenomenon.

The process which constitutes the interpretive framework described in Chapter 3 is that of semanalysis. Derived from the work of Julia Kristeva (1980; in Moi, 1986), "semanalysis" is the conflation of two words, "semiotic" and "analysis", and is a process through which meaning is exposed.

Incorporating the main concepts in this thesis - the symbolic order, the semiotic order, the thetic phase and semanalysis - I have represented the interpretive framework in the figure of a double helix (see Appendix 2). As the symbolic and the semiotic wind around each other, the tensions of meaning which keep them apart are revealed through semanalysis. For each turn of the symbolic revealed through hegemonic discourses enclosed within it, there is a corresponding turn of the semiotic representing counterdiscourses. That is, for each construction of adoption practices within the discourses of the symbolic order there is a deconstruction, or unravelling, within the counterdiscourses of the semiotic.

Chapter 2

THE THEORETICAL FRAMEWORK

Kristeva, Foucault, Fine And Haug

The theoretical framework for this thesis takes its shape from Julia Kristeva's work on semiotics in which she has described two determinants of language: the symbolic order which pertains to the social, and the semiotic order which refers to the personal. Where the symbolic and semiotic orders intersect, Kristeva has called the thetic phase. Kristeva's work draws together the margins of the symbolic and the semiotic orders at which she sites her theory of abjection, that is, the unnameable and the unspeakable. In addition to her theory of abjection, I have drawn on Kristeva's theories of maternity as a split body, and the speaking subject as subject-in-process.

Post-structuralism, wherein Michel Foucault's work sits, reduces all phenomena to text or discourse so that its meanings can be revealed. In other words, it deconstructs the boundaries which surround discourses to expose ambiguities, contradictions and other embedded meanings. Not only does discourse refer to visual texts such as the written word, but the body itself can be read as text, as discourse, and the discursive (social) formations with which it is inscribed can be analysed or deconstructed. In particular, Foucault addresses the discursive formations of power, discipline and sexuality.

Michelle Fine's work complements the work of Foucault in that she addresses the suppression of women's voices which threaten to disrupt the symbolic order, and thus, have been silenced. Fine examines the ways in which women's voices, and hence their bodies and sexuality, are silenced by patriarchy and yet manage to resist silencing through subversion. She also outlines some principles on which feminist research ought to be based, and against which the rigour of feminist research could be evaluated. The work of Frigga Haug on female sexualization also explores women's silence about their bodies, and looks at the way in which women construct themselves socially through their own discourses articulated through their memories and personal narratives.

Julia Kristeva: abjection, maternity and the speaking subject

Through my exploration of feminist theories, particularly those related to motherhood, I became familiar with the work of the French school of postmodern feminism, including that of Julia Kristeva. Among Kristeva's work, three main theories emerged which seemed to inform the research that I planned to undertake: her theories of abjection, motherhood and the speaking subject.

I do not pretend that reading Kristeva was easy and I was heartened to discover that other scholars had similar difficulty with her work (Jardine, 1986; Oliver, 1993), difficulties which according to Pajaczkowska (1981) could not be alleviated through paraphrasing. There were many occasions when I would read her work and I would feel an affinity, an understanding, but her writing was elusive. When I returned to it the following day, it was 'gone', and what I was reading was new, as if I were reading her work for the first time. As Oliver (1993:2) expressed, "the ambiguities in (Kristeva's) writing make (it) both trying and exciting at the same time". However, with subsequent readings her work became more accessible. Eventually, I came to see Kristeva's writing, in particular, her chapter, "Approaching Abjection", as poetry, and I transcribed it as such (see Appendix 16), confident that Julia Kristeva would approve in the light of her work, "Revolution in Poetic Language" (in Moi, 1986). In deconstructing Kristeva's work in this way, I came to a greater understanding of it.

In this section I will outline Kristeva's three theories with reference to their position in the theoretical framework.

Kristeva's Theory of Abjection

It is not possible to define 'abjection', for to attempt to do so would be to situate it within the symbolic: to impose an artificial structure on something which is fluid and amorphous and which takes on the shape of the abject. In "Powers of Horror: An Essay on Abjection" (1982) Kristeva reveals the meaning of abjection through metaphor and allegory. Abjection is that which "disturbs identity, system and order" (Kristeva, 1982:4) and which exerts greater control if it remains hidden, unknown" (Lechte, 1991:158). Oliver's (1993:55) interpretation of 'the abject' is that it is

"something repulsive that both attracts and repels. It holds you there in spite of your disgust. It fascinates...The abject is what is on the border, what doesn't respect borders. It is 'ambiguous', 'in-between', 'composite'".

Oliver (1993:58) further suggests that the symbolic order maintains its borders and hence contains abjection through a system of ritual exclusions. Such exclusion serves to punish moral infractions which pose a "threatening otherness" to the symbolic order (Kristeva, 1982:17). The abject exerts an attraction which "draws me toward the place where meaning collapses" (p:2) and is therefore a "kind of narcissistic crisis" (p14).

The essence of Kristeva's theory of abjection has been captured in her own words:

"Abjection...is immoral, sinister, scheming, and shady: a terror that disassembles, a hatred that smiles, a passion that uses the body for barter

instead of inflaming it, s debtor who sells you up, a friend who stabs you..."
(Kristeva, 1982:4)

I will return to Kristeva's theory of abjection in more detail in Part 7, the semanalysis.

Kristeva and maternity

It has been suggested that Kristeva has proposed a new model of maternity and motherhood (Zerilli, 1992). It is within this model that the meaning of motherhood for women whose babies were taken for adoption will be examined.

According to Kristeva (in Moi, 1986:175), the pregnant woman is a manifestation of a split body, a split between "the immeasurable, unconfined maternal body" which is a "continuous separation, a division of the very flesh" and the "abyss between the mother and the child": the maternal chora. What has been previously part of her own flesh before the birth is "henceforth but irreparably alien" and "irremediably 'an other'", an alterity between mother and child, posing the questions: "Who is the subject? Who is the 'Other'?"

My interpretation of the maternal chora, can be represented on the one hand by an Aboriginal cave painting depicting the relationship between mother and child, and on the other, in Russian dolls. I have no knowledge of relinquishment in Russian culture, but within Aboriginal societies adoption of children is alien. This is particularly important in the light of the separation of Aboriginal women from their children: the 'stolen generation'.

Kristeva's notion of the maternal chora is of a spiritual space between the mother and child - a space which defies physical boundaries and yet incorporates them; a space which is infinite, which each defines in order to become the 'Other'. It is an 'unreal' space, a virtual space, a space which women who have never had children occupy by virtue of their having been daughters. It transcends gender and generations in a metaphysical sense. But it is not the biological determinant, 'maternal instinct' (which is one of the challenges to Kristeva's theory). What Kristeva is proposing is a dialectic between the mother and child across the imposed separation of birth: neither is subject nor object. The taking of a baby for adoption is a rupture in this maternal chora.

Although many feminist theorists are polarised in their critiques of Kristeva's writings, Oliver (1993:6) has declared that "(Kristeva's) analysis of the maternal function is in itself a new discourse of maternity". According to Oliver (1993), Kristeva suggests that "we need to reconceptualize and rearticulate the relationship between women and reproduction". I concluded that if Kristeva was proposing a new model of maternity, most clearly

expounded in her work "Stabat Mater" (in Moi, 1986: 160) written after the birth of her son in 1976, then this was a new theory in which relinquished maternity could be also explored.

Some critics (cited by Oliver, 1993:2) have dismissed Kristeva's notion of maternity as biologically reductionist and essentialist because she sites motherhood firmly within the semiotic. However, her work demands a more complex reading than these criticisms suggest, a reading which I propose to undertake in this thesis. Through the process of semanalysis the act and consequences of losing a baby to adoption will be interpreted through Kristeva's theory of maternity and notion of abjection.

The implications of feminist discourse on maternity for my research lie in the reluctance of feminists to acknowledge mothers of babies taken for adoption vis-a-vis other groups of women such as surrogate mothers whom the women's movement has supported in their refusal to relinquish their babies (Kane, 1990), or women who have participated in the reproductive technologies (Raymond, 1993; Rowland, 1992). In this context, Zerilli (1992) has further explored the writing of Kristeva on maternity in relation to the work of Simone de Beauvoir, and examined feminism's support for women who refuse maternity. Important for and relevant to the discussion of loss of motherhood to adoption is an analysis of the relationship between feminism and maternity, however such analysis is beyond the scope of this thesis.

The 'Speaking Subject'

It became clear to me that there had to be a meaning for relinquishment that was not a social meaning, ascribed by social mores, as influential as they might have been, but a meaning that would reveal itself through the voices of the women who were the principles in the relinquishment of a baby for adoption. In Kristeva's terms, a meaning of relinquishment could be revealed through "semanalysis", that is, in the dialectic between the symbolic and semiotic orders, and through her theory of the speaking subject.

Kristeva described her theory of the speaking subject in her work "Desire in Language" (1980) in which she aimed to discover "the determinative role of language in all human sciences" through the process of semanalysis. The rupture between the symbolic and semiotic orders results in the "call of the unnameable" which she later described as "the abject" (Kristeva, 1982).

According to Kristeva, the semiotic sits at the borders, at the margins of the symbolic from which it threatens and challenges through the speaking subject and through abjection. In this thesis the speaking subjects are the mothers who lost babies to adoption; the symbolic is within the hegemonic discourse of medicine, law, politics, social sciences and the media; the semiotic lies within the counterdiscourses of the speaking subjects. However, as Alice Jardine (1980) says, this is not a search for Truth, but a strategy to elaborate Kristeva's theory of the speaking subject, the subject whose words are not filtered through the symbolic, but which are recognised as legitimate discourses in their own right.

The importance of Kristeva for nursing

Nursing discourse has only recently begun to challenge the symbolic order and the inherent structuralist assumptions (see for example, work by Dickson (1990a; 1990b) on menopause). To date, however, the writing of Julia Kristeva has been examined in a limited way (see for example Rudge, 1996) in spite of its relevance for nursing, particularly her writing about the body and "filth and defilement", and its important contribution to feminist theory. The closest association has been Jocelyn Lawler's (1991) reference to Mary Douglas's work "Purity and Danger" on which Kristeva has drawn heavily in her essay on abjection, "Powers of Horror" (1982).

I asked myself: Why had nursing discourse refused to confront the abject, 'a fundamental aspect of individual and social life' which was to remain in oblivion? Or could the control exerted by the horror - of relinquishment- only remain hidden if it was unknown, unrecognised and unanalysed?

My use of postmodern feminism and of Kristeva's work in particular provide an alternative basis from which nursing theory can proceed to examine its epistemological bases and derive new meanings for practice. In the introduction to "Desire in Language" (Kristeva, 1980:12) Roudiez states that : "Kristeva's work reminds us that theory is inseparable from practice and is modified by further practice". Such is the richness and relevance of Kristeva's work for nursing theory and nursing practice.

What can nursing learn from Julia Kristeva?

The writings of Julia Kristeva have contributed significantly to contemporary thought, particularly in the areas of literature and cultural studies. However nursing discourse has been comparatively slow to engage with her work. Where nurse scholars have

appropriated Kristeva's ideas for their research they have done so in a piecemeal fashion. Can nursing research "use" Kristeva's theory of abjection, for example, to explore "the improper / unclean" associated with nursing practice? Or can Kristeva's theory of abjection assist us to understand the neophyte nurse's horror of death? Is Kristeva's theory of maternity an appropriate framework within which to critique midwifery practice? Can her work on semiotics and semanalysis help nurses to deconstruct textbooks and medical records which contain bodies but no people?

I suggest that it is unauthentic to appropriate *one* of Kristeva's theories without engaging in more of her work. How can one explain abjection in nursing a burns patient (Rudge, 1996) without acknowledging the speaking subject? How can a nurse researcher embark on the process of semanalysis without addressing Kristeva's notions of the symbolic, semiotic or thetic?

Although each of her many theories may, on superficial reading, appear to stand alone, it is only through involvement with the corpus of her writings that one can understand its gestalt. Through a reflexive approach to reading Kristeva's work she becomes more accessible: her ideas are never static but have evolved over a period of thirty years. In order to truly understand and engage with her writing, one must read and re-read it along with her interviews. For example, her work "Stabat Mater" has more resonance when one knows that she wrote this piece following the birth of her son in 1976. Consequently the criticism of this work by feminist writers such as Judith Butler (1989) as a "biologically determinist" view of motherhood can be challenged. To "use" Kristeva's work without such exploration is trite.

To return to the question which I posed at the beginning of this section, "What can nursing learn from Julia Kristeva?", I respond that it is a great deal, or very little. From reading her work nurses can learn about the poetics of language, the economy of style, the difficulty of one language to convey meaning in another. Although her writings pose many challenges, there are rewards when one finally arrives at the personal satisfaction of being able to disentangle the myriad brilliances within her lines. However Kristeva will teach us nothing if we appropriate sections of her work to make them fit our research endeavours. In order to read nursing in an authentic way through a Kristevan lens, we must immerse ourselves within the totality of her work. This I have attempted to do in this thesis.

Michel Foucault and discourse, sexuality, discipline, docility and power

From a selection of the works of the French poststructuralist philosopher, Michel Foucault, I have sought to analyse the hegemonic discourses of the symbolic. Foucault's work which addresses the concepts of discourse, sexuality and discipline intertwined with genealogy, docility, power, resistance and provide heuristics whereby the 'social bodies' of women who lost babies to adoption can be examined.

There is a growing body of nursing scholarship which has begun to recognise the usefulness of Foucault's work for explaining some phenomena of concern to nurses: power relationships (Cheek & Rudge, 1994; Henneman, 1995); medicine (Peerson, 1995); nursing documentation (Heartfield, 1996); and female sexuality (Few, 1997). Other nurse scholars have contributed to the critique of Foucault's work and warned against nursing's over-zealous embrace of the new paradigm without engaging in such critique (Porter, 1996; Cheek & Porter, 1997). Nursing's critique of Foucault has followed an established body of feminist critique of his work, with appealing titles such as "Up against Foucault" (Ramazanoglu, 1993) and "Disciplining Foucault" (Sawicki, 1991), and others (Diamond & Quinby, 1988). An in-depth critique of Foucault's work is beyond the scope of this thesis: nonetheless his ideas have not been accepted without critical consideration in my use of his work as an heuristic lens through which to decipher the meaning of losing a baby to adoption.

Foucault on discourse

For Foucault, discourse refers to "relatively well-bounded areas of social knowledge" (McHoul & Grace, 1997:31) which are historically and socially located. It is this definition of discourse which underpins the analysis of hegemonic discourses in Chapters 7 to 12. Instead of a discourse being analysed in terms of its laws of construction (as in structural linguistics), the social conditions behind the existence of discourses should be investigated as should the practical field in which it is employed (Foucault, 1978). In addition, according to Foucault, discourse analysis should detect the changes and transformations which affect a particular discursive formation. By "discursive formation" Foucault (1978) means the idiosyncratic rules of formation for the discourse's objects, its operations, its concepts and its theoretical options, in what he has referred to collectively as "an archaeology" (Foucault, 1978).

For Foucault, transformations or changes are not merely incidental to historical changes within discourses, but in fact constitute it (McHoul & Grace, 1997:45) and in doing so, "conceal their own intentions" (Cheek & Porter, 1997). For this reason Foucault's approach to discourse analysis has been described as a "critical approach" (McHoul & Grace, 1997:27) in that it demands a reading against the grain in order to analyse how power relationships have been historically located and socially constructed.

In Part 4, I have used Foucauldian discourse analysis to show how the unmarried mother was constructed by the hegemonic discourses of the symbolic order as "mad, bad, and stupid" in order to serve adoption's metanarrative. I will also incorporate Foucault's notion of discourse with the Gramscian notion of hegemony in the introduction to Part 4 in order to clarify my use of the term "hegemonic discourses".

Discourse and genealogy

Michel Foucault's work on "genealogy" (Foucault in Rabinow, 1987) shares a comparison with the symbolic order as "the paternal order of genealogy" (Kristeva in Moi, 1986:152). According to Foucault (in Rabinow, 1987:86) "the role of genealogy is to record its history." However Foucault is not referring to history in a traditional sense, but to an "effective history [which] deals with events in their most unique characteristics, their most acute manifestations" where an event is

"the reversal of a relationship of forces, the usurpation of power, the appropriation of a vocabulary turned against those who had once used it, a feeble domination that poisons itself as it grows lax, the entry of a masked 'other'" (Foucault in Rabinow, 1987:88).

The hegemonic discourses of the paternal symbolic order as I will present them in Part 4 conform to Foucault's genealogy whereby they are fraught with contradictions between the political and legal forces of historical time which usurped power in order to legitimate the separation of mothers from their children. In Part 5 I will show how the hegemonic discourses crumbled as they became undermined with the entry of the "masked `other'", that is, the masked mother who resisted her discursive constructions.

Discourse and silence

Just as there is no one voice, so Foucault (1979:27) acknowledged that

"there is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses".

Without suggesting a binary division, (whereby, say, silence could be construed as feminine and discourse as masculine) Foucault (1979:27) has proposed that the other side of discourse is found in

"the things one declines to say, or is forbidden to name, the discretion that is required between different speakers...that element that functions alongside the things said, within them and in relation to them within over-all strategies".

Foucault's description of silence shares similarities with Julia Kristeva's notion of the abject - the unnameable - to which I have referred above, and resonates in the ideas of Michelle Fine and Frigga Haug which I address later in this chapter.

"Between the couch and discourse": Foucault on sexuality

As McHoul and Grace (1997:113) have interpreted from Foucault's writings on sexuality (Foucault, 1979; Foucault, 1988), "marriage became the social space which had a *monopoly* on sexual relations". Within marriage, sexual activity served three purposes: procreation, maintenance of fidelity, and restrained pleasure (Foucault, 1988, 177-178). The "legitimate and procreative (that is, married) couple

"imposed itself as a model, enforced the norm, safeguarded the truth, and reserved the right to speak while retaining the principle of secrecy" (Foucault, 1979:3).

For Foucault (1979:39), the "law of marriage" and the "order of desires" were the "two great systems of the West for governing sex". If, as according to Foucault (1979:40), both systems were overturned by the life of Don Juan, then his contemporary female equivalent, the unmarried mother, was equally responsible for committing "infractions against the legislation (or morality) pertaining to marriage and the family" (Foucault, 1979:39).

In accordance with Foucault's theory of discourse, sexuality was determined as discursively constructed (Foucault, 1979:11), in particular in medical discourse:

"Since sexuality was a medical and medicalized object, one had to try and detect it - as a lesion, a dysfunction, or a symptom - in the depths of the organism, or on the surface of the skin, or among all the signs of behaviour" (Foucault, 1979:44).

Discourses of sexuality were also responsible for revealing multiple and mobile power relations (Foucault, 1979:98), and "their capacity to produce the truths we live by...and the conditions necessary for their production" (McHoul & Grace, 1997:58).

In Chapter 9 I will show how the unmarried mother came under the "medical gaze" as her sexuality became pathologised. In Chapter 12, I will demonstrate how Foucault's rejection of the "repressive hypothesis" pertaining to sexuality was upheld in the discourses of popular culture in an era that simultaneously promoted and constrained women's sexuality.

Panopticism: Foucault on discipline and docility

In his work "Discipline and Punish" (1979), Foucault used Jeremy Bentham's nineteenth century design for a model prison, the Panopticon, to explain the way in which a society disciplines its members through surveillance. The Panopticon consisted of a central tower with wide windows surrounded by a circular structure divided into cells each also containing a window. The dual purpose of this structure was to enclose the subject while allowing visibility by others through backlighting. Although individual inmates knew themselves to be under constant surveillance, there was no communication between them. Foucault (1979) extended the notion of the Panopticon to include all social institutions whereby

"the panopticism of every day may well be below the level of the emergence of the great apparatuses and the great political struggles" (Foucault (1979:223).

The reason for this, argued Foucault (1979:215), is that "discipline may be identified neither with an institution nor with an apparatus: it is a type of power, a modality ...comprising a whole set of instruments, techniques, procedures, levels of application" which is taken over by institutions or by authorities. On the other hand, Foucault associated discipline with the hospital which he described as "a moral institution responsible for punishing, for correcting a certain moral 'abeyance'" (Rabinow, 1987:137). Rather than being procured by force, discipline could be achieved through

"Small acts of cunning endowed with a great power of diffusion, subtle arrangements, apparently innocent but profoundly suspicious, mechanisms that obeyed economies too shameful to be acknowledged, or pursued petty forms of coercion" (Foucault, 1977:139).

From his definition of discipline, Foucault (1979:216) proposed the idea of a disciplinary society as one which stretches from "a sort of social quarantine to an indefinitely generalizable mechanism of 'panopticism'" thereby enforcing a society's values. He continued that "a disciplinary society is connected with a number of broad historical processes" which I will show in Part 4 are mediated through its politicolegal, medical and social discourses.

The aim of panopticism, Foucault (1977:138) contended, was to induce docility in its subjects, and hence discipline, whereby "discipline produces subjected and practised bodies, 'docile' bodies". An effect of such discipline would be to

"[i]n short...dissociate power from the body; on the one hand it turns it into an 'aptitude', a 'capacity' which it seeks to increase; on the other hand, it reverses the course of the energy, the power which might result from it, and turns it into a relation of strict subjection" (Foucault, 1977:138).

In what Foucault would later call "a bio-politics of population" (Foucault, 1979:139) he asserted that the function of discipline was to

"increase the forces of the body (in economic terms of utility) and diminish these same forces (in political terms of obedience)" (Foucault, 1977:138).

The medicalization of women's bodies and their sexuality was one manifestation of the bio-politics of population which was

"carried out in the name of the responsibility they owed to the health of their children, the solidity of the family institution and the safeguarding of society" (Foucault, 1979:147).

When women's bodies came under the medical gaze they could be disciplined through "the specific technique of a power that regards individuals both as objects and instruments of its exercise" (Foucault, 1979:170) and thus, rendered docile. According to Foucault (1977:136) "(a) body is docile that may be subjected, used, transformed and improved" and it is docility "which joins the analysable body to the manipulable body" in a docility-utility nexus. Feminist writers have used the bio-politics of population to both critique (Diamond & Quinby, 1988; Ramazanoglu, 1993) and illuminate (Sawicki, 1991) Foucault's analysis of the medicalization of women's bodies.

Foucault on power-knowledge

As with discipline and panopticism, Foucault emphasised the subtle nature of power as distinct from, say, violence or force. For Foucault, power was inextricably connected with knowledge in that "power produces knowledge;...that power and knowledge directly imply one another" (Foucault, 1977:27). Foucault (1977:28) summarised his notion of the power-knowledge nexus whereby

"it is not the activity of the subject of knowledge that produces a corpus of knowledge, useful or resistant to power, but power-knowledge, the process and struggles that traverse it...that determines the forms and possible domains of knowledge."

In addition, Foucault (1979:93) asserted that "[p]ower is everywhere, not because it embraces everything, but because it *comes* from everywhere" (my emphasis). In

describing the "putative mechanics of power" which repressed sex, Foucault (1979:85) defined a power which

"is poor in resources, sparing of its methods, monotonous in the tactics it utilises, incapable of invention, and seemingly doomed always to repeat itself".

Although power at a macro-level may be diffuse and unintelligible, Foucault (1979:95) has suggested that it is at "the restricted level (the local cynicism of power)" where "the rationality of power is characterised by tactics that are quite explicit." Such tactics attract and propagate each other with the result that they become taken-for-granted, internalised, "unspoken strategies". However, it is important to note that, as with discourse, power is historically and socially located.

Foucault on resistance

"Where there is power, there is resistance...which is never in a position of exteriority in relation to power" (Foucault, 1979:95).

Resistance, however, is not contained within refusal, revolt or rebelliousness, says Foucault, but instead there is a

"plurality of resistances, each of them a special case: resistances that are possible, necessary, improbable; others that are spontaneous, savage, solitary, concerted, rampant or violent; still others that are quick to compromise, interested, or sacrificial" (Foucault, 1979:96).

For Foucault (1979:96), resistance could have several outcomes: "mobilizing groups or individuals in a definitive way, inflaming certain points of the body, certain moments in life, certain types of behaviour". To embrace Foucault's notion of resistance is to accord agency to subjects in the face of his disturbing ideas on power.

In Part 7, the semanalysis, I shall return to Foucault's ideas in order to explicate the tensions between and within the discourses of the symbolic and semiotic orders. In the intervening chapters, his work threads its way in the power relationships created by hegemonic discourses of the symbolic and the resistances expressed in the counterdiscourses of the semiotic.

Michelle Fine and discourses of silence and resistance

In her work, "Disruptive Voices: The Possibilities of Feminist Research" (1992), the critical feminist psychologist, Michelle Fine provided a forum for the voices of women describing them as

"voices heard, muffled, suffocated, shouted in collective rage...to hear what has been hidden, swallowed, suffocated and treasured by, for and despite, women" (Fine, 1992:xii).

"Voices", says Fine (1992:215) "offer a qualitative opportunity for scholars interested in generating critical, counterhegemonic analyses of institutional arrangements": in this thesis, the voices of women who lost babies to adoption are afforded an opportunity through their personal narratives to counter the hegemonic discourses of medicine and social science in the institutional arrangements of relinquishment and adoption. I have also taken up Fine's challenge to research:

"When injustice persists with no evidence of unhappiness, rebellion, or official grievance, we need to study the reasons why" (Fine, 1992:23).

During the "boom" period of adoptions between 1960 and 1973, when more than 34,000 adoptions took place in New South Wales (Appendix 1), of which more than 27,000 were infant adoptions, there was "no evidence of unhappiness, rebellion or official grievance", and yet many of these adoptions took place in a climate of injustice, as this research will reveal. I have attempted to study why this was so, through the resisting voices of the mothers who lost their children and who are now speaking out through their narratives.

In Part 7, the semanalysis, I have interwoven Michelle Fine's concepts of silence and resistance with those of Michel Foucault in order to understand their manifestations in the meaning of losing a baby to adoption.

Frigga Haug: the social construction of the self

Frigga Haug, a West German feminist, has described herself as a Marxist (Haug, 1987: 23), although her work seems to share many commonalities with critical theory. It is tempting to view Marxism and critical theory as synonymous and interchangeable labels for a liberatory epistemology, but close scrutiny of Haug's work reveals an affinity for the latter school as much as for the former. Her work certainly lacks the androcentrism evident in traditional Marxism and she calls for a re-reading of Marxism, particularly since the reconfiguration of Europe. The cultural dynamic which 'weaves historical events of modernisation into a dialectic account of enlightenment and

domination' (Zaret, 1992) and which forms the core of critical theory is perhaps the defining difference between it and Marxism.

Consistent with a Marxist position, Haug (1992) questioned the capitalist ideal of the nuclear family and which exploits women for their reproductive labour and subordinates them to the profit motive. She concluded that "the women's question is a question of democracy, and, concomitantly, there will be no democracy and no socialism without a solution to the women's question" (Haug, 1992:267).

Within this context, Haug has situated her theory and method of memory-work which

"examines the ways in which individuals construct themselves into existing relations, thereby reproducing a social formation...and whereby human beings may themselves assume control...with the potential prospect of liberation" (Haug, 1987:34-35).

Memory work is thus predicated on two premises: that the subject and object of research are one, and that the research itself should be a collective process. In similar vein to Foucault, Haug (1987:191) has offered a definition of discourse "which is neither a superstructure, nor a specific social field but the form of a constitution of the social". Furthermore, Haug (1987:191) uses the term 'discourse' to refer to

"a system of language, objects and practices. It implies a practice of both speech and action; who, it asks, speaks on a particular object or event and when, where and how?"

I have taken some of the basic premises of Haug's work, including her explication of memory-work as method, to inform this thesis.

Concluding comment

In this chapter I have outlined the theoretical framework for this thesis, using several key ideas from the works of Julia Kristeva, Michel Foucault, Michelle Fine and Frigga Haug. At points throughout the thesis I will refer to these ideas as they inform the unfolding events, and occasionally, for emphasis, there may be repetitions of some passages. In particular, I will return to the work of Frigga Haug in greater detail in Chapter 17 when I present her theory behind the method of memory-work. In Part 7, the semanalysis, I draw together the edges of the framework in order to unveil the meaning of losing a baby to adoption.

Chapter 3

THE INTERPRETIVE FRAMEWORK

Semanalysis¹

Semanalysis is a process that has been explicated by Julia Kristeva in several of her works (Kristeva, 1974; Kristeva, 1975; Kristeva, 1980; Kristeva, 1984). Described as "a mode of thought which subverts established beliefs in authority and order" (Moi, 1986:24), semanalysis is the conflation of two words, "semiotic" and "analysis".

In this chapter I will show how I have employed the process of semanalysis, and clarify its relationship with the other components of the interpretive framework: the symbolic order, the semiotic order and the thetic phase in what I have called a "semanalysis helix" (see Appendix 2). The semiotic ruptures the symbolic at the thetic phase which is represented by the scission of the two helical strands.

In this chapter I will first elaborate on the symbolic and semiotic orders, and the thetic phase. In the section following I will explain the relationship between semanalysis and the notions of a "signifying process" and a "signifying practice" as I have interpreted these terms within the context of adoption and examine how meaning is derived from tensions between the symbolic and the semiotic. Finally, I will briefly discuss the use of semanalysis as a research method.

The symbolic order

Whereas Kristeva has consistently throughout her work used the term, *symbolic* in a psychoanalytic sense (see for example Kristeva, 1980, 1984, 1986), elsewhere (Kristeva, 1980:7) she has referred to the symbolic order as "the establishment of sign and syntax, paternal function, grammatical and social constraints, symbolic law", that is, as the order of language as a rule-governed system of signification (Grosz, 1992:xxiii).

Based on the writings of Jacques Lacan and paraphrased by Grosz (1989:xxii), Kristeva has referred to the symbolic as, first, the "organisation of the social order according to the imperatives of paternal authority" and, second, "the order of language, and particularly

¹ Kristeva interchanges the use of the italicised first syllable in "semanalysis" with nonitalics. I have chosen to use the former in headings and the latter in the body of the text.

language considered as a rule-governed system of signification... the order of representation". As an extension, the symbolic can be interpreted as analogous to the social order or culture in opposition to the semiotic which is the subjective or personal. The symbolic, however, is an order superimposed on the semiotic. Kristeva has also described the symbolic order as

"the paternal order of genealogy - a temporal order...[characterised by] a series of inhibitions and prohibitions, ranging from rules to sexual taboos and economic, political and ideological constraints..." (Kristeva in Moi, 1986:153).

This is a "socio-symbolic" order which responds to the imperatives of paternal authority described by Lacan (in Grosz, 1992:xxii) as "a domain of position and judgement" (Kristeva, 1980:19).

Oliver (1993:9) has noted the confusion between the uses of "symbolic"² as a psychoanalytic dimension and "Symbolic" as "paternal agency [which] both guarantees and is founded on the exchange and control of women and children through the Name of the Father" (Oliver, 1993:50). Such confusion is in no small part due to Kristeva's inconsistent and interchangeable use of the terms as well as their translation from the French, despite Oliver's (1993: 9-10) distinguishing between them in terms of their case.

Notwithstanding the various interpretations of the symbolic, I have chosen the explanation which equates it with the social order not only because of the clarity and intelligibility of this interpretation, but also because of its relevance for this thesis. Ann Jones's (1984) radical feminist reading of Kristeva's work provides a congruous and encompassing explication which I have found most useful for my work:

"Kristeva goes on to associate the Symbolic with the various discourses that organize public life: religion, economics, tribal and national groupings, law, politics, metaphysics; and she aligns the dominant power base of each social level with paternity, with masculinity. The Symbolic order is a man's world: it dominates the primary pleasures of the body and the senses, suppresses non-reproductive sexuality and any physical and psychic expenditure not aimed at profit and accumulation. Kristeva, that is, identifies the Symbolic with patriarchy, understood as the totality of culture."

My reading of Kristeva's work is that the symbolic order is the dominant social order which constructs and influences all its social institutions including the family and the law; it controls its members through various apparatuses of knowledge such as the media and popular culture by constructing the "normal", and hence by negation, the deviant and the abject. The symbolic order is the social order embodied in patriarchy,

² I have elected to retain the use of the lower case "s" consistent with Kristeva's majority usage

"the law of the Father", of which every social practice is a specific expression (Kristeva in Sebeok, 1975:47). It is the symbolic order which has rendered women invisible and their voices inaudible through objectification in the politicolegal, historical, medical, social and media discourses on adoption. These discourses which I have incorporated under the heading, 'hegemonic discourses' in Part 4 reflect the dominant ideology of the symbolic order, that is

"the ideology existing and operating within the dominant class of a given society so as to further the economic and political interests of that class" (Roudiez in Kristeva, 1980:15).

The semiotic order

Whereas the symbolic can be identified with the social order, the semiotic order is articulated by "flow and marks" including "the cutting up of the corporeal and social continuum as well as that of signifying material" (Kristeva, 1984:40); it always operates from a the multiple positions of the speaking subject. That is, the semiotic is located within the personal but dissects the social order and its practices, including discourses, constructed within and by it. The theoretical space where that dissection occurs is the thetic phase. The semiotic is also the site of drives and instincts including the maternal instinct. I have explained this relationship in Chapter 2 in my analysis of Kristeva's theory of maternity.

The thetic phase

Both the symbolic and the semiotic orders have tried to explicate the meaning of losing a baby to adoption through their discourses. Where the discourses of the symbolic and the semiotic intersect, where the one inserts into the other, Kristeva has called the 'thetic phase' (In Moi, 1986:98). Because the individual subject always occupies a dual space, simultaneously symbolic within the social and semiotic within the personal, no system of language can be said to be exclusively symbolic or exclusively semiotic. Such duality of subject positioning finds a space within the thetic phase.

One function of the symbolic order is what Kristeva (1984:57) calls "mimesis" which is "precisely the construction of an object, not according to truth but to verisimilitude", that is, an illusion or interpretation of truth. Mimesis is a transgression of the thetic, that is, the phase when the "truth" of hegemonic discourses no longer refers to a "mother" as object constructed by those discourses as unmarried, real, natural etc. Mimesis refers to "mother" as constructed through the semiotic but posited in the symbolic's

hegemonic discourses. In this way the thetic phase crosses the boundary between true and false, that is the true (or "real") mother as subject and the false (or constructed) mother as object. I take up the importance of the thetic phase in Part 5.

Through the process of mimesis, the unmarried mother was constructed by the discourses of the symbolic order not as an authentic representation, but contrived in a way that served the interests of the symbolic. In the thetic phase, the mother constructs *herself* through mimesis which subverts the symbolic. It is in the thetic phase where the subject-in process completes her transformation into the speaking subject notwithstanding the infinitesimal number of transformations which may occur.

Semanalysis, signifying processes and signifying practices

The term "semanalysis" as I have deployed it in this thesis derives from Kristeva's work, "Desire in Language" (1980). In the introduction to this work, Roudiez (in Kristeva, 1980:4) has defined semanalysis as "a critique of meaning...it is what enables instincts to challenge authority...[and] what enables authority to contain instincts". As a process, semanalysis first questions the meaning and structures embedded in theory "giving heed to the underlying speaking subject" and secondly, assigns the position of object to itself "in order to emphasise the limits of a positivist knowledge of language and to induce research, harried by the specificity that the subject of the theory believes it can detect in that object..." (Kristeva, 1980:viii): a theory of meaning must of necessity be a theory of the speaking subject (Kristeva, 1975:49).

A *signifying process*, according to Kristeva (1984:24), is a process which constitutes language and meaning through *semanalysis*, and comprises the two modalities, the *symbolic* and the *semiotic*, which I have discussed above. It is within a *signifying practice* that meaning is conceived through the method of semanalysis as a signifying process, which incorporates the language of the symbolic and the semiotic in a dialectical relationship. Thus, it is within *the signifying practice of adoption* that the *meaning of losing a baby to adoption* is understood as a *signifying process* through *semanalysis* which posits the hegemonic discourses of the symbolic against the counterdiscourses of the semiotic and vice versa.

Semanalysis, then, as a signifying process, provides a way of examining the tensions between *the signifier*, or sound-image, and *the signified*, or concept, as they occur in relation to women who have lost babies to adoption: that is, mothers without children.

They are mothers whose articulation of the maternal drive (not to be confused with the biologically determinist "maternal instinct", but referring to the embodiment of motherhood) has been stifled by the social code which denied permission for them to speak.

Semanalysis: meaning between the symbolic and the semiotic

The transformation of meaning between the symbolic and the semiotic occurs through semanalysis which "conceives of meaning not as a sign-system but as a signifying process" and in which "the release and subsequent articulation of the drives as constrained by the social code are not reducible to the language system" (Kristeva, 1975:50).

According to Kristeva the aim of semanalysis is to "avoid being neither master nor slave of meaning", but instead, to ensure our *mastery of meaning* through knowledge and our *passage through meaning* through practice. It is only through such mastery of meaning that one can come to truth. The joy that is experienced when one has reached meaning by going beyond it is termed by Kristeva (1980:16) as "jouissance". In Part 7 I will return to the process of semanalysis as I explore the tensions of meaning between and within the symbolic and semiotic.

Semanalysis as research method

Semanalysis as a research method "assumes the necessity of adopting a stance involving otherness, distance, even limitation, on the basis of which a structure, a logical discourse is sutured, hence demonstrable" Kristeva (1980:ix). To engage in semanalysis, therefore, is to position oneself outside the hegemonic discourses of medicine, politics and social science in order to examine and reveal the limits of positivist knowledge. In short, semanalysis, as Kristeva herself has defined and used the term

"meets that requirement to describe the signifying phenomenon, or signifying phenomena, while analyzing, criticizing, and dissolving "phenomenon", "meaning", and "signifier" (Kristeva, 1980:vii).

My rationale for using semanalysis in this way is that it meets the requirement to describe the signifying phenomenon of losing a baby to adoption, while analysing, criticising and dissolving the phenomena of the family and adoption, the meanings of sexuality and maternity, and the signifier, "mother". Semanalysis, as a "direct successor of the dialectic method" (Kristeva in Sebeok, 1975:53), examines the

meaning of losing a baby to adoption within the dialectic relationship between the hegemonic discourses of the symbolic and the counterdiscourses of the semiotic.

To engage in semanalysis is to "search within the signifying phenomenon for the *crisis* or the *unsettling process* of meaning and subject" (Kristeva, 1980:125). I have attempted to search within the discourses of the symbolic and the semiotic and their representations of the signifying phenomenon of losing a baby to adoption, for the meaning of that crisis and the unsettling process which the mother brings to that crisis.

Semanalysis as a research method has much to commend it to social inquiry. Social inquiry does not, of itself, exist in a vacuum but depends on the discourses of its historical and politicolegal antecedents for explication of its context. Social inquiry is also influenced by the discourses of the present - the media and popular culture - which envelop it. Together, these discourses form the hegemonic discourses of the symbolic order; or, in other words, these are the discourses which describe and frame the social world as society would have us believe it to be, and in whose construction we participate.

For those who live in this social world, the reality expressed as in the voices of the participants is often very different from the rhetoric of the hegemony. Whereas in the past, a collective popular voice has been the one which has been privileged, in a postmodern world the voices of individuals are accorded equal weight. These are the voices of those who have been silenced either by the hegemonic discourses of the symbolic or smothered by a collective clamour. These are the voices of those for whom the symbolic order is not how it has been proclaimed, and their voices present counterdiscourses in the semiotic.

Part 3

METHODOLOGY

"In social study you get in close-up the behaviour of a limited number of units each of which is capable of an unknown number of deviations from a norm we cannot define."
(Kornitzer, 1968:228)

"The aim is not to presuppose the writer's neutrality but, on the contrary, her involvement..."
(Kristeva, 1980:vii)

METHODOLOGY

Introduction to Part 3

Because I intended to study the meaning of women's experiences through the analysis of opposing discourses, I decided that qualitative methodology with its emphasis on subjectivity was more appropriate than quantitative. Qualitative methodology is also consistent with (although not exclusive of) the principles of feminist praxis (which I discuss below), whereas quantitative methodology, with its roots in positivism, has been viewed by some feminist writers (see for example Daly, 1978) as patriarchal, and by others as masculine (Mies in Fonow & Cook, 1991:65; Stanley & Wise in Stanley, 1990). In addition, quantitative methodology has been purported not merely to conceal women's experience but even to distort it (Jayaratne & Stewart in Fonow & Cook, 1991) whereas qualitative methodology (within a feminist paradigm) provides opportunities for women's subjective experience to be articulated in their own voices (Olesen in Denzin & Lincoln, 1994) and is more useful for women's research (Mies in Fonow & Cook, 1991:67).

Without discrediting those feminist researchers who have used quantitative methodologies, I have employed a methodology in this research that is both qualitative and feminist. Because it incorporates my specific but different ontologies as a feminist, as a mother who has lost a baby to adoption, and as a nurse, with my critique of and engagement with opposing discourses, I have described the approach to my research as feminist praxis. In Chapter 4, I recount the journey which I undertook in my exploration of feminist praxis through its epistemological and methodological mazes and how I reached the end-point in my choice of feminist framework and methods. In Chapters 5, I will describe and explain the multiple feminist methods which I used in order to acquire the information I sought in order to unravel the meaning of losing a baby to adoption. Finally, in Chapter 6 I will discuss the ethical considerations which were brought to bear on this research.

NB In this chapter I have departed from the usual "vague, impersonal, masculinist" (Reinharz, 1992:16) practice of referring to female authors only by their surnames and instead have used their full names in text.

Chapter 4

FEMINIST PRAXIS

"Feminist praxis" is a somewhat elusive concept. Liz Stanley (1990) has used the term to incorporate feminist theory, research and epistemology whereas Patti Lather (1991:55) has drawn attention to the emancipatory nature of praxis in which theory must not only "illuminate the lived experience of progressive social groups (but) it must also be illuminated by their struggles." I have extended the meaning of the term "praxis" beyond these boundaries to also involve ontology, or the way of being in the world as an active participant who examines and challenges the status quo in order to effect social change. It is within this broadest sense that I have referred to this research and the methods employed within it as feminist praxis.

Influenced by my dual ontological positions as a woman who had lost a baby to adoption and as a nurse, I concluded that the feminist paradigm was the most appropriate: I was studying the subjectivity of women's experience and I was both subject and object of the research, that is, "researcher" and "researched".

From my reading of feminist research processes, I knew intuitively that there was a congruence between my personal beliefs about women, research and the topic of losing a baby to adoption. I intended to study the subjectivity of women's experiences; I was concerned about the invisibility, silence and powerlessness of women in what were clearly patriarchal medical and social systems; and I had a personal commitment to a mutually trusting relationship with the other research participants. Above all, feminist praxis seemed RIGHT- it felt sincere, genuine and honest. I was inspired by Julia Kristeva's words that it is

"perhaps necessary to be a *woman* to attempt to take up the exorbitant wager of carrying the rational project to the outer borders of the signifying venture of men..."
(Kristeva, 1980:x)

Principles of feminist praxis

Many authors (including Fine, 1992; Fonow & Cook, 1991; Hall & Stevens, 1991; Harding, 1987; Lather, 1991; Parker & McFarlane, 1991; Reinharz, 1992; Stanley, 1990; Stanley & Wise, 1993) have identified principles of feminist research which, cumulatively, constitute the principles of feminist praxis. I have identified these principles under the broad headings of ontology, theory and methodology as embodied in the general understanding of praxis and the specific meaning of feminist praxis.

Feminist ontological principles

Whereas Shulamit Reinharz (1992:240) proposes that "feminism is a perspective, not a research method", Liz Stanley (1990:14) counters this proposition by declaring that feminism is not *merely* a perspective, nor an epistemology (a way of knowing), but it is also an ontology, (a way of being in the world). Therefore, feminist praxis must, by definition, incorporate a feminist ontology, or the way of being in the world as a woman and a feminist. Despite my use of the singular, I am not implying that there is *one* feminist epistemology or ontology. On the contrary, feminism acknowledges that there are multiple ontologies and epistemologies as there are women's different realities and ways of knowing (Stanley & Wise in Stanley, 1990).

Although the contentious issue of whether men can be feminists and undertake feminist research has been explored (Harding, 1987:12; Reinharz, 1992:14-15), the prevailing view is that a preliminary condition for feminist research is that it is conducted by a woman (Stanley & Wise, 1993:31) and that it focuses on and values women's lived experiences (Duffy cited in Parker & McFarlane, 1991; Hall & Stevens, 1991), notwithstanding the diversity of those experiences. Implicit in feminist ontological principles is a feminist epistemology, that only women can be "*knowers*" (my emphasis) of the subjective experience of being a woman (Harding, 1987). Liz Stanley and Sue Wise (in Stanley 1991:23) included emotion as a research experience from which a feminist epistemology could be understood while Alison Jaggar (in Garry & Pearsall, 1989) noted that the "raw data" of emotions was crucial to the development of a feminist epistemology and ontology.

Shulamit Reinharz (1992:258) has identified the use of the researcher's personal experience, often regarded as irrelevant in mainstream research, as a distinguishing feature of feminist research. Indeed, she goes further to suggest that "[p]ersonal experience can be the very starting point of the study, the material from which the researcher develops questions, and the source of finding people to study" (Reinharz, 1992:260). Liz Stanley and Sue Wise (1993:58) affirmed that

"it is inevitable that the researcher's own experiences and consciousness will be involved in the research process as much as they are in life, and that all research must be concerned with the experiences and consciousness of the researcher as an integral part of the research process."

Consequently, rather than an imputation of bias, the researcher's use of the first person "I" is considered to be vital in undertaking research which addresses subjective experience in what Liz Stanley and Sue Wise (in Stanley, 1991:23) refer to as the researcher's "intellectual autobiography". Indeed, feminist praxis considers that "it is important to look to

the actual point of view of the individual speaking" (Sherwin in Garry & Pearsall, 1989:27) and in doing so, tries to uncover personal meaning.

Notwithstanding the emphasis on women's subjective experience as a principle for feminist praxis, the overriding ontological principle acknowledges the multiplicity of women's positions, experiences, emotions and voices which have been incorporated into a feminist epistemology as "women's ways of knowing" (Belenky, Clinchy, Goldberger & Tarule, 1986).

Feminist theoretical principles

It is axiomatic that feminist praxis will be guided by feminist theory (Reinharz, 1992:240) which, although it is not homogeneous, embraces some enduring and recurring principles. These principles have been explicated by Joanne Hall and Patricia Stevens (1991) as follows: first, a valuing of women and a validation of women's ideas, experiences and needs; second, recognition of the existence of ideological, structural, and interpersonal conditions that oppress women; and third, a desire to bring about social change of oppressive constraints through criticism and political action.

Liz Stanley and Sue Wise (1991:24) have defined feminist theory as theory which is "derived from experiences analytically entered into by inquiring feminists"; theory which is "continually subject to revision in the light of that experience"; and theory which is "reflexive and self-reflexive and accessible to everyone". Although they have been careful to distance themselves from an elitist position, they acknowledge that "there is now a sophisticated conceptual language with which many more feminists are conversant" (Stanley and Wise (1991:25).

In a later work Liz Stanley and Sue Wise (1993:61) described three central themes of feminist theory which contain implications for feminist research: the belief in women's oppression; emphasis on the personal as political; and the raising of a feminist consciousness. Recognising the link between feminist theory and critical social theory, Alison Jagger (in Garry & Pearsall, 1989:148) has also identified the need for feminist theory to be reflexive and self-reflexive,

"to focus not only on the outer world but also on ourselves and our relation to that world, to examine critically our social location, our actions, our values, our perceptions and our emotions" (Jagger in Garry & Pearsall, 1989:148).

In the next section I take up the thread of reflexivity as a principle of feminist methodology. Later in this section I continue the discussion of feminist theory in my quest for the most appropriate branch of feminism to inform my position in this research.

Principles of feminist methodology

Many authors (including Hall & Stephens, 1991, Reinharz, 1992; Stanley, 1991; Stanley & Wise, 1993) have sought to identify principles of feminist methodology, with these principles themselves based on other feminist scholars' work. I should make it clear at this point that I am not using the terms 'methodology' and 'method' synonymously, but support Shulamit Reinharz's (1992:240) claim that "feminist methodology is the sum of feminist research methods" which incorporates Sandra Harding's (1987:2) definitions:

"A research *method* is a technique for (or way proceeding in) gathering evidence....A *methodology* is a theory and analysis of how research does or should proceed."

In addition to the principles of feminist ontology and feminist theory discussed above, certain principles of feminist methodology have emerged as fundamental to feminist praxis. Toby Jayaratne and Abigail Stewart (in Fonow & Cook, 1991:101) have called for a shift in the focus of the feminist methodology debate "from definition to implementation", that is, towards feminist praxis. To this end, the authors have suggested strategies for the practical implementation of feminist methodology including undertaking research which should have the potential to help and change women's lives through activist scholarship.

From the literature I have organised the principles of feminist methodology under three themes, which, rather than being understood as linear and mutually exclusive, can be better understood as interlocking circles. I have referred to these themes as the research relationship, social change and reflexivity which together constitute feminist methodology.

A recurrent principle of feminist methodology concerns the relationship between the researcher and the researched (Reinharz, 1992:185; Stanley, 1991:23) whereby feminist research should attempt to dissolve the power differentials implicit in non-feminist research. Feminist methodology does not only address the different *realities* of the researcher and the researched but also tries to understand the *relationship* between them (Stanley & Wise in Stanley, 1991:23). The relationship should be collaborative rather than hierarchical, involve self-disclosure and be based on trust and reciprocity. Although the researcher-researched relationship should not privilege one voice over another, the feminist researcher's position has been challenged as privileged by virtue of her social and academic standing.

However within feminist texts, reference to one group of women as "the researched" implies a subordinate position characterised by passivity and lack of control relative to the position of the researcher. The continued use of such dichotomising within the research

relationship is antithetical to the principles of feminist praxis. Similarly, although feminist methodology strives to recognise the diversity of women's experiences (Reinharz, 1992:252) the issue of which women are researching whose experiences remains problematic, particular where differences of race, colour, class and sexuality are involved and which Liz Stanley and Sue Wise (1993:7) described as "'us', the theorising researching elite (feminists), and 'them', the experiencing researched (women)." Notwithstanding these explanations, I was concerned about the continued use of the words 'researcher' and 'researched' by some feminist authors, and believed that whatever research method was used, the dichotomy should be reduced as much as possible.

In order to attempt to address the power differential in the research relationship, other terms such as participants, informants and coresearchers have been used. However, these strategies may suggest a mere illusory egalitarianism. After all, it is "the production of written texts that gives feminist researchers ultimate 'power'" (Stanley and Wise, 1993). Feminist methodology should not merely benefit the researcher, for example with the conferring of an award or recognition of a publication, but there should also be an advantage for the women who participate in that research. This advantage may take the form of a benefit derived from social change.

"To the extent that feminism is change-oriented by definition, all feminist research has action components," declared Shulamit Reinharz (1992:196). In similar vein, Michelle Fine (1992:220) has described activist scholarship thus:

"First, the author is explicit about the space in which she stands politically and theoretically - even as her stances are multiple, shifting, and mobile. Second, the text displays critical analyses of current social arrangements and their ideological frames. And, third, the narrative reveals and invents disruptive images of what could be."

Feminist activist researchers, according to Virginia Olesen (in Denzin & Lincoln, 1994:169), not only embrace activist scholarship, but also engage in social and political arenas on behalf of women. Feminist researchers are able to use their academic skills and social advantage to speak out for women who may be unable to speak out for themselves. In feminist praxis, feminist activist researchers turn the personal into the political.

Michelle Fine has proposed three assumptions which should underpin feminist research: first, that it is conducted within a social activist framework; second, that personal passions and collective politics fundamentally ground critical scholarship; and third, that "deep and sustained power asymmetries construct our conceptions and relations of gender, class, race, disability and sexuality". She insists that feminist researchers "use research to expose and dislodge psychological notions deployed to

comfort, justify and 'make science' of social inequities" (Fine, 1992:x). Such "notions" have been provided to explain women's sexuality, exnuptial pregnancy and subsequent outcomes which have been offered by medical and social discourses.

Michelle Fine's work (1992:221) has informed my research as activist scholarship in several ways. First, I endeavoured that my research would "seek to unearth, interrupt, and open new frames for intellectual and political theory and change" (Fine, 1992:220). Second, my thesis would "display critical analyses of current social arrangements and their ideological frames" (Fine, 1992:221) which I have presented through the analysis of politicolegal, medical, social, media and cultural discourses. Third, as "the narrative reveals and invents disruptive images of what could be", I have attempted to show how the mothers' narratives in the counterdiscourses of the semiotic challenge and disrupt the received narratives presented in the hegemonic discourses of the symbolic.

Feminist praxis as personal / political

While I found it exciting to be actively involved in the politics of adoption, it was not without its personal toll. I appeared before the New South Wales Law Reform Commission's reviews of adoption legislation, was asked to participate in evaluations of the Post-Adoption Resource Centre and the Department of Community Services' adoption services, and was nominated to brief a newly appointed Minister for Community Services on adoption matters. Since 1992 I had continued to represent mothers of babies taken for adoption on the New South Wales Committee on Adoption as well as being involved in support group activities. In 1998, as a direct result of the political activism of myself and other mothers, the New South Wales Government began an Inquiry into Adoption Practices (Parliament of New South Wales, 1998) to expose any illegal and unethical practices which may have occurred since 1950. We also changed the nomenclature referring to mothers of children lost to adoption. At last we began to feel that our personal persistence and collective determination had allowed our voices to be heard.

While political involvement was important, it was also time consuming, and, I came to realise, a procrastinating defence against my confronting the pain to which I would be exposed when I began to immerse myself the research. Such is the nature of feminist praxis where the personal and the political are inextricably bound.

Which feminism?

Which branch of feminist theory was consistent with my own orientation and congruent with the topic of research posed the first dilemma, while the second dilemma related to the

choice of method. In the next part of this chapter, I will explore the issues surrounding my resolution of these dilemmas.

There is a growing body of literature on feminist theories and feminist research, and, although Liz Stanley (1991:25) refers to the "important synthesising work of feminist philosophy", I was cautious about taking up an eclectic approach which might appear contrived and unauthentic. From my personal involvement in the Peace Movement of the 1960s and the Women's Movement of the 1970s and beyond, my earlier interest in Marxism and my academic studies in critical sociology, as well as my recent activism in adoption reform, I found the paradigm of critical feminism appealing, rejecting socialist feminist and radical feminist approaches because I disagreed with some of their basic tenets such as their perceived diminished regard for women as mothers.

Put simply, critical feminism derives from the work of the Frankfurt School of critical theory and includes the notions of empowerment and emancipation as they apply to women. According to Marshall (1988), "the critical dimension of feminist theory centres on its analysis of women's oppression as part of an historically situated totality subject to transformation." Maria Mies (in Bowles & Klein, 1983:117) has also examined the influence of critical theory on feminist theory, from which it can be surmised that the word 'critical' is redundant when coupled with 'feminist'.

Although I have eschewed the use of the joint term, "critical feminist", I make no apology that I am operating from the position that nurses and mothers, by virtue of their gender and social position, have shared experiences of oppression "characterised by a self-deprecation that arises from an internalization of their oppressor's view of them" (Friere cited by Mason et al, 1991). Consequently, empowerment for both groups

"requires a commitment to connection between self and others, enabling individuals or groups to recognize their own strengths, resources and abilities to make changes in their personal and public lives. It is a process of confirming one's self and/or one's group" (Mason et al, 1991).

At the outset, and after deliberation on the relevance of critical theory, because I was a member of both groups of research participants, I considered that a 'critical' feminist paradigm was possible for my research. But there was a lack: critical feminism did not appear to address the problematic issues of emotion and meaning inherent in the topic of the loss of a baby to adoption.

At a conference, "The Postmodern Body" (1992), I became acquainted with the school of postmodern feminism and, in particular, the work of Julia Kristeva. As I became more

familiar with postmodern feminism, I found a lens through which the ambiguities and contradictions in the meaning of losing a baby to adoption came into focus. However, I was still not completely convinced that I had found the 'right' feminism: I was concerned that a postmodern feminism lacked the essential critical component that feminism demanded if the personal was to be the political. Slowly I came to the realisation that it was critical postmodern feminism that would inform my research methodology. I will return to the discussion of the possibilities for this new paradigm in Part 8.

Which method?

Now I was confronted with my second dilemma, that of an appropriate method for acquiring the information which I needed. I was heartened by the declaration of Liz Stanley and Sue Wise (in Stanley, 1991:43) that a "feminist standpoint entails methodological individualism", and while I did not deliberately set out to use an innovative methodology, I questioned the appropriateness for my research of the feminist methods which had been suggested in the literature (Reinharz, 1992), or had been used previously (Stanley, 1991). My dilemma focussed on deciding which methods would provide the 'methodological individualism' which would do justice to the topic, the research participants and nursing research. Since the loss of a baby to adoption had met with such scant attention in the nursing literature, I believed that it was important that my research methods should be as innovative as the topic: both should be at the cutting edge of nursing research. Moreover, I believed that there should be a congruence between the methodology, frameworks and research questions.

Initially I considered using an interview technique, either semi-structured or unstructured interviews which, according to Shulamit Reinharz (1992:18), "has become the 'principal means by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives'". I rejected this approach because of the isolating effect of each individual research participant from the others. Nor could I become a "knowledgeable stranger" (Reinharz, 1992:27) because I was already deeply involved with a group of mothers whose babies had been taken for adoption and shared a common experience. I also rejected the open-ended interview approach with a reliance on grounded theory because I was not testing any hypotheses nor trying to generate theory from my data. As Liz Stanley and Sue Wise (in Stanley, 1990:22) have indicated, grounded theory, with its dependence on inductivism, is inconsistent with feminist research since "researchers cannot have 'empty heads'". Certainly I was not coming to this topic as an ingenué. Likewise, a phenomenological method was unsuitable owing to the

requirement of bracketing; however I considered (but rejected) the idea of using hermeneutic analysis of research participants' stories of the 'lived experience' of relinquishment.

Nor were traditional sociological research methods such as participant observation or ethnography appropriate, since my involvement with both groups of research participants, the mothers and the nurses, was too personal to permit the impartiality that these methods not only imply but demand. The argument (Stacey in Gluck & Patai, 1991) that there cannot be a truly feminist ethnography vindicated my ambivalence about this method.

Oral history, while having some applicability, seemed to me to be inadequate for my purpose and was, again, not an exclusively feminist methodology, although Sherna Gluck and Daphne Patai (1991) provide a persuasive refutation. I was uncomfortable with the implied objectivity of oral history (as well as the terminology), the notion of distance of the researcher from the researched and the questions raised by Julia Swindells (1989:29) of "Whose voice? Whose story?" is being heard.

The influence of networking

Through networking in nursing which is formally unacknowledged but which is an important part of women's personal and professional lives, I was directed by Glenda Koutroulis (1992; 1993) to the work of Frigga Haug, a German socialist feminist, involving memory-work. When I read Frigga Haug's work (1987; 1992) and subsequent research based on her writing (Crawford et al, 1992; Ingleton, 1994a; 1994b; Koutroulis, 1992; 1993), I came to the decision that memory-work provided the methodological individualism which would do justice to the topic and to the research participants. At this point, in the space of one week-end, I achieved what I termed 'the Eureka factor' (only to later discover that it already had been termed the "Aha-factor"): I had 'found' a framework and a method, and for the first time in two years felt that I was really engaged in my doctoral research. I was on my way.

Some of the most valuable support and encouragement have come from other researchers whom I encountered on my journey, and who were interested in my work (Koutroulis, 1991; McHutchison, 1986). At conferences I introduced myself to speakers whose papers had relevance for my work and I continued associations with them; I asked presenters for copies of their papers which they shared willingly; I wrote to the authors of journal articles related to the loss of a baby to adoption (Condon, 1986; Lauderdale & Boyle, 1994; Mander, 1992; Rynearson, 1982; Stiffler, 1995; Weinreb & Murphy, 1988;

Weinreb & Konstam, 1996)) who not only replied in a supportive vein but also forwarded copies of their publications. When I sent one of my humble papers in return, I received my first book citation (Mander, 1995).

“I am my own research instrument”

The use of oneself as research instrument and one's own story as data are recent research strategies which have been received with some scepticism in the academic world (Church, 1995; Rockhill, 1987). Although autobiographical accounts have been acknowledged as sources of information outside the confines of research, they have carried little currency as legitimate sources of data. Indeed, a phenomenological framework, for example, demands that the personal be bracketed in order to avoid contaminating the interpretation of the stories of others. Likewise an empirico-positivist paradigm dismisses personal experience as evidence of a phenomenon for being merely anecdotal and therefore not legitimate. Conversely, postmodernism (and poststructuralism) not only recognises the legitimacy of individual narratives but makes possible a space within which the individual and her story can be a legitimate voice in the research process. Michelle Fine (1992:228) has referred to such a position as that of "a poststructuralist narrator" whereby "the author is explicit about the space in which she stands politically and theoretically - even as her stances are multiple, shifting and mobile": such explicitness is not without a price and there is inherent difficulty in maintaining and justifying different stances.

Feminist praxis not only expects but demands that research starts from one's own lived experience (Reinharz, 1992:258) with the research process itself becoming part of that experience. As Dorothy Smith (cited in Reinharz, 1992:259) has noted, such an approach "rejects the idea that inquiry begins with the concerns of [the researcher's] discipline", which might have occurred had I decided to investigate the meaning of losing a baby to adoption merely because it had been inadequately addressed by the discipline of nursing. "It must, instead, begin with her experience" (Smith cited in Reinharz, 1992:259).

I could not have undertaken the research for this thesis had I not been personally affected by losing a child to adoption. First, another topic might not have been able to sustain the passionate interest necessary for the long journey demanded by a doctoral thesis. Second, such interest might have been founded on unauthentic motives: for example, voyeurism into other women's lives, or opportunism owing to an academic need for research into the topic. As well as choosing to be a "vulnerable observer" (Behar, 1996), I

also chose to be a vulnerable participant through the disclosure of my own story and the inclusion of my own voice.

At times I have assigned a pseudonym to myself where I have been a research participant as one of the mothers and as a member of the memory-work collective (see below). I have employed this strategy not to disguise my voice behind anonymity, but so that my voice would not privilege itself over the voices of other women. Nonetheless, my voice has permeated this research, and for this reason I have described myself as my own research instrument, open to scrutiny and challenge.

Establishing rigour

If there is differing agreement about what constitutes rigour in qualitative research (Roberts & Taylor, 1998:172), there has been less consensus on the identification of criteria for rigour in feminist praxis. Sandra Harding (1987:11) proposed three criteria which the "best" feminist research should satisfy in order to be considered rigorous: the research problem derives from women's experiences; the research project is *for* women; and the researcher places herself in the same critical plane as her research participants.

Rigour in feminist praxis

Joanne Hall and Patricia Stevens (1991) have proposed standards of rigour in feminist research which reflect dimensions of adequacy of inquiry. These authors defined adequacy of inquiry as "research processes and outcomes (that) are well grounded, cogent, justifiable, relevant and meaningful" and suggested ten criteria against which adequacy in feminist research could be evaluated (Hall & Stevens, 1991). These criteria included reflexivity, credibility, coherence and consistency, complexity of reality, and mutuality. The authors agreed that feminist research is adequate "if the active voices of women participants are heard in the research account" (Hall & Stevens, 1991).

Barbara Parker and Judith McFarlane (1991) cited eight criteria for feminist research from which they used five to demonstrate the rigour of their research into the effects of physical abuse on pregnant women. The criteria selected were: that the principal investigator is a woman; that feminist methodology is used; that the research has the potential to help the participants as well as the researcher; that the research is focussed on the lived experiences of women; and that the research is *for* women.

Using an amalgamation of these criteria, I am able to demonstrate that my research meets the standards of rigour in feminist praxis in the following ways:

- the research derives from the social problem of women's experiences of losing their babies to adoption and illuminates the complexity of reality of those experiences;
- the research is *for* women in that it has the potential to contribute to women's emancipation and improve their lives;
- the active voices of mothers whose babies were taken for adoption, as well as other women's voices, are heard in the account of the research;
- as the principal researcher, I positioned myself in the "same critical plane" as the research participants: that is, as a nurse and a white middle-class woman who had lost a baby to adoption;
- reflexivity occurs at two levels: first, through self-reflexivity my voice is heard throughout the research process as I have woven my story over and under the information collected; second, I consistently reflected back to the research participants for their appraisal of my interpretations of their stories and their voices.
- there is coherence and consistency between the feminist principles underpinning both the theoretical and interpretive frameworks, and the methodology;
- credibility is evident in the faithful representations and interpretations of the research participants' experiences determined by the recognition of their experiences in the written accounts;
- mutuality was continually at the forefront of the research: the research participants had access to my story (in Harkness, 1992) as they had shared theirs with me.

Rigour through triangulation

Although associated traditionally with quantitative research, triangulation has become increasingly recognised as a means whereby rigour in qualitative research can be established. Originating from quantitative surveying, "triangulation" was a term used to describe the measurement of one point from various angles. Patti Lather (1986) expanded this definition of triangulation beyond its geometric limitations to include data sources, research methods and theoretical perspectives as means for establishing trustworthiness in qualitative research. Subsequently, Norman Denzin (1989) classified triangulation across four domains: data triangulation, investigator triangulation, theoretical triangulation and methodological triangulation. Shulamit Reinharz (1992) described the "special relationship [that] triangulation has with feminist concerns" in terms of feminist multiple methods research, which I discuss below in Chapter 5.

Theoretical triangulation has been achieved through the weaving of the theoretical and interpretive frameworks throughout the thesis. I have presented these frameworks derived from the work of Julia Kristeva, Michel Foucault, Frigga Haug and Michelle Fine in Chapters 2 and 3.

I used data triangulation to collect information about adoption and unmarried mothers from various sources which I have termed collectively "hegemonic discourses" of the symbolic order. This information was drawn from politicolegal, medical, nursing and social discourses, as well as from discourses of print media and popular culture.

Following Shulamit Reinharz's (1992) model, I used feminist multiple methods research which included narrative analysis, collective reminiscing and memory-work to hear, respectively, the voices of women whose babies were taken for adoption, midwives who had worked in hospitals where this practice occurred, and women whose emerging sexuality in the 1960s brought them into contact with the risk of exnuptial pregnancy. I describe these multiple research methods in the following chapter. Through the use of different methods I was able to examine the phenomenon of losing a baby to adoption from different perspectives and thus achieve rigour through methodological triangulation.

Finally, investigator triangulation was achieved through involving all the participants involved in this research as coresearchers. I maintained contact with them throughout the research, asking for their verification of the transcripts and seeking feedback on my analysis. Two other participants, whose role I shall address in more detail in Chapter 6, were the transcribers of the taped material. Their comments contributed to my understanding of "what is going on here" during the transcribed sessions.

Chapter 5

FEMINIST MULTIPLE METHODS RESEARCH

In order to examine discourses from competing disciplines and eras, to integrate the past with the present, and the personal with the social, I concluded that one method was inadequate for the collection and analysis of the myriad sources of information. Hence I have employed what Shulamit Reinharz (1992:197) refers to as "feminist multiple methods research", whereby she noted that

"(j)ust as feminist research often draws on multiple disciplines, so too it often draws on multiple, rather than a single, method in a particular project...The use of multiple methods in a single study has earned its own name - triangulation" (Reinharz, 1992:197).

Similarly, as feminist research recognises the multiplicity and diversity of women's voices, there is no one method which might adequately allow all of those voices to be heard, if at all.

There are five main methods which I have used to collect and analyse information in this research: discourse analysis, semiotic analysis, narrative analysis, collective reminiscing and memory-work. While they may share some similarities in terms of meaning being reducible to text, there are also some subtle, and not-so-subtle, differences. I used discourse analysis to uncover meanings within the symbolic order, and semiotic analysis, narrative analysis, collective reminiscing and memory-work within the semiotic order. I will describe each method in more detail in the subsequent chapters prior to presenting the results.

Discourse analysis

Because I intended to uncover the meaning of losing a baby to adoption I regarded it important to study those voices which had spoken on behalf of the invisible women who were the objects of research into unmarried motherhood, relinquishment and adoption. I found these particular voices within the hegemonic discourses of medicine and its analogues - nursing, psychiatry, psychology and social work as well as in the discourses of the media, politics and the law - and I embarked on a discourse analysis to study those voices. The method of discourse analysis which informed my research is described below and the results of the analyses are contained in Chapters 7 to 11.

Drawing on the work of Michel Foucault to which I have referred in Chapter 2, I used the method of discourse analysis to expose the power relationships within the hegemonic

discourses of the symbolic order and between the counterdiscourses of the semiotic order.

A Foucauldian discourse analysis has been summarised as one which

"has intimate connections with how subjects are formed, how institutions attempt to 'normalise' persons on the margins of social life, how historical conditions of knowledge change and vary...In short it is intimately bound to the field of politics" (McHoul & Grace, 1997:41).

I have chosen discourse analysis as a method because it focuses on the social, cultural and political contexts in which written text occurs and is reproduced, and identifies the discursive construction of the subjects and their power relationships.

Method

In each of the chapters, I followed a similar process in order to analyse the discourses of the symbolic order:

- Historical, politicolegal and popular discourses which informed adoption practices between the 1950s and 1970s were organised according to their genealogies;
- A corpus of work for each chapter which I determined as being representative of adoption practices was selected from these discourses;
- The recurrent themes in each corpus as they sought to substantiate or interrogate adoption's metanarrative through the discursive construction of unmarried mothers in particular, and women's sexuality generally, were identified.

In order to investigate the historical influences on adoption I analysed the politicolegal discourses on which adoption practices were based, and have addressed these in Chapter 7. In Chapter 8, I examine the structure of the family as it impacted on society's embrace of adoption's metanarrative as a means of maintaining family normality. In Chapter 9, I analyse medical and nursing discourses as they constructed the unmarried mother as "mad or stupid", a discursive construction which informed hospital practices. The unmarried mother was also constructed as "a bad girl", and in Chapter 10 I analyse the discourses of social deviance which contributed to that construction. Representations of adoption in the print media (see Appendix 4) which informed and reinforced public approval of adoption are analysed in Chapter 11.

Additionally, in Chapter 12, I analyse discourses of popular culture to which young women themselves were exposed and participated in during the time that their sexual activity resulted in untimely pregnancy.

Semiotic analysis

In Chapters 2 and 3 I introduced Julia Kristeva's notion of the semiotic order, that is, the space located within the personal which, through counterdiscourses, confronts the symbolic (social) order and its hegemonic discourses. For more than fifty years the hegemonic discourses of the symbolic order had assigned various epithets to women who had lost babies to adoption according to the dominant medical and social ideologies of each era. Although these discourses had spoken about women who had untimely pregnancies which resulted in their babies being taken for adoption, they had described unmarried mothers in terms of their physical, mental, emotional and social attributes.

I was dissatisfied with these epithets and the identities which had been constructed for women in the hegemonic discourses. Occasionally I recognised myself in these discourses; more frequently I wanted to shout, "No! That is not me whom you are talking about!" Consequently I sought to discover whether other women felt as I did.

In order to uncover how the women themselves regarded their own identities in terms of these discursive constructions, I turned to the semiotic order wherein women's voices were speaking. In this section I will describe the method, semiotic analysis, which I used to elicit and analyse this information. Chapter 14 presents the results of this analysis where I will show how women who lost babies to adoption expressed resistance to the names by which they had been constructed in the hegemonic discourses and consequently ruptured the symbolic order.

Method

From the terms appearing in the hegemonic discourses of the symbolic order (in Chapters 7 to 11) used to describe mothers who had lost babies to adoption, I devised a survey instrument (see Appendix 11). For content validity I initially distributed the survey to a group of six women who were members of a mothers' support group. On the basis of their recommendations the survey instrument was refined and the final survey was sent to thirty women who had agreed to participate in the study.

The survey research participants

Twenty-four women responded to the request to complete the survey. In addition, the survey was completed in a workshop by eighteen New Zealand women who were attending the International Conference on Adoption and Healing (June, 1997) in Wellington, New Zealand.

Both groups of women were asked to examine this list of names and write the meaning or image which each name invoked for them. They were also requested to give the reasons for their first and last preferences. In accordance with feminist praxis, the results of the survey were discussed with the participants who agreed that they had been represented fairly. A consequence of this survey and the broad acknowledgment it has generated within current adoption discourse, is that women who have lost babies to adoption are now referred to as "mothers" rather than the previously used terms which appear on the survey form in Appendixes 12 and 13. The anonymous responses to the survey were collated and analysed, and the results are presented in Chapter 14.

Narrative analysis

The Belgian-born postmodern feminist, Helene Cixous (1981:251) exhorted women to "break out of the snare of silence" and write "her self" individually: women are body. More body hence more writing" (Cixous, 1981:257). Helene Cixous (1981:250) believed that only by writing her individual story could a woman "return to the body which has been more than confiscated from her". Through writing, women could also shatter history with their entry into the symbolic order (Cixous, 1981:250)

From my extensive reading of more than two hundred mothers' stories from secondary sources (Gediman & Brown, 1989; Harkness, 1991; Howe et al, 1992; Inglis, 1984; Jones, 1993; McHutchison, 1986; Shawyer, 1979; Swain & Howe, 1995; Wicks, 1993) I began to perceive some recurrent themes relating to the circumstances surrounding the loss of their babies to adoption. While not disregarding these secondary accounts, I wanted to hear first-hand from mothers who had experienced a loss similar to that expressed in these stories, and similar to my own. I read and heard these accounts when twelve women chose to tell me their stories voluntarily. Their voices are heard, for the first time, in Chapter 16. My voice appears in the method of narrative analysis where I have identified and analysed the familiar themes reiterated in the secondary sources.

Method

I asked the mothers who had agreed to participate in this research to write their stories as a "stream of consciousness", recalling the events of and surrounding the loss of their babies to adoption. Writing their stories was consistent with what Julia Kristeva (1990:10) refers to as a "semiotic practice that facilitates the ultimate reorganization of psychic space". I believed that in their writing, mothers would be able to return to "the body which has been more than confiscated from her" (Cixous, 1981:250), and might be able to heal

their "psychic space"; some mothers, however, found that it was necessary for them to experience the pain of a reopened wound before the healing began. Reading their stories was a more intimate and less intrusive way for me to enter these women's lives than, for example, in interviews.

The mother research participants

Following publication in the media of my personal account along with details of this study (see Appendix 5), several mothers contacted me to share their stories and expressed a wish to be involved in this research. They openly felt that they had 'permission to speak' as a result of my very public disclosure in the press and on national television. In appreciation I sent them a copy of the book, "Looking for Lisa" (Harkness, 1991) which contained my story, a primary narrative source, as well as that of my son.

The mothers who told their stories to me about their experiences of losing a baby to adoption did so without solicitation. Women contacted me voluntarily to share their stories, first through a support group newsletter and secondly, after they had seen several media appearances in which I had disclosed my own experience. One response was from an adopted woman whose mother had agreed that she could share their story with me. Women contacted me initially by telephone and then by letter in which they enclosed their stories, either written or spoken on cassette. One woman, Kerry, contacted me via e-mail after I had posted to a qualitative research group e-mail listing asking for information about adoption. She told her story to me in five e-mail instalments.

The women's responses were assigned a number at first and then a pseudonym to protect their identities. Their pseudonyms and non-identifying personal details are contained in Appendix 6.

I met the second group of mothers through an Internet support group across which I stumbled inadvertently while "surfing the 'Net'". These women who live in the United States, Canada and New Zealand corresponded with me on e-mail over a period of six months, either through the support group list or personally, or spoke with me by telephone. Their details and the pseudonyms which I assigned to them are included in Appendix 7.

Some mothers sought to express the loss of their babies in poetry and painting. Their expressions are included in Chapter 15 (see also Appendixes 14 and 15) as their voices rupture the symbolic order.

Collective reminiscing

To gain an insight into the hospital practices which surrounded the taking of babies for adoption, I was keen to speak to midwives who had worked in maternity hospitals during the decades when these practices were at their peak. Initially I proposed to conduct semi-structured interviews with individual nurses who had practised as midwives at maternity hospitals during this period. I intended to include academic nursing colleagues who had worked in the area and knew my personal story. From informal preliminary discussions these midwives seemed particularly enthusiastic to share accounts of their experiences. However, possibly because of the close working relationship I shared with many of these potential research participants, some of them were reluctant to be involved.

Through networking, I was directed to a retired midwife, Jan, now working in a professional organisation who, I was told, would be able to give me the information I sought. I met with Jan and another midwife, Rose, whom, Jan assured me, knew more than she did. The one hour interview with both was taped and field notes written (see Appendix 8). At the end of the interview Jan invited me to return to an informal gathering with another seven former and currently practising midwives who would be willing to share their stories with me in what I have called “collective reminiscing” after the term used by Morphett (1984-1985) in her paper about her experience at a maternity hospital in the 1920s.

Method

There is no mention of collective reminiscing as a research method in the literature. Although the method could be seen to share some similarities with focus groups, there is considerably less structure and the participants are encouraged to express themselves freely, allowing one idea to lead into the next.

The sessions with the midwives were taped and the audiotapes were transcribed. From the transcriptions, themes which had been discerned from analysis of the hegemonic discourses of the symbolic order were identified in the midwives' reminiscings. I will discuss the midwife research participants and the data collection process in more detail below.

The midwife research participants

A total of nine midwives were recruited from a professional organisation. Each midwife completed a brief questionnaire about her areas of practice and signed an Agreement to Participate in the research. Each midwife's details of her years and areas of practice were

coded with a number against which she was assigned a pseudonym. The midwives' practice occurred from the year 1946 to the present, with the years of experience ranging from 3 to 42 years ($X=19$ years, 9 months). All the midwives had practised at some time in their careers, for differing periods of time, at hospitals where mothers frequently gave birth to babies which were taken for adoption. These research participants' details are presented in Appendix 9.

The data collection process

I transcribed the first interview with two midwives, Jan and Rose, and sent a copy of the transcription to Jan for verification and validation. I also sent some copies of journal articles and a copy of the book "Rachel Weeping" (Smith, 1991) which I thought might be valuable for the organisation's archives. My reciprocity was not only an attempt to win their trust but also to increase my credibility.

The second session, three hours in duration, of collective reminiscing with nine midwives was taped and transcribed. Aware of the difficulties inherent in transcribing a session where many research participants are speaking simultaneously or in quick succession, I kept field notes as each speaker took her turn, and noted the change of speaker according to the codes I had assigned them and the change of topic. These notes would provide guidelines for an accurate transcription of the tapes and facilitate the transcriber's otherwise difficult task. Themes drawn from other discourses of adoption and relinquishment were used to analyse the midwives' reminiscences. The results of this analysis are included in Chapter 18.

Memory-work: theory and method

According to the German socialist feminist, Frigga Haug (1992), who devised the method of memory-work, memories are characterised by contradictions and silences. Contradictions serve the purpose of "non-recognition, denial and repression" of past experiences which memories may invoke, while silence is "another way of coming to terms with the unacceptable" (Haug, 1992: 22-23).

At any point in time, reflection on what has happened before is a memory. Some memories are more significant than others; some are too painful to bring into consciousness; others have become submerged under layers of experience. What seems common to memories is that their nature changes over time and with revisiting. Through sharing memories collectively research participants are able to rework their own individually, and find meaning in what may have been either previously

incomprehensible or taken-for-granted. This is, literally, a 'common sense'. The richness of experience retold through memory-work is further enhanced by collective participation, as the meaning of formerly inexplicable events unfolds.

The use of memory-work as a research method in general, and in nursing research in particular, is relatively recent. Frigga Haug (1987) has described 'memory-work' as a "bridge to span the gap between 'theory' and 'experience'". However, memory-work differs from the usual modes of social-scientific inquiry (and must not be confused with the discredited therapy which recovers repressed memories) in that it is not merely another method of data collection but explores "the ways in which individuals construct themselves into existing social relations, thereby themselves reproducing a social formation" (Haug, 1987:35) through the recording, analysis and meta-analysis of personal memories within a feminist context.

Unlike June Crawford and her colleagues (Crawford et al, 1992) who decided, first, on the method (memory-work), and, second, the topic (emotion) in their study of emotion and gender, I deliberated on the choice of method which would be appropriate for my research into the meaning of losing a baby to adoption, being mindful of Frigga Haug's caution (1987:72) that "it (memory-work) cannot moreover be applied at random to any given topic".

Previous research

To date accounts and results of research using memory-work have been scant (Crawford et al, 1992; Haug, 1987, 1992; Ingleton, 1994a, 1994b; Koutroulis, 1992, 1993). Other research (Davies, 1992; Davies & Harre, 1991; Stanley, 1993) which uses the principles of memory-work without explicating the formal method has been encouraging and provides some alternative ways of approaching the use of memories as data.

Method

Memory-work is not simply another method of data collection. Based on the recommendations of Frigga Haug (1987), the method of memory-work follows specific guidelines (Crawford et al, 1992:44) for a process consisting of three iterative phases of writing and rewriting memories, interspersed with collective theorising. As the memory-work collective continued to meet, it was able to refine the method and incorporate those refinements into the emerging process. I expand on the iterative method of memory-work in Chapter 17 and analyse the collective's findings and theorisations about women's sexuality in the 1960s.

The collective met in each other's houses at ten day intervals, sharing food and wine, and the conviviality of each other's friendship. It was important that the meetings were a choice, not a chore: that "it is fun" (Crawford et al, 1992:1). The group discussed the written memories, the initial texts, which they had brought with them and agreed to reappraise them before the next meeting, thus writing new memories. The memory-work worksheet devised by Haug (in Schratz & Walker, 1995:46) was used to analyse the written memories. The meetings were taped and transcribed and each member received copies of the tapes, transcripts and subsequent analyses for verification of authenticity. Identifiable and occasionally "incriminating" names on the tapes were obliterated in order to maintain confidentiality.

The memory-work collective research participants

Setting up a memory-work collective is no easy task. Originally I had planned to form a memory-work collective of mothers who had lost their babies to adoption. Two other women and myself met on two separate occasions but the structured process of memory-work was too painful for us to continue. Nonetheless, I reflected on the clarity with which we remembered our experiences of losing our babies, and the frankness and honesty with which we shared our memories. We were still trying to unravel our experiences in order to make some 'common' sense of it, and in doing so it became apparent how we had woven the fabric of our lives. The actual events, while not unimportant, were less significant than our memories of them. Instead of pursuing the use of memory-work in this context, I incorporated the transcripts of the memories of the other two participants, Anne and Lee, into the mothers' stories which appear in Chapter 16.

Because I was excited by the prospect of engaging in this innovative research method, and also because I believed that it was essential that methodology should be congruent with the theoretical framework, I decided to set up another collective to explore a less distressing topic than the personal loss of a baby to adoption. Thus I came to the conclusion that, through memory-work, a group of women might be able to reconstruct women's sexuality during the 1960s as a counterdiscourse to the discourses of popular culture which I analyse in Chapter 12.

The personal details of the memory-work collective are included in Appendix 10 and are further described in Chapter 17. Each member of the memory-work collective also completed an Agreement to Participate in Research as per Appendix 3.

Critique of memory-work

As with many new paradigms memory-work will not be without its critics, however the newness of memory-work as a research method has meant that little critique has yet been documented (Koutroulis, 1993). In justifying the place of memory-work as social scientific method and anticipating criticism, Frigga Haug (1987:35) has described memories as "the empirical element" of research. Consequently, she demands "the right to use experience as a basis of knowledge".

One of the advantages of using a method such as memory-work is that it is still revealing itself through implementation and is flexible enough to permit variations and re-working. Memories are also layered over not only by events but also by other experiences as are memories evoked by music or art, either because of their associations with the past or the images themselves.

On the other hand, one of the dangers in memory-work is the threat to people's stability, as members of the collective work over of events which have been repressed, obliterated or forgotten: this is the power of the past over our present lives. Feminist research is based on a trusting and egalitarian relationship among research participants and a commitment to non-exploitation of individuals or, in this case, their memories. It would be unrealistic to presume that memory-work could be unproblematic. Haug (1987) found that the most resistance came not from the collective but from the within the memories themselves when "an infringement of the boundaries of the forgotten and the repressed created a psychically difficult situation". One of the ways the collective overcame this problem was to "curtail analysis and allow others whose personal stability did not seem to be endangered to take up the threads" (Haug, 1987).

I do not intend to address issues of bias, validity and reliability in memory-work, since the arguments have been aired in the copious literature on qualitative methodologies in general and feminist research methods in particular (Reinharz, 1992; Stanley, 1991) However, two areas where a critique of memory-work might be anticipated are subjectivity and generalizability.

Subjectivity

Criticism of memory-work on the grounds that it is 'too subjective' implies that "individuals' accounts of themselves and their analyses of their worlds are not to be trusted (because) they are coloured by subjectivity". However, memory-work is concerned precisely with

issues of subjective significance which influence individuals' sense of present-self, their sense of being-in-the-world.

Generalizability

If memory-work can be criticised for being too subjective, it could also be criticised for lacking generalizability. Frigga Haug (1987:44), however, asserts that if "a given experience is possible, it is also subject to universalisation"; that is, what we perceive as individual and personal modes of adaptation to social structures are also potentially generalizable. It is only within the broader collective of social structure that individual experience is possible. Memory-work allows individuals to challenge the supposed uniqueness of their experiences through confrontation, challenging and common sense making.

Constraints of memory-work

Because of the complexity of the process, it is essential that the members of the collective are sufficiently literate to be able to not only understand the instructions but also to contribute to the writing and revision of the memories. I also discovered that the members of the group needed to have a commitment to the task. This might not necessarily be a commitment to the project per se, in the way that June Crawford and her colleagues (1992) were committed to the production of a book which would advantage them in their academic work, but it might just as easily be a commitment to friendship with the researcher and her academic endeavour, a desire to help a friend, the vagaries of whose doctoral research they had been privy to for some years.

Chapter 6

ETHICAL CONSIDERATIONS

In this chapter, I will address the ethical issues which warranted particular consideration in this thesis. First, I will outline the ethical principles which have guided this research; second, I will discuss the ethical considerations specific to each group of research participants; third, I will uncover some of the ethical challenges to researching sensitive topics; and finally, I will reflect on the process involved in gaining approval for this research from a university ethics committee.

Ethical principles

According to Roberts and Taylor (1998:191), the ethical principles which underpin research are beneficence, respect for human dignity, and justice. The principle of respect for human dignity incorporates the issue of the participants' informed consent, while the principle of justice refers to anonymity and the right to confidentiality (Roberts & Taylor, 1988:194-202). In this section, I will address these ethical principles as they affect the participants and methodology in this research.

Beneficence

The principle of beneficence refers to "doing good" (Roberts & Taylor, 1998:191), whereby the outcome of the research should benefit society or individuals. This research, drawing on feminist activism in which beneficence is implicit, would benefit society in that past adoption practices would not only be recorded but would also be exposed. Such exposure can allow a society to acknowledge its lack of beneficence in past practices, and contribute to its maturity as occurred with the inquiry into the 'stolen generation' of Australian aboriginal children.

Individuals who would benefit from this research are, first, the mothers who have had an opportunity to recount their stories, often for the first time; second, the midwives whose practices have been neither examined by themselves nor subjected to the outside scrutiny of a researcher.

Non-maleficence

The principle of non-maleficence is incorporated into beneficence, and means literally "do no harm". In the case of this research, the vulnerable participants are the mothers, and I was acutely aware that their telling their stories might open old wounds and cause unnecessary distress. To ensure that support was available in the event of such distress, I advised the mothers of the existence of two support groups for women who had lost

babies to adoption, Origins and Mothers for Contact, and a government funded agency, the Post- Adoption Resource Centre.

Respect for human dignity

Within a research context, the principle of respect for human dignity refers to ensuring that peoples' consent to participate in research is informed and given freely. The researcher has an ethical obligation to disclose to all prospective participants the purpose and nature of the research, as well as any potential benefits or risks (Roberts & Taylor, 1988:194). In addition, the research must not be covert or deceptive, whereby participants are intentionally misled about the research (Minichiello, Sullivan, Greenwood & Axford, 1999:87). Participants, in turn, have a right to refuse to participate or to withdraw from the study at any time. By disclosing this information, the researcher can ensure that the participants' consent is informed. Similarly, participants must not be coerced nor subjected to duress to cooperate in the study, thereby assuring that their consent is freely given. I take up the issue of consent further on in this chapter with relevance to research participants.

Justice

The ethical principle of justice in the conduct of research refers to two components: anonymity and confidentiality. Although the latter share many similarities, there are some subtle differences which I will address.

Anonymity

According to Parker and McFarlane (1991), "feminist researchers are particularly sensitive to how the data are interpreted and then how they are disseminated to the professional and general populations". In order to protect the anonymity of the research participants, I assigned a pseudonym to each woman. These pseudonyms were chosen randomly, without any connection with the women's own names. I also sought to avoid the inclusion of any information or characteristics which might identify an individual participant.

Confidentiality

Confidentiality was maintained by obliterating any reference to identifying information which was included on the audiotapes before the tapes were transcribed. Consequently, I was the only person who knew the identity of each of the research participants with the exception of the memory-work collective who knew each other, but who did not know the pseudonyms I had assigned to them.

An important aspect of confidentiality is the storage of data. Transcription of the audiotapes took place either in the office of one transcriber, or in my office at the university. Between transcribing sessions, the audiotapes were secured in a locked drawer. The transcriptions and all other written material were stored in a locked filing cabinet at my home. Coded electronic material was stored on hard disk on my personal computer and diskettes in a locked filing cabinet.

The research participants

The participants in this research, or my coresearchers, were mothers who had lost babies to adoption, midwives, women who comprised the memory-work collective and two transcribers who transformed the other research participants' spoken words into print. I have referred to the mothers, the midwives and the memory-work collective in greater detail elsewhere in Part 3 as well as in Chapters 16, 17 and 18 respectively. The personal details of each group of participants are included in Appendixes 6 to 10.

Although each group of research participants raised different ethical concerns for me, there were some considerations which were common to all. I shall address the particular considerations for each group first, followed by the general concerns related to confidentiality and the storage of data. Finally, I will examine the issue of researching sensitive topics as an issue for ethical consideration.

The mothers

In a section above, I described how the mothers for my research were recruited. There were several ethical considerations related to the inclusion of the mothers' voices in this research and I shall address each in turn.

In any research project, it is a requirement that the participants give their consent. The wording of the standard "Consent Form" posed a problem for me as I anticipated it would for the mothers whom I would ask to participate. The word "consent" is particularly loaded for women whose babies were taken for adoption, as will become apparent in Chapters 7 and 16. Consequently, a standard ethics committee requirement to obtain subjects' consent was not only offensive for these women, but also resonated with the forms which they had signed many years ago to surrender their babies for adoption. Being mindful of the insensitivity behind such a requirement, I called the appropriate form an "Agreement to Participate in Research" (see Appendix 3) I also asked the mothers to supply some background details regarding their age, marital status and the institutions in which they were confined. None declined my requests and these details are contained in Appendix 6.

I was also mindful of the Ethics Committee's concern that the mothers had some counselling facility to which to turn should they require it. I was in frequent telephone contact with the mothers, and when I believed that it was appropriate, referred them to a support group. None of the mothers expressed a belief that participating in this research was injurious to them. On the contrary, many said that the experience of telling and writing their own story was one of healing.

The midwives

I have described the recruitment of the midwives above and further in Chapter 8. My only ethical dilemma in my contact with the midwives was how and whether to disclose my personal experience of losing a baby to adoption.

I met with the midwives in an informal setting during which they were most keen to reminisce about their experiences of working with mothers whose babies were taken for adoption. I introduced myself, not as a midwife, but as a nurse researcher who was investigating the topic because it had received so little attention in nursing research.

At the end of the second session during which the midwives had been most generous in sharing their stories, I told the midwives my story because I believed that it would be unethical not to do so. I recalled a colleague (Coleman, 1991) who had infiltrated a Right to Life Group in her research on abortion, but who, having considered her ethical position, had withdrawn from the group before she became embroiled in its politics.

On hearing my disclosure, one midwife seemed particularly taken aback, as if she were mentally checking that she had said nothing incriminating; another said that she suspected that my interest in the topic arose from personal experience. The subsequent receipt of my hospital records revealed that she had delivered my son in 1965. I was relieved to have disclosed my position, but on reflection, believe that I would not have acquired the same information from the midwives had I done so at the beginning of the sessions. My dual roles as researcher and nurse in this instance took precedence over my role as one of "the girls".

The memory-work collective

Recruitment of the memory-work collective is outlined in Chapter 17 and their details provided in Appendix 10. The members of the memory-work collective completed the same "Agreement to Participate in Research" form as did the other research participants. There were few ethical considerations which needed to be addressed with the collective. However, owing to the nature of memory-work, that it is not a forum for counselling or for

addressing individual differences, some of the members were left with unanswered questions. All of the members agreed that the process of memory-work had revived forgotten issues which they needed to resolve for themselves. Some of the collective members were able to debrief these among themselves; others felt the need to continue with the process, perhaps in the exploration of other experiences which the collective had in common. All believed that the experience had been worthwhile, although one member felt that it was not without some cost of disclosure to herself and to the others.

The transcribers

Frequently the transcriber of taped material is neglected as a research participant: she may be acknowledged for her technical skill but there appears to be little acknowledgment of her engagement with the stories in which she is intimately involved through listening to women's taped accounts of their lives. An exception to this oversight is Vivien Lane's (1996) account of typists' influences on the transcriptions of taped interviews with women about their experiences of having Pap smears.

Given the emotional nature of the material being transcribed in this research, I recognised that some transcribers might have difficulty in undertaking this task. For this reason, it was important that a transcriber, as research participant, shared a trusting and equal relationship with me as the researcher. In keeping with feminist epistemological principles underpinning this research, and as explicated by Stanley (1991:23), I it believed would be appropriate that a transcriber should play an active role in the research process as a participant.

Initially the tapes for this research were transcribed by a slightly older woman, Shirley, who was known to me through the university, although she did not know my story and did not know the other members of the collective. Shirley had expressed some distress at the content of the tapes from the mothers' and the midwives' collective reminiscings, and had to take "time out" at intervals to reaffirm the normality of her own reality with her husband and family. Aware of Shirley's feelings, I asked her to write about how she was affected by being privy to very personal details about other women's lives.

Shirley's response was evasive, as if she was attempting to distance herself from the women to whose stories she was listening and about whose lives she was writing. At each meeting when I collected the transcriptions, Shirley would be keen to reassure me about the sheltered life she had led. However, her mention of different venues such as dance halls, which I knew had enjoyed unsavoury reputations, led me to believe that she was possibly overcompensating for adolescent experiences to which she would rather not

admit. I also discovered that her transcription skills were not of the calibre of which I had originally been appraised: misspelt medical terminology and numerous spelling mistakes. Moreover, Shirley frequently made her own decisions about what should or should not be included ("lots of talk about lovely babies here...didn't think you'd want that") and superimposed her own values on what was being said. When a member of the memory-work collective spoke of "the boys taking you out for a bit of a grope and fondle", Shirley transcribed this as "a group and fun day".

In desperation, I consulted another professional transcriber, Cathy, whom I had met through a mothers' support group. My choice of Cathy as transcriber was based on her personal experience and the evidence of her past transcription work of a similar nature (Inglis, 1982). Since I knew the richness of her experience I believed that it would be to the detriment of the transcriptions not to allow her the opportunity of participating. Cathy proved to be an excellent transcriber, including every pause and hesitation, as well as being able to detect who was "holding the floor" at various times when there were multiple voices speaking. However, Cathy had difficulty refraining from inserting her own incisive comments (albeit in italics), so that when I prepared to return the transcripts to the other participants for verification, I had to erase Cathy's caustic retorts.

Although the transcribers were not known to each other, Cathy felt that her reworking of Shirley's transcripts had given her an insight into how another transcriber could interpret women's experiences which, as Shirley had claimed, were alien to her. Ultimately, as I discovered, the researcher is in command of the transcripts. Although, for reasons of expediency, I had elected to have someone else transcribe the tapes, the final responsibility for their authenticity lay with me. This authenticity was achieved through my careful reading of the transcripts as I listened, and listened repeatedly, to the tapes.

Researching sensitive topics

According to Renzetti and Lee (1993:6), research which might be considered sensitive owing to the threat it poses to the research participants has the following features. First, it intrudes into some deeply personal and private experience. Second, the research might be concerned with deviance and social control. Third, the research topic impinges on the vested interests of powerful people, or the exercise of coercion and domination. Finally, these authors contend, the research deals with things sacred to those people being studied.

The intrusion of this research into "some deeply personal experience" is indisputable: the loss of a baby to adoption strikes at the very heart of what is personal for many people.

Likewise this research would address issues related specifically to extramarital sexuality and illegitimacy. It is likely that any research which addresses such taboo subjects and which challenges longstanding beliefs about the sacredness of adoption will invoke feelings of discomfort particularly among those who participated in or were affected by this practice. Because the mothers' voices, silenced by the stigma of illegitimate pregnancy, had only begun to be heard comparatively recently, the view that adoption was beneficial for all continued to prevail and even enjoyed a resurgence as a solution to the purported economic burden on the state of single motherhood (Armstrong, 1995:7). This was the view which appeared to inform the Ethics Committee's initial decision.

In so far as sensitive topics are regarded as "ones that seem to be threatening in some way to those being studied" (Renzetti et al, 1993:4), I felt less apprehensive about 'studying' the mothers than I did about meeting the midwives or participating in the memory-work collective. The assumptions that researching a sensitive topic such as the loss of a baby to adoption might have "psychic costs, such as guilt, shame or embarrassment" or may be "threatening because participation can have unwelcome consequences" (Renzetti et al, 1993:5) were not supported in my interaction with the mothers. On the contrary, the mothers welcomed the opportunity to tell their stories and found a release for their anger and a salve for their pain. This outcome is consistent with a prediction offered by Renzetti et al (1993:9) that

"permitting research on the private sphere might reveal in many instances, particularly in sensitive areas, research participants desire catharsis rather than sanctuary...That is, research on sensitive topics may produce not only gains in knowledge but also effects that are directly beneficial to research participants."

Likewise, it has been suggested that another beneficial outcome of researching sensitive topics might be "imaginative methodological advances" (Renzetti, 1993:7), in this case, the use of narrative, collective reminiscing and memory-work as innovative methods.

Renzetti et al (1993) have highlighted the relevance of the use of feminist methods in researching sensitive topics. In particular they have addressed the use of the researcher's self-disclosure or reciprocity in order to

"not only overcome participants' inhibitions but also to place the interaction between the researcher and researched on a 'more equal footing'"(Renzetti et al, 1993:177).

Ethics Committee approval

In order for my research to proceed I was required to seek approval for my proposal from the university's Ethics Committee. I was not prepared for the Committee's criticisms which seemed to me to be founded on populist notions about adoption rather than expert opinion. I felt that I was trying to justify a topic about which I knew a great deal to people

who knew very little. It also seemed unreasonable to me to have already identified details of the methodology and framework at such an early stage on my doctoral journey. If one were embarking on an empirico-positivist trail, using traditional scientific method, there might be no difficulty in explaining what one intended to study and how one would go about it.

I was heartened to discover that Rosemary Mander (1992) in her research into the care of relinquishing mothers had encountered similar problems to my own, and that the ethics committee in her study tended to assume a gate-keeping role. Mander's conclusion from her association with an ethics committee was that

"(i)t is apparent that the gatekeepers...drew on their own experience to inform their decisions about whether or not to approve this research project" (Mander, 1992).

In the present instance, one Ethics Committee member drew on his experience as an adopted person to obstruct my attempt to secure the Committee's approval. Claire (1995) has reported an even more precarious position for nurse researchers in that

"they are treated with contempt and derision by some ethics committees, who display a thinly veiled disregard for qualitative research".

This response may be because ethics committees tend to be composed of 'experienced researchers' (read 'scientific researchers') who

"have used only quantitative methods or have limited experience of the qualitative method (and) are likely to be anxious about what it does or does not involve" (Mander, 1992).

Although I had been involved for several years in a support group for women who had lost babies to adoption, and in this capacity had engaged in telephone counselling, I was asked by the Ethics Committee that "in the unlikely event that some participants become distressed, the participants be referred to an appropriately qualified counsellor." Fortunately such referral was not necessary.

A consequence of my having to resubmit my proposal to the Ethics Committee, which met only every second month, was that my doctoral progress was retarded by six months.

Concluding comments

In Part 3 I have described the qualitative methodology of feminist praxis through which I have collected the information which I needed to uncover the meaning of losing a baby to adoption. I have described the principles of feminist praxis as they apply to a feminist epistemology and ontology, and also to rigour in feminist praxis. I have also demonstrated how this research subscribes to those tenets of rigour, and also incorporates the principles of research ethics. In addition I have outlined the multiple feminist research methods which I have used to gather information from various sources, within the symbolic and semiotic orders, in order to explore and expose the tensions between them and, ultimately, to uncover a meaning for the loss of a baby to adoption. This research and its methodology presented in Part 3 are merely incipient positions in what Mary Daly's words have described as

"a feminist perspective [which] requires of women scholars, at this point in history, a radical refusal to limit their perspectives, their questioning, their creativity, to any of the preconceived patterns of male-dominated culture" (Daly cited by Levesque-Lopman, 1988:12).

Part 4

THE SYMBOLIC ORDER

Hegemonic discourses

*"Indeed, it is in discourse that power and knowledge
are joined together." (Foucault, 1976:100)*

THE SYMBOLIC ORDER

Hegemonic discourses

Introduction to Part 4

As I have established in Chapter 2, the symbolic order refers to the dominant social order - patriarchy - and its attendant institutions. The term "hegemonic discourses" refers to those discourses which have been constructed by the symbolic order for its own purposes: to construct its objects, its operations, its concepts and its theoretical options (Foucault, 1978).

Hegemonic discourses

The term "hegemony" came to prominence in the work of the Italian Marxist, Antonio Gramsci and can be defined as

"the whole lived social process as practically organised by specific and dominant meanings, values and beliefs of a kind which can be abstracted as a 'world-view' or 'class outlook'" (Williams cited in Barry, 1995:164).

Hegemony refers, in particular, to the ideology which dominates a society and influences that society's members

"like an internalised form of social control which makes certain views seem 'natural' or invisible so that they hardly seem like views at all, but just the way things are" (Barry, 1995:164).

The Gramscian notion of hegemony sits with Foucault's notion of discourse as

"ways of constituting knowledge, social practice and forms of subjectivity (discourse as structure or technique of power) with a focus on discourse as language and communication (discourse as the medium of human agency)" (Wicks, 1999:25)

I have used the term "hegemonic discourses" to describe those discourses which speak to and on behalf of the dominant social, or symbolic order, reflecting its ideology and enforcing its rules. The hegemonic discourses of the symbolic order are, by definition, discourses which privilege certain knowledges and positions over others. That is, discourses which assume a scientific, rational position and subjugate other discourses rendering them speechless. Hegemonic discourses also project messages of who is in control, "who calls the shots", and who is in the firing line.

I have organised the hegemonic discourses which informed and recounted adoption practices under the headings of politico-legal, social, medical discourses and discourses of the media and popular culture. Analyses of these discourses are presented in Chapters 7 to 12.

Chapter 7

HISTORICAL TIME: Politicolegal discourses of adoption

"The essence of the historical process is the meeting between an individual's or group's life history and the historical moment." (Hareven, 1982:335)

"History is the concrete body of a development, with its moments of intensity, its lapses, its extended periods of feverish agitation, its fainting spells."
(Foucault in Rabinow, 1987:80)

Introduction

In order to provide an historical context within which adoption practices could be understood as having been constructed by the symbolic order, in this chapter I will critically analyse archival government documents, policy manuals and legislation which underpinned adoption. These I have termed politicolegal discourses. Collectively, these discourses which influenced other policies of enforced separation of children from their mothers, such as the removal of Aboriginal children and child migration, relied on the power of a patriarchal system with its roots in racism and colonialism. As instruments of hegemony, the politicolegal discourses of the symbolic order provided the guidance and legitimation for the creation of whatever type of society was deemed necessary to serve the interests of the dominant class.

In the history of the adoption of children, the essence of the historical process is the meeting between the life histories of those children and their mothers, and the points in history when the adoptions occurred. Adoption practice, in past and present historical moments, has inherited those histories and has been influenced by them at all levels: social, cultural, political and legal.

"Adoption is the legal process whereby the guardianship of a child is permanently transferred to the care of another person after the natural parent has relinquished the right to care for the child" (Castles, 1989:50).

Whereas this statement offers a rudimentary legal definition of adoption, it obscures the social and historical ramifications of a practice which has had profound impact on millions of lives. Clarification of the distinction between adoption and fostering is important because it is the very process of permanently removing children from their mothers to create other families in secret which is at the crux of this thesis.

According to social workers (Bull, 1966; Langshaw, 1966; Roberts, 1968) adoption was,

and is, a practice which is designed to give children, who might not otherwise have one, a home and family. Fostering a child should serve the same purpose as adoption and confusion between the terms has been noted (Kornitzer, 1968:31); however because parents retain the legal right to reclaim their children under fostering arrangements, it is not considered (Benet, 1976:15) to offer the same degree of security or permanence as does adoption, whereby "a child is offered the benefits of permanent parental care and the advantages of secure and lasting relationships within a family" (Castles, 1989:50).

The major factor which differentiates adoption from other forms of child placement, and on which the guarantee of security is based, is the issuing of a new birth certificate which shows the adopters as the parents as if the child were born to them as a child of their marriage. This absolute change in the child's identity by assigning a new name on an amended birth certificate has been described as the creation of "a fictionalised past biography in order to secure a more acceptable future" (Swain & Howe, 1995:137). The underlying intent of this measure was to prevent mothers from discovering the whereabouts of their children from whom they had been separated and, it was presumed, disrupting the new family conceived by adoption (Inglis, 1984:4; Squire & McDonald, 1991:13; Swain & Howe, 1995:136).

Adoption's historical, political and legal antecedents

Adoption, we are exhorted, has a long and ancient history beginning with the stories of Moses and Oedipus (Lifton, 1988:12; Reitz & Watson, 1992:3; Rosenberg, 1994:8), who were purported to have been rescued from circumstances in which their safety was threatened. The notion of the rescue of children from illegitimacy, and hence poverty, and the historical events which presupposed it, provided the basis for twentieth century adoption law. Thus. the history of adoption has been interpreted as a history of the State regulation of motherhood (Wilkinson, 1986:96).

A Western tradition

Inasmuch as other societies have different means to care for children whose parents are unable to care for them, only in advanced Western capitalist systems are children's identities changed by law in order for them to be raised by strangers. It is only in the West that

"the primary reason for adoption is to rescue a child separated from his (sic) natural family...(and) to completely sever the links between the adoptee and his original family, and for natural parents and adopters to remain unknown to each other" (Benet, 1976:14).

The Western tradition of the adoption of children as it has been practised for most of the twentieth century, and continues to be practised, had its origins in the British Poor Laws, the first being passed in 1597. These laws, founded on Christian morality and administered by the parishes, provided for the separate incarceration of adults (mostly women) in workhouses and their children, over the age of three years, in orphanages. Harsh conditions in the workhouses acted as a deterrent to adults to avoid them; the more vulnerable children were rounded up by Poor Law Guardians and put into orphanages, service or other types of juvenile labour, or transported.

The philosophy which underpinned the Poor Laws was, according to Inglis (1984:5), "to contain and suppress the problems of poverty arising from the social upheavals of the time", a philosophy which would influence the political and legal traditions of adoption for the next three hundred and fifty years in what Benet (1976:59) has called "an instrument of class warfare". In 1834, the new Poor Law ensured that single mothers had no option but to hand over their children to the workhouse when it removed their right to legitimate their children in forced marriage or to sue for maintenance (Swain & Howe, 1995:3).

Benet (1976:15) has proposed that the reason for the tradition of adoption in the West was because, without a strong history of customary arrangements as occurred in other societies, it was necessary to frame legislation which would compensate for the break-up of the extended family occurring as a result of industrialisation and urbanisation. In a lengthy historical account, Benet (1976) has traced the development of adoption practice across several civilisations and societies. She proposed that the continued appropriation of adoption as a means of acquiring children by the upper and middle classes had its roots in ancient Rome where its popularity depended on the patrician women's aversion to child-bearing (Benet, 1976:32). Throughout the nineteenth century, children were adopted to benefit two branches of the ruling elite: the rich, to provide heirs to property and continue the family name and 'lineage', and the church, to increase and maintain its membership, particular in those religions where celibacy was imperative (Benet, 1976:55).

The Australian context: From barracks to boarding out

Although the Poor Laws were responsible for the disposal of illegitimate children and their mothers in Great Britain and the subsequent transportation of children to the colonies, during the early nineteenth century in New South Wales a parallel movement was emerging which provided a local basis for legislation. In a colony which was primarily a convict settlement to which adults as well as children had been transported since 1788,

and which was without established workhouses and orphanages, the social problems which necessitated the enforcement of Poor Laws in Great Britain were largely controlled by the military.

Throughout the 1800s, in response to the growing number of illegitimate children, more orphanages were founded under the auspices of Protestant and Roman Catholic churches as well as the State in a scheme known as the "Barrack System" which maintained children until they were 12 years old and then apprenticed them (Child Welfare, 1958:9). Many of these institutions, or asylums - "a safe place, out of depravity and temptation" - became the Reform Schools and Children's Homes of the twentieth century.

In the 1870s, when the "ripples of the great tide of humanitarian and philanthropic philosophies reached this country" (Child Welfare, 1958:11) a policy of "boarding out" children with private families was implemented. The "Committee of Ladies for the Boarding Out of Destitute Children", formed in 1879, was superseded in 1881 when Children's Relief Act constituted the State Children's Relief Board, the immediate forerunner to the New South Wales Child Welfare Department. Under an amendment in 1896, the Act provided for the boarding out of children with their own mothers, if they were widowed or deserted wives, whereas previously children were declared State wards and removed. Subsequently, Children's Protection Acts were passed which licensed lying-in homes for infants and children under the age of seven. These homes were the precursor to foundling homes, and in some instances, homes for unmarried mothers. Although the State Children's Relief Board encouraged adoption, its operations were limited because

"no matter how dissolute or degraded unworthy parents may be, the law at present permits them to reclaim children who have perhaps been deserted for years and left to the mercy of strangers, until they become useful" (Child Welfare, 1958:13-14).

Describing Australia's welfare policy as 'residualist' (a term which could be applied to policies in other Western capitalist economies, Inglis (1984:5) identified at its base the idea that "public care is only provided where all other sources of help in the family or neighbourhood are exhausted or do not exist". However, when public care for the children of poverty became cost-driven, the responsibility devolved to families who could afford it, and adoption was one way of encouraging this responsibility. A factor which has long been recognised is that adoption is more cost effective for governments than is fostering and paying an allowance, or maintaining children in institutions (Benet, 1976:16; Swain & Howe, 1995; Wilkinson, 1986).

Early adoption legislation - 1923 to 1938

To advance the State's commitment to adoption, the first adoption legislation in New South Wales was enacted in 1923 as part of the Child Welfare Act (Part XIV), with other Australian States and Territories following by the end of the decade. The wording of this legislation was to provide the blueprint for future legislation and adoption practice. By abolishing the earlier State Children's Relief Board, the Act established a Child Welfare Department under the Ministry of Education and promoted "the welfare of the individual child" (Child Welfare, 1958:16). In addition, it made provision for "payment of an allowance to an unmarried mother towards the maintenance of her child", a provision which was largely ignored in the implementation of the Act and did not rate mention in subsequent documents outlining the history of adoption legislation in New South Wales (NSW Law Reform Commission, 1992; Standing Committee on Social Issues, 1989).

Although the Child Welfare Act (1923) stated that "the adopted child shall be deemed to be a child of the adopting parent...as if such child had been born to such adopting parent in lawful wedlock..."(s127), its main focus was not to remove the stigma of illegitimacy but to ensure property rights of "natural" children: the Act provided for a child to inherit property as next of kin of the natural parent(s), but not as next of kin of the adoptive parents which was "limited to the heirs of the body of the adopting parent" (Law Reform Commission, 1992:9).

The other purpose which this adoption legislation served was to shift the financial burden of caring for destitute children in institutions and foundling homes from the State and impoverished charities to families: that is, from the public to the private social sector. Although 'adoption' had in earlier times referred to the placement of children with others who were not their parents, there was no legal provision for the transfer of parental rights and responsibilities to adopting parents (NSW Law Reform Commission, 1992:9).

An amendment (s126) in 1924 provided that children should take the surname of the adopting parents as well as their own "proper name". It also deemed that applications could be heard in a public court or private chambers, but included a rule "preventing publication of the names of the child and the applicant or either of them in cases in which such publication would be inexpedient" (NSW Law Reform Commission, 1992:10). Thus lay the foundation to enshrine adoption secrecy under the law.

The burgeoning bureaucracy of the Child Welfare Department found its work becoming

increasingly challenging and its functions more widespread. In addition to "classifying children according to their needs", the Department

"performed investigation work which was described as 'one of the avenues which brings under notice and enables (it) to take effective measures to prevent the possibility of families being broken up'" (Child Welfare, 1958:16).

Such 'investigation work' related to the "satisfactory placement" of State wards, including the legal work involved in accordance with the Child Welfare Act. It also involved investigating the domestic circumstances of mothers who had applied for financial aid, and removed their children when it was suspected that "immoral conditions existed", such as cohabitation with a man (Wilkinson, 1986:97).

In spite of the detailed prescriptive adoption legislation in the 1923 Act, a former midwife working in the 1920s at The Women's Hospital (Crown Street) recalled that

"There were no adoptions (although) I was told that some babies were handed over to another family outside the hospital" (Morphett, 1984-5)

In 1932 a Mental Hygiene Committee was established "seeking to utilise the combined knowledge of our doctors, teachers, psychologists and psychiatrists" to understand the behaviour of parents and their offspring. This professional composition of committees advising the Department on children's issues, including adoption, would prevail, their advice being accepted unequivocally. Intelligence testing of children was implemented and used unreservedly to explain children's behaviour and offer solutions for its correction (McLean, 1955). The Department's 1938 Annual Report declared that:

"Probably the outstanding feature of the administration during recent years has been the increasing application of scientific skills - medical, psychological and educational - to the individual treatment of State wards, delinquent and other classes of children with whom the Department is concerned" (Child Welfare, 1958:17).

Such invocation of "scientific skill" to support the Department's moral rescue of children, in particular "wayward girls", from their families is evident in my analysis of medical discourses in Chapter 9 and in discourses of social deviance in Chapter 10 which demonstrated that a girl's "low mental capacity" was considered responsible for her "moral delinquency" which brought her to the attention of welfare officials and justified her coming into care for moral rehabilitation (Wilkinson, 1986:99).

Legislative change - 1939 to 1965

In 1939 a new Child Welfare Act, "an Act to consolidate and amend the law relating to children and young persons", was passed to meet the need for

"a general tidying up of the existing legislative provisions as well as further coverage for needs and situations not yet met" (Child Welfare, 1958:18).

The projected scope of this Act would provide the legislative framework for child welfare practice, including adoption, for the next twenty-seven years.

Throughout the previous century payment for the care of destitute children had been an integral part of social welfare practice, with its origins in baby farming. The association of adoption with baby farming (Swain & Howe 1995:133; Swain & Swain, 1993:6) demanded legislation which would sanitise adoption's somewhat dishonourable reputation and the 1939 Child Welfare Act (Part XIX) was amended to include minor changes to adoption procedures such as the prohibition of receiving payment for arranging an adoption (s171).

The social dislocation of the Second World War included an increase in the number of single mothers, either as a result of desertion by or the death of their husbands, and the often forgotten casualties of war, exnuptial children. In Australia, a frequent complaint directed at American servicemen, who "literally swept Australian women off their feet" (Summers, 1981:416) was that they were "over-paid, over-sexed and over here". Whereas a woman rendered single as a result of her husband's death on active service evoked sympathy and support for her children, the mother of an exnuptial child was viewed with greater contempt than ever before, particularly if her husband was on war service. In the latter instance, married women frequently surrendered the babies conceived as a result of a war-time affair in order to save their marriages (Kornitzer, 1968:38). This trend is reflected in the adoption statistics presented in Appendix 1

While not directly stated, post-war illegitimacy might have been "the needs and situations not yet met" to which the Child Welfare Department referred and which pre-empted the 1939 Child Welfare Act. Citing the 1941 and 1946 Child Welfare Annual Reports, Wilkinson (1986:98) noted a prediction that, owing to the absence of fathers at war, an increase in the number of children needing fostering would be expected. According to Swain and Swain (1993:15), by the end of World War II "adoption became the solution to illegitimacy, and new baby adoption had become the norm".

Up until this time, the preferred option was for a single mother and her baby to remain together, the mother being forced to work to support her child and atone for her sin: adoption was regarded as inadvisable for her as well as prospective adoptive parents (Swain & Swain, 1993:14). In 1939, only 287 (25%) of the 1,112 children adopted through the New South Wales Child Welfare Department were under 1 year of age from a total of more than 2,000 exnuptial live births (Walker: 1969:242). Section 27 of the Act made provision for assistance "to the children of a parent who, by circumstances over which they

have no control (such as desertion by the father), are in need of financial aid" and a special branch of the Department was set up to ensure that "applications for assistance are always finalised as speedily as possible" (McLean, 1955:21). In addition, mothers were to be advised of the Commonwealth Social Service benefits for which they might be eligible as deserted wives and, in certain cases, deserted de facto wives. Not only was the financial aid meagre, but eligibility was contingent upon the mother obtaining a maintenance order against the father if she knew his whereabouts or was prepared to name him. Some mothers under the age of sixteen, the age of sexual consent, refused to name the baby's father because of the risk of his being charged with the offence of carnal knowledge of a minor (Inglis, 1984:7).

McLean (1955:23) reported that inquiries into cases of single mothers' financial deprivation "often indicated that families were not receiving assistance to which they were entitled", a finding supported by mothers many years later when they discovered that such entitlements, of which they were not informed, existed. Given that a government allowance was paid to foster parents to care for State wards, Wilkinson (1986:95) observed that it was ironic that financial assistance was not given to the families whose children were removed. With the pursuit of fathers not only expensive but time consuming, adoption became to be seen as the best outcome "because a new legally responsible father took over" (Else, 1991:16).

As a consequence of the expansion of the roles and responsibilities of the Child Welfare Department, in 1946 a Director was appointed, giving it full departmental status rather than operating as a sub-department under the Minister of Education as it had previously. In 1956 a separate cabinet portfolio was created and a Minister for Child Welfare and Social Welfare was appointed. Branches of the Department included the Section 27 Branch after the section of the Act related to the provision of financial aid, and the Dependent Children's Branch which administered adoption services.

Adoption services "for married couples and others who desire to adopt children" was a free service which included

"the location of suitable children (mainly babies) for adoption; the placement with specially selected adopting parents and the preparation and submission of documents to the Supreme Court" (Child Welfare, 1958:30).

Most of the babies were 'located' in large public hospitals through a "special service to unmarried mothers". This service was provided by a "specialist lady District Officer" who visited the mother in hospital, in many cases before the birth of the child, and provided

"assistance...in regard to waiting time, arranging confinement, employment of the

mother in such capacity as will enable her to retain and care for the child, financial assistance (under Section 27), admission of the child to a home or to State control, surrender of the child for adoption and help to obtain a maintenance against the father" (McLean, 1955:24).

If, after the lady District Officer had

"fully explained the facilities the Department can offer, when all these aids have been rejected and the mother still desires to surrender her child for adoption, the full import of surrendering her child is explained to her. Only when the mother still insists does the department's officer prepare a form of surrender" (Child Welfare, 1958:30).

Guidelines for Departmental workers called for

"the utmost patience and sympathy...when dealing with parents who desire to surrender a child for adoption. Care must be taken to fully explain all the implications of the step they contemplate. Advice is tendered regarding the alternatives, and only when a reasoned and firm decision is made, are the necessary papers prepared" (Child Welfare, 1958:58).

The impression conveyed was that mothers were not only agreeable to but insistent upon adoption, even in the face of discouragement for them to surrender their children.

Although these guidelines refer to "the parents", rarely was the father involved: his name was omitted from the birth certificate if the child's mother was unmarried and consequently his consent to adoption was not required. The outcome was that the mother only, in the majority of cases, gave her consent when a child was surrendered for adoption: she could either sign a consent form which nominated the adoptive parents, or she could give consent to the Department to select and approve adoptive parents.

A report on the prospective adoptive parents was prepared by a Departmental Placement Officer, who having visited their home twice, "then assesses by her personal contact with applicants, the type of child for whom they would be particularly suitable" (McLean, 1955:24). It was also the Placement Officer's role to "investigate the background of every baby surrendered for adoption: age, occupation, educational standard, intellectual level, general type and physical characteristics of both natural mother and father" (Child Welfare, 1958:32) in order to remove "every possible hazard" from the adoption process.

Accordingly, adoption was described as "one of the most satisfying activities of the Department's activities...(because it) is meeting the needs of both child and adopting parents in a very real manner" (Child Welfare, 1958:34). However, such attention to the matching process seems to have been merely lip service, and, according to Kornitzer (1968:101) this practice was "often perfunctory even in broad terms of class and type of employment of natural parents and adopters."

Under the 1939 Act there was no provision for confidentiality and there was no specific

provision for limiting access to copies of original birth certificates, although such access was at the discretion of the Registrar-General of Births, Deaths and Marriages and a precedent was set whereby this access was refused (Law Reform Commission, 1992:10). Private adoptions were permissible, often arranged by solicitors, medical practitioners, social workers and the clergy, where the mother and adoptive parents knew each other's identity if not personally. At the very least, the adoptive parents knew the mother's name which was disclosed on the Order of Adoption even if she did not know theirs. Consequently, although confidentiality was afforded for the adoptive parents it was not reciprocal for the mother. In addition, adopted children were still able to inherit property from the birth family, a factor which would necessitate their identities being known to each other.

Between 1939 and 1965 adoption law was expanded by two further minor amendments in 1941 and 1961. The 1941 Amendment Act reinforced the prohibition on receiving payment for adoption, while the 1961 Amendment Act (s2) further distanced the idea of commercial transactions to procure children by prohibiting the publication of advertisements for the purpose of either having a child adopted or wishing to adopt a child. These provisions were intended to control private adoption practices which had permitted unscrupulous dealings in the past and to pave the way for the more tightly regulated form of adoption of the future.

Adoption in the 1960s: the field widens and the net tightens

In Australia (as in the United States) the political and legal discourses of adoption have been established by State legislatures, and, although there are similarities and subtle differences in the various Australian adoption laws, the basic intent of this legislation was the same across State boundaries: to create a new family identity for a child who, for whatever reason, has been removed from her or his family of origin.

During the 1960s in Australia there was an attempt to bring all State and Territory adoption legislation in line with each other in recognition of interstate adoption, the result of mothers 'disappearing' across State borders to have their babies. Although statutory uniformity was not achieved, all the various legislations and their regulations shared similar characteristics (Inglis, 1984:4). They defined who could be adopted and by whom; the conditions under which adoptions could take place and those with the proper authority to arrange and oversee them; how and when a consent to adoption could be given or taken, and the time and conditions under which it might be withdrawn, revoked or even dispensed with. The

over-riding principle, however, was that "the welfare and the interests of the child concerned be regarded as the paramount consideration" (s17), a phrase which echoed the words of the 1923 legislation that "the welfare of the child now governs the situation" (Child Welfare, 1958:16).

Inglis (1984:4) recognised that "like most legislation...adoption law reflects the social mores current at the time it was drawn up." But in spite of societal change, there had been no change in adoption practice nor the legislation which governed it for twenty-eight years in New South Wales until the proclamation of the Adoption of Children Act (1965) on 7 February 1967. Incorporating some significant changes from earlier legislation, this was the first comprehensive treatment of adoption law in New South Wales and was based on a 'model' adoption Act to be followed by all Australian jurisdictions (Law Reform Commission, 1994:12).

Who may be adopted?

Applications for an adoption could be made by the court in favour of any person who had not attained the age of eighteen, and had been raised, maintained and educated by the applicant, or was a State ward in the care of the applicants (s18.1); a person who was, or who had been married could not be adopted (s18.4). Apart from these requirements, it would seem that any child could be adopted by strangers. The Act required that adoption would better serve a child's interests than some other order related to guardianship or custody (s19).

As under the previous legislation, there was provision (s27) for intra-family adoption to take place, either by a blood relative or a step-parent of the child, or adoption by former foster parents. In these cases secrecy was not an issue because all the parties were known to each other. But by far, the overwhelming number of adoptions were non-relative, more than 90% between in the years 1967 and 1969 immediately following the introduction of the Adoption of Children Act 1965 (Walker, 1971:889).

Who may adopt?

Under this new Act privately arranged adoptions (for example, by solicitors, doctors and others), or where mothers could nominate 'approved' adopters, were to be banned except within the extended family (s18), and adoptions could only be arranged by registered adoption agencies (s21) such as the Department of Child Welfare, Barnardos, the Catholic and Anglican Adoption Agencies. It was agreed that

"the responsibility of social workers generally, (was) first to channel prospective

parents to adoption agencies...to make the right selection or rejection, and then placement" (Mackay, 1966:14).

An adoption order could be made in joint favour of a husband and wife, or, a " man and woman who are living together as husband and wife on a bona fide domestic basis although not married to each other" (s19). However, with the surfeit of married couples waiting to adopt, particularly newborn babies, it was unlikely that a de facto couple would be considered, and could be rejected on the basis of Departmental or adoption agency selection criteria. The significance for including de facto couples, however, was in relation to the adoption of "hard to place" children, such as those with congenital abnormalities, for whom "a certain flexibility...in the eligibility requirements of adoptive applicants" was necessary to prevent the children from remaining in institutions (Australian Association of Social Workers, 1971:13). This arrangement would appear to be one of providing less desirable children for less desirable adoptive parents.

With the exception of religion (s21A), no criterion for preference of adoptive parents could be expressed by the mother: a consent to adoption was a `general consent' to "the adoption of the child by any person in accordance with the law of New South Wales" (s27). Aboriginal couples could adopt, but only Aboriginal children (s19.1Ac), as also could white couples.

Adoptive parents must have attained twenty-one years of age, or, in the case of the adoptive father, be at least eighteen years older than the child, and the mother at least sixteen years (s20). The Court had to be satisfied that the adoptive parents were in good health (infertility was not considered in law) and of good repute (s21.1): these requirements were overseen by individual adoption agencies according to Regulation 73(1) that provided for the keeping of registers of

"fit and proper persons to adopt children and the order in which persons whose names are included in any such list may be selected to be applicants for adoption orders".

To be a "fit and proper person" meant having an active Church affiliation, and "opportunities for religious and spiritual development should receive full consideration in the selection of adoptive homes" (Mackay, 1966:15). Although not a specific criterion, it was understood that the mother would cease employment. While level of income often received lower priority as a criterion for adoption in favour of more worthy characteristics (Mackay, 1966:15), adoptive parents tended to be drawn from higher income groups (Walker, 1969:242)

Although it was commonly presumed that children's medical and social histories were

recorded in order to achieve a “match” between them and prospective adoptive parents, there was no legitimate premise for this belief because

“(w)hile matching for similarities of background or characteristics need not be a major consideration in the selection of a family it can be useful where integration of the child into the new family may be facilitated by physical likeness....” (Director-General of Child Welfare, 1967).

A greater emphasis was placed on

“the ability of prospective adoptive parents to accept a child as he (sic) is or as he may develop regardless of how he may develop from his new parents” (Director-General of Child Welfare, 1967).

Priority for adoption would be based on the length of time that the prospective parents had had their names on the adoption register: “queue jumping” would be effectively eliminated and any application to adopt “out of order” would need to be notified to the Court (s21.ii).

Consenting to adoption

The conditions which constituted a legal consent were clearly articulated (s31.1) and the Court could refuse to make an adoption order if it could be shown that these conditions had been breached: that the consent was not given in accordance with the Act; that it was obtained by fraud, duress or other improper means; that the consent form had been altered; and that at the time of signing, the person giving the consent was not in a fit condition to give the consent or did not understand the nature of the consent. The last condition carried particular significance since Section 31(3) provided that a consent instrument could be signed by the mother of a child

"on, or within three days after the day on which the child was born unless it is proved that, at the time the instrument was signed, the mother was not in a fit condition to give the consent".

Submissions to a subsequent Law Reform Commission (1994:48) review revealed that frequently these conditions for a legal consent to adoption were not met in spite of the political rhetoric at the time by the Minister for Child Welfare in a parliamentary debate that:

"It is an offence to exercise undue influence on a parent to sign an instrument of consent. It is required also that the person taking the consent from the natural parent shall swear on oath that the parent has understood the significance of the document she has signed" (Bridges quoted in Harkness, 1991:13)

Having signed a consent to adoption, the mother was able to revoke it in writing within thirty days from the date of signing, or before the day on which an adoption order was made, whichever was the earlier. However, the revocation of a consent was no guarantee that her child would be returned to her, as in the case of *Mace v Murray* (1955) where the Court ruled that, although the mother had revoked her consent within the required period and the adoptive parents had refused to comply, the child should stay with them, since it

would be too disruptive to return him to his mother. The case was presided over by an Australian political luminary, Justice "Diamond" Jim McClelland, himself an adoptive parent. In another case (Inglis, 1984:121), when the mother returned to the adoption agency revoke her consent, she was told that her baby had been adopted already, and, in ignorance of the law, she did not pursue the case.

The consent of the 'putative' father, that is, the man whom the mother claimed to be the father, was not required at this time because, unless he had custody of the child under a court order, he was not regarded as a guardian of the child (s26.3A). Similarly, unless he and the mother were married, or he had made a declaration of legitimation and paternity (Marriage Act 1961 Reg 57,59, 62), his name was omitted from the child's original birth certificate. In addition, the Marriage Act 1961 provided that children born before 1 September 1963, whose parents were not married to each other at the time of their births but subsequently married each other, became, by virtue of the marriage, the legitimate children of the marriage from that date. Children born after 1 September 1963 whose parents subsequently married each other were legitimated from their birth dates. Although children were legitimated by virtue of the Act itself, the parents were still required to legitimate the birth formally (Walker, 1969:109).

In 1966 the Adoption of Children Act was amended, on the first of seven occasions, to include grounds on which the Court could dispense with a parent's consent to adoption if the child's welfare would be promoted (s32): where, after reasonable inquiry, the parent could not be found; the parent was physically or mentally incapable of giving consent; the parent failed to discharge parental obligations; the child was in a stable relationships with foster parents; or the child was the subject of an overseas adoption. However, because the Court was also concerned with protecting the rights of the mother, it was generally reluctant to make an order against her wishes (Law Reform Commission, 1994:13).

Mandatory secrecy provisions to prevent natural parents, adoptive parents and children being identified were reinforced and ensured by restricted access to court and other records (s64), closed court proceedings related to adoptions (s66), and restricted inspection of those proceedings only by an order of a court or the Director-General of the Child Welfare Department (s67), although there is no record of such an application having been made to test this section of the law (Law Reform Commission, 1992:24). Where it had previously been included, the mother's name was now omitted from the Order of Adoption. Under the Regulations of the 1965 Act all adoption workers and bureaucrats were warned that they must take any precautions necessary to maintain the secrecy of

adoption and prevent the parties becoming known to each other (c132) because

"it remains true that any breach of confidentiality unless handled very intelligently can have unfortunate consequences for the emotional adjustment of adopted children" (Director-General of Child Welfare, 1967).

The 1965 Act, based on the 'clean break' theory between a child and her or his mother, introduced for the first time relatively comprehensive provisions, many of which were retrospective to cover aspects of the 1939 Act, and were intended to shroud adoption in secrecy. An offence was committed by a parent who

"takes, leads, entices, or decoys the child, or counsels, causes or attempts to cause the child to be withdrawn or to abscond or detains the child, with the intent to deprive the adopters of the child of possession of the child" (s49).

Parents became, in effect, dangers to their children and were liable to criminal sanctions for attempting to communicate with them (Law Reform Commission, 1994:34). Pre-empting the implementation of the Adoption of Children Act, discussion about the "rights of the natural parents" by the Director-General of the Child Welfare Department was limited to these offences and the penalties they might incur (Langshaw, 1966:5). Although much written attention was given to "counselling for natural parents" (Langshaw, 1966:7), it would appear from the mothers' accounts that this rarely occurred, and if it did, it was barely adequate. In reality, for the mothers, the main focus of counselling was to present the advantages of adoption as the preferred option alongside the hardships of single motherhood (Swain & Howe, 1995:141).

More adoptions, especially infant adoptions, took place in New South Wales in the 1960s than in any other earlier decade: 9,001 out of a total 10,320 adoptions, or 87% (Walker, 1971:889). In 1965, the proportion of exnuptial births, at 7.3%, was the highest on record since 1905 (7.37%) (Walker, 1969:103). Several factors could be considered responsible for this: first, the female Baby Boomers who were born between 1945 and 1950 were coming into the age of fertility; second, as young people had more disposable income and greater freedom and mobility than before they began to demand sexual autonomy (Harkness, 1991:20). Howe, Sawbridge and Hinings (1992:15) proposed that

"tolerance and the promotion of sexual freedom on the one hand, coupled with intolerance and the stigmatization of illegitimacy create a recipe for producing more children outside marriage without making it any easier for unmarried mothers to care for them. This leads to an increase in babies placed for adoption."

The Adoption of Children Act 1965, regarded at the time as "reformist and forward thinking" (McDonald, 1988:10) was instead a very restrictive piece of legislation. Babies with medical or social problems became 'deferred adoptions' and waited in hospitals and other institutions when, owing to the plethora of exnuptial births, adoption became a 'buyers' market'. Although there was an over-supply of babies,

"[i]n the adoption market, the best-seller is the infant who is fair, structurally intact and mechanically sound. If it carries a luxury brand-name (mother: Radcliffe; father: Harvard Medical School), the bidding will go very high indeed" (Ryan, 1976:106).

There was little indication that this supply-and-demand situation would change so dramatically within the next two decades.

From boom to bust: adoption practice in the 1970s

In the year 1971-1972, New South Wales recorded the highest number of adoptions in its history, with 4,539 (Wilkinson & Angus, 1993:17). Since the end of the 1960s the number of adoptions had been increasing steadily from 1,715 in 1968-69, 2,346 in 1969-70 and 3,275 in 1970-71: the number of adoptions in the first three years exceeded the total of the previous decade. In the following year, 1973-74 there was an equally dramatic plunge in figures from 3,315 in 1972-3 to 1,936 in 1973-74, although there was no corresponding number in the demand to adopt children. The trend in New South Wales followed the national trend, although the number of adoptions in Victoria, where abortion became legally available in 1969 and the Council for the Single Mother and Her Child was formed in 1970, began to fall significantly a year earlier in 1971-72.

Several readily identifiable reasons for the sudden decline in the number of children available for adoption in New South Wales have been proposed (Burnell & Norfleet, 1979): first, the availability of the contraceptive pill increased, with general practitioner prescriptions in 1971-72 and 1974 more than double the 1970 figure, and 90% of women admitted taking it primarily for contraceptive purposes (Siedlecky & Wyndham, 1990:45). Secondly, following the 1969 Menhennit ruling in Victoria which outlined conditions under which abortions could be legally performed, Judge Levine handed down a similar judgement in Sydney in 1972: the only ground on which a termination could be performed was the risk of continuation of the pregnancy to the mental health of the mother, including the effects of economic and social stresses (Siedlecky & Wyndham, 1990:85). Thirdly, a change in social attitudes - including the acceptance of extramarital sexual activity and the tolerance of single motherhood - has been generally suggested as another reason for the decline in the number of children for adoption (Law Reform Commission, 1994:15). This change was most in evidence from the passage of two pieces of legislation: the Supporting Mother's Benefit, introduced in 1973, and the Children (Equality of Status) Act 1976.

The Supporting Mothers (later Parents) Benefit was initiated in 1973 by the Whitlam Labor government as a direct result of lobbying by the Victorian Council for the Single Mother

and Her Child (Kiely in Baldry & Vincent, 1991:180). In the years preceding its introduction, single mothers were eligible for the same Commonwealth Social Service benefit as widowed, deserted or divorced women, and, ironically, in New South Wales at this time, unmarried mothers comprised the largest group (55%) of recipients (Walker, 1971:884). Three years earlier, although there was little difference in the actual number of unmarried mother recipients, the percentage of the total group was only 12%, with deserted wives and widows out-ranking them (Walker, 1969:238).

The second piece of legislation, the Children (Equality of Status) Act 1976 was intended to remove legal discrimination against exnuptial children, as they were now referred to rather than as 'illegitimate'. Until the passage of this act, an illegitimate child was called, in law, "filius nullius", the child of no-one, or "fatherless". As Else (1991:14) has explained:

"Unless some legal process had taken place formally linking a particular man to his child, in law that child did indeed have no father".

In 1973 the Registration of Births, Deaths and Marriages Act 1899 was amended to provide for the separate registration of adoptions and the issuing of an 'amended birth certificate' which showed the adopted child "as if born to the adoptive parents in lawful wedlock" according to the Adoption Act 1965 (s35). Children who had been adopted under the earlier provisions of the Child Welfare Act 1939 could now also apply for an amended birth certificate.

Whereas in the past there was no specific provision limiting access to birth records for any party, the Registration Act 1973 disallowed adopted people, even when adults, the right to obtain their original birth certificate except on order of a court (s46). Similarly, parents had no right to obtain the amended birth certificate, and could only obtain a copy of the original birth certificate (which did not contain any information of which they were not already aware) with the consent of the Child Welfare Department. Nor did adoptive parents or any other relatives of either family have any right to information about other parties. Working in concert with the Adoption of Children Act 1965, these provisions were retrospective to cover the previous statutory conditions.

According to the Registration of Births Deaths and Marriages Act 1973 (s14.1) there was no obligation for the putative father of an exnuptial child to provide details about himself, and if he disputed paternity his name would not be inserted on the child's birth certificate even where the mother had named him (s42A.4). Even the title 'putative father', applied to the man whom the mother claimed was the father, had a ring of doubt about it, and a hint of suspicion which deflected back on her. A former Deputy Registrar of Births Deaths and

Marriages advised (personal communication) that in his eight year's experience he had never seen an original birth certificate which included the father's name in cases where a child was given up for adoption. The Law Reform Commission (1992:13) concluded that

"the rules of law and professional practice that were intended to promote secrecy in adoption appear to have been generally effective in relation to the adoption of newborn children to non-relatives. However...they were by no means always successful".

In 1976 the First Australian Conference on Adoption was held at which adoption reform, in particular the right of access for adopted people to have their original birth certificates, was vigorously discussed and options for legislative change were proposed.

In response to the call for change and the desire of adopted people to find their parents and vice versa, in 1976 the New South Wales Department of Youth and Community Services (formerly the Child Welfare Department) established the Adopted Persons' Contact Register under the administration of the Family Information Service whereby mothers and adoptees over the age of 18 years were entitled to register their names. If there was a 'match' contact could be arranged between the parties. Although access to original records was not permitted, it was now possible for the parties involved to receive non-identifying social information about each other. This was the first step towards openness in adoption practice in New South Wales.

The following year another step was taken towards more openness in adoption. Although the literature and social work practice had been advising adoptive parents since 1960s to inform adopted children of their status (Bull, 1967), in 1977 a Departmental policy was instituted whereby all prospective adoptive parent were required to sign an agreement that they would inform the adopted child of her/his adoptive status as a condition of approval for adoption (Standing Committee on Social Issues, 1989:4). Since that time adoptive parents have been encouraged to supply non-identifying information and on-going reports about the child for the benefit of the birth parents, but this is not a legally binding arrangement and one which depends on the adoptive parents' generosity of spirit.

The changing face of adoption: the 1980s

In the 1980s with values and assumptions underlying the 'clean break' model being challenged (Law Reform Commission, 1992:14), several attempts were made to reform adoption legislation and practice but with limited success. The Adoption of Children (Amendment) Act (1980) aimed to set up an adoption tribunal but this was not proclaimed. An advisory committee, set up in 1984 to review adoption policy and practices, released its findings in 1985 in a report, the Marshall Report (cited in Standing Committee on Social

Issues, 1989:5) which recommended retrospective and unconditional access to original birth records for adoptees. In response, the Minister for Youth and Community Services, in September 1985, tabled a paper entitled "Adoption: Options for Reform". Among these options, this paper recommended many changes, for example, the recognition of the rights of fathers, and addressed, for the first time, the iniquities surrounding the adoption of Aboriginal children. However, no alterations to the prevailing system were made, and following a change of government, adoption reform was no longer a priority.

The Adoption of Children (Amendment) Act 1980 made several changes to the previous Act in relation to inheritance rights of adopted people. No longer "filius nullius", the adopted person could under Section 68B inherit from the natural parents, but only if the property was first transferred to the Director-General for dispersal to the adoptee (Law Reform Commission, 1992:13), as well as inheriting from the adoptive family.

At the 1982 Third Australian Conference on Adoption mothers were becoming more vociferous and speaking out about the injustices which had been inflicted on them in the previous years when their babies had been taken from them for adoption (Lee in Swain & Swain, 1993:18) and the Association of Relinquishing Mothers (ARMS) was formed. No longer content to be invisible and silent, mothers

"at almost every session strongly, often fiercely, put their views, expressing their grief at the loss of their children and their anger at the social pressures which had forced them to place their children for adoption" (McDonald, 1988:12).

Their anger resulted in discomforting feelings among those present, particularly the social workers who had personally witnessed the mothers' consents, and the adoptive parents who had acquired their babies. A landmark study (Winkler & van Keppel, 1984) revealed that the effects of relinquishing a baby for adoption were profound and life-long and that the assumption that a woman could "put the experience behind her and get on with her life" were erroneous. Acknowledging that some of "the worst cases of moral coercion and injustice" had taken place, McDonald (1988:12) stated that this was now a time for "redressing the balance of past neglect and lack of understanding". In what could be construed as a 'panic response', and as a possible insurance against the perpetuation of past hospital practices which had come under scrutiny, the Health Commission of New South Wales issued that State's first policy on adoption (Health Commission of New South Wales, 1982). This policy document noted that

"a number of practices have been identified which occur in some public hospitals in relation to adoption matters which are contradicted on either mental health or legal grounds".

Some of the practices which it identified for concern were the undue pressure being

placed on unmarried women to surrender their babies for adoption; unwillingness of hospital personnel to grant to women considering surrendering their infants for adoption, the same rights of information and contacts with their babies as other women; unwillingness of hospital personnel to respect a mother's wish and right to choose a name for her baby; insufficient attention to matters of privacy and confidentiality; a refusal by hospital staff to provide adult adoptees with non-identifying medical and social information to which they were entitled; and the continuing practice of advising infertile couples to adopt a child without exploring the range of alternatives with them (Health Commission, 1982). Although the Health Commission was unsure about the extent of malpractice, it admitted that the "nature of the problem is an attitudinal one", as well as a "problem of ignorance" and attempted to redress this through the provision of comprehensive information to hospitals. However, this policy was a case of "too little, too late": in 1980 only 356 newborn babies were placed with adoptive parents as opposed to thousands in earlier years when these practices were rife.

As a result of the decline in babies for adoption, by the 1980s infertile couples sought other means of family creation including reproductive technology. According to McDonald (1988:11), by 1982 the number of children born by artificial insemination exceeded the number of children placed for adoption and comparisons were drawn between the two processes suggesting that there were lessons to be learnt from past adoption practices (Brandon & Warner, 1977; Harper, 1982; Meggit, 1992).

The adoption of children from overseas was also becoming more popular as another way to acquire children. Beginning with the first air lift of children from Vietnam in 1975 (Harvey, 1982), overseas adoption mostly involved children from Asian countries and some from South America, the process being strictly controlled by the Commonwealth government under the Immigration (Guardianship of Children) Act 1946 as well as State legislation (Wilkinson & Angus, 1993:4). One government report (Parliament of New South Wales, 1985:18), stated that while recognising that "the impetus to adopt children from overseas arose out of a humanitarian wish on the part of a small number of families to offer a home to destitute children in Third World countries", the focus of the program was still to meet the needs of Australian couples unable to adopt locally. It has been suggested that the popularity of overseas adoption is due to the "comforting distance...to separate the adopting families from the possibility of contact with the natural parents of their children" (McDonald, 1988:13), an opinion seconded by Phyllis Chesler quoting Lifton's description of infants "harvested by the ingenious rich in the fields of the demoralized poor" (Chesler, 1988:127). By 1985 overseas adoptions had overtaken local placements in New South

Wales, in spite of the time and expense involved in adopting a child from another country (McDonald, 1988:14).

Institutions had all but closed down with the exception of those for children with 'special needs' arising from a physical or intellectual disability who had formerly been called 'hard to place' or 'unadoptable'. Adoptive parents were as reluctant as ever to adopt these children - only seven were placed in 1987 (McDonald, 1988:13) - in spite of attempts to reach prospective adoptive parents through the media. With the emphasis in Australian adoptions moving further away from healthy white babies and towards the adoption of older, different-abled children in a climate of openness and contact, the adoption of children from overseas held a certain appeal.

By 1984 only two of the original eight private agencies in New South Wales remained in the adoption business, and although the Department of Family and Community Services had a waiting list of 2,000 couples, adoption services had slowed. From a free service to adoptive couples in the 1950s, agencies began to charge a fee to compensate for amount of work involved. Whereas receiving payments for adoption services and the publication of advertisements to make arrangements for adoption had been prohibited under previous legislation (Law Reform Commission, 1992:10), these practices were changed and the Adoption of Children Act amended (s52) in 1987 to accommodate the changing circumstances of children.

Throughout the 1980s the adoption community in Australia was becoming familiar with changes in legislation and practice in the United Kingdom (Howe et al, 1992) and New Zealand (Shawyer, 1979). There had been a groundswell of opinion in the United States calling for the unsealing of adoption records (Sorosky, Baran & Pannor, 1989), and, in the light of the Baby M case and the surrogacy debate, a questioning of the abuse of the rights of mothers (Chesler, 1988; Lifton, 1988). When the Freedom of Information Act was passed in Australia in 1988, documents connected with adoption were specifically excluded, although hospital records related to the mother's confinement, her social work record and her baby's nursery record before the adoption took place were accessible.

In 1989 with the mood becoming more receptive to adoption reform, the New South Wales government established a parliamentary Standing Committee to examine the issue of adopted adults and their parents receiving identifying information about each other with the possibility of meeting (Parliament of New South Wales, 1989). At this time there were 8,000 names on the Adopted Persons Contact Register, but the rate of reunion was only about 14% (Law Reform Commission, 1992:16). From this response and the 443

submissions received by the Standing Committee, there was a clearly a mandate for legislative change. That change arrived the following year when the Adoption Information Bill was debated in parliament.

Australian legislation was slow to follow similar legislative change in the United Kingdom and New Zealand. However in the United States from where most of the research findings and personal accounts of adoption had come, the policy of sealed adoption records has remained in force in all but six states, imprisonment being the ultimate penalty for curiosity.

Lifting the veil - 1990 and beyond

The Adoption Information Bill received unqualified support from all sides of parliament with the exception of one independent pro-Life member who, in speaking against the Bill, "took up the cause of a small group of adoptive parents" but could find no seconder for her proposals (Squire & McDonald, 1991:9). During the debate, a Labor member of parliament, Judith Walker, provoked by these proposals, disclosed in an emotive account that she had lost her four children to adoption. The effect of Walker's disclosure, and the intense media coverage it received, was to draw public attention to the Bill at the same time as giving other mothers permission to speak out as they revealed the long-term effects for them of the relinquishment process.

With the topic of adoption now firmly on the political and social agendas, the Bill was passed and the Adoption Information Act 1990 came into effect on 2 April 1991. Faced with the option of finding their adopted-away children, or the prospect of being found (and found out), mothers began to speak more openly about what the experience had been like for them: they wanted to let their children know that they had not been abandoned and forgotten (Harkness, 1991). Whether women had lost babies to adoption, as recently as five or as long as fifty years ago, in the light of new information available to them they began to reappraise the options they had at that time and the choices they made: they were attempting to find some meaning for the present in terms of the past.

The Adoption Information Act 1990, "an Act to allow greater access to information relating to adoptions and for other related matters", provided an absolute right for adopted people when they reached the age of eighteen to obtain their original birth certificates which bear their mothers' names (s6), and of parents to obtain the amended birth certificates of their children which contain the adoptive parents' names and address at the time of the adoption (s8). Relatives of birth parents or adopted people, including adoptive parents, would not be permitted to receive identifying information while the other parties were alive,

although the Director-General could release this information following their deaths (s7). Relatives could, however, place their names on the Reunion Information Register which incorporated the earlier Adopted Persons Contact Register. Provision for adopted people and birth parents to protect their privacy could be achieved through the placing of a Contact Veto, the breaking of which would incur a fine of \$2,500 or six months imprisonment, or both.

Two government bodies and one quasi-government organisation were given the responsibility for the implementation of the Adoption Information Act. Administration rested with the Family Information Service (FIS), a division of the Adoptions Branch of the Department of Community Services which was deemed responsible for receiving and recording contact vetoes, maintaining the Reunion and Information Register, counselling and mediation in some cases, accessing Departmental records and issuing prescribed information and recording statistical information. Responsibility for issuing birth certificates, recording contact vetoes on certificates, conducting searches and issuing information about searching and vetoes was vested in the Registry of Births, Deaths and Marriages.

Under the Freedom of Information Act 1988, mothers had been entitled to a copy of their hospital records and the nursery records of their babies, but were unaware of this provision until discussion surrounding the Adoption Information Act enlightened them. The New South Wales Department of Health prepared a policy document (Circular 91/20) advising hospital personnel of the protocol which they should follow to release information and outlining the main principles of the Adoption Information Act.

In the event of hospital staff not being able assist an inquirer, the Health Department advised the latter to contact the Post Adoption Resource Centre (PARC). Funded by the Department of Community Services, and staffed by social workers (some of whom had been actively involved in taking adoption consents), PARC was established as a direct result of the Act to carry out the tasks of personal and telephone counselling, mediation and outreach, and disseminating adoption information. In 1995 its role and functions were reviewed, and funding from the Department of Community Services continued.

The latest statistics available from FIS (as at 31 January 1996) indicate that there are currently in excess of 20,000 names on the Reunion Register, including more than 6,000 mothers and 11,000 adopted people. Since 2 April 1991 when the Act came into effect, there have been more than 14,000 applications for either original or amended birth certificates, in equal proportions of adopted people and mothers. Of these only 510 have been issued subject to a contact veto although almost 4,000 contact vetoes have been

registered. To date, there has been no recorded breach of a contact veto which would incur the penalties.

In the absence of conclusive statistics, figures for the number of adoptions in New South Wales since 1923 have been estimated between 80,000 and 100,000 (Parliament of New South Wales, 1989:1). Since the introduction of the Child Welfare Act 1939, an estimated 65,000 adoptions have taken place in New South Wales alone, using average figures for those years when statistics were not available (1940-1961) or not recorded (1985-987). One estimate for the number of adoptions Australia wide has been put as high as 250,000 (Inglis, 1984:14). Presuming that the 11,000 adopted people on the Reunion Register are different from and in addition to half of those people who have applied for birth certificates, that is 18,000 adopted people in total, then about 30% of adopted people can be said to have expressed an interest in their families of origin and 20% of mothers are interested in contacting their children. These figures are dependent on adoptees people knowing that they are adopted, the numbers of people, in particular mothers, who are still alive, and do not differentiate between intra-family and stranger adoptions, or cases where a mother may have surrendered more than one child.

In 1995 the Adoption of Children Act 1965 was reviewed by the New South Wales Law Reform Commission, with the new legislation anticipated by the end of 1999. A review of this Act was deemed necessary for several reasons: the changing nature of the family, change in the roles and status of women, the changing nature of adoption itself, and the unwieldiness and irrelevance of the 1965 legislation given the number of amendments which had been made to it.

The changing nature of the family meant that, whether by divorce, death of a spouse, or choice, the traditional nuclear family had changed, with a greater proportion of families headed by single mothers than ever before, or else had become 'blended' families. As a result of the formation of new families following divorce and remarriage, it was predicted that there would be an increase in step-parent adoptions (Law Reform Commission, 1994). Certainly, in these cases, the parties would be known to each other and secrecy would not be an issue. Open adoption of this kind was being promoted by agencies as the ideal form of adoption but without the protection under the law to make it viable.

With changes in the roles and status of women, the image of the single mother had also changed, although a new stereotype of the single mother as Social Security recipient has emerged as the 1990s scapegoat. As acceptance of de facto relationships, both inside and outside the law, has increased, so has the acceptance of exnuptial children; and since

de facto relationships could also be homosexual relationships, the issue of adoption by same-gendered couples has also been floated.

Given the relevance of adoption issues to those surrounding the many variations in family relationships occurring as a result of reproductive technologies and surrogacy, it was postulated that new adoption legislation should possibly consider those issues in a package of reforms. Parallels between the different types of family creation were apparent in terms of secrecy, loss of a baby and inheritance rights of the child.

The changing nature of adoption itself also prompted the need for a change in the legislation. With fewer newborn babies available for adoption, and more parents aware of their rights, legislation needed to account for the adoption of children with special needs in a more comprehensive way. Similarly, the 1965 Act was inadequate to meet the adoption of children from overseas countries, particularly in the light of Australia's ratification of the United Nation's Convention on the Rights of the Child in 1990 and the association of overseas adoption with baby-trafficking (Raymond, 1994:141). In consideration of past practice with indigenous Australians and the incompatibility of Aboriginal law with adoption, it was questioned whether White law should address Aboriginal adoption at all as the 1965 Act had done.

The evolution of New South Wales adoption law away from the original notion of a model jurisdiction in 1965, and indeed, as a result of several amendments, the decreasing resemblance to the 1965 Act itself, suggested that, after thirty years, it was now "time for a change". The New South Wales Law Reform Commission considered these issues in a discussion paper in 1994 following which it received written and personal submissions from the public at a series of hearings, the results of which were presented to the New South Wales parliament for incorporation into the Adoption of Children Act 1995.

Social parallels: Stolen children and child migrants

Although I have given greater prominence thus far to the origins and evolution of adoption practices in New South Wales in the broadest context, other similar developments which were largely ignored by society were taking place during the same era: the systematic removal of Aboriginal children from their families, begun in the 1820s, continued until the repeal of the Aboriginal Protection Board in 1967 and the child migration schemes which had began a century earlier also persisted. The malpractices which were perpetrated against children from these groups were allowed to flourish behind a veil of ignorance and apathy as the satisfying social-work practice of the adoption of babies to create families for

married couples overshadowed other areas of child welfare.

In 1980 indigenous Australians founded an organisation, Link-up, to try to locate their relatives who had been fostered, adopted, raised in institutions or in any way separated from their families of origin. The release of the “Stolen Generation” Report in 1997 finally brought this tragedy to the attention of the Australian public and, amid calls for reconciliation between black and white Australians, raised the collective consciousness of most Australians. A shameful example of one Australian who refused to accept this stain on Australia’s colonial history could be found in the person of the conservative Prime Minister, John Howard.

Coincidentally, during the 1980s survivors of the child migration schemes from the 1940s to the 1960s were also beginning to tell their stories of separation and sorrow, of being transported as young as six years of age to Australia from Great Britain on the promise of a new life in the sun, only to spend their lives subjected to systematic abuse in institutions (Bean & Melville, 1990; Moore, 1990). One of the likely reasons why child migration was unchallenged, if not embraced, in Australia was because Australia's history was founded on colonisation by the poor, the destitute, and the illegitimate in a criminal if not in the social sense. Migration had been an accepted part of Australia's history, and child migration could be interpreted by Australians as giving to others the privileges of living in this country as they had themselves enjoyed. Having been brought up on an educational diet of images of England as wet and cold and cramped, Australian's were conditioned to believe that they were doing English children a favour by having them here.

There have been many accounts (Moore, 1990) of children receiving loving care in foster families until, once they reached the age of fourteen, they were recalled by Barnardo's to be either transported overseas or retained in Britain as sources of cheap labour. Their childhoods over, they were too expensive to keep and their labour was too valuable not to be used. The ongoing influence of Barnardo could be detected many decades later in the adoption service which carried his name

Concluding comments

Some common themes have surfaced in many of these histories which had their roots in different eras and countries. All have been part of misguided schemes to create societies which, in their refusal to be created, have produced personal confusion, private distress and public anger. Hegemonic discourses offered a legal and political framework for the taking of babies for adoption which was prescribed by the symbolic order and informed its

practices. This analysis of the politicolegal discourses of adoption in historical time has defined the background against which mothers lost their babies between the 1950s and 1970s, and were reunited with them in the 1990s.

In Chapter 8 I will examine the discourses of social praxis within family time as they pertained to the creation of the nuclear family and disruptions to family life course. These discourses framed the social climate which made adoption an attractive option for both unmarried single women and infertile married couples.

Chapter 8

FAMILY TIME

Discourses of social praxis

"It is the family, in the comforting sameness of its image, replicated a million times across the barriers of wealth and class, that can transcend and overwhelm the significance of the other structures and institutions in which ordinary lives are caught."
(Heron, 1985:5)

"The family is not an isolated unit and the outside world keeps breaking in."
(Kornitzer, 1968:123)

Introduction

In this chapter I will show how the life course of the family was affected by adoption in accordance with the features of life-course analysis explicated by the historian, Tamara Hareven (1978b:5): that is, the synchronisation of individual transitions with family transitions; the interaction between life-course transitions and historical change; and the cumulative impact of earlier life-course transitions on subsequent ones. In addition I will show how discourses of social praxis, namely of adoption, informed the roles which family members assumed and afforded an understanding of those roles providing "important insights into the process of decision-making within the family" (Hareven, 1978b:5).

In Chapter 7 I noted that Benet (1976:15) attributed the disintegration of traditional family structures to the impact of industrialisation and urbanisation. One effect of the industrial revolution was that impoverished mothers and their children were separated, the latter group being exploited as a source of cheap labour in arrangements which frequently masqueraded as adoption (Jackson, 1986). Hareven (1978a:58), on the other hand, suggests that the notion of the family as passive in its disintegration is erroneous and that, instead, the family fostered social change and facilitated "the adaptation of its members to new social and economic conditions". This argument is only partially upheld when applied to the adoption of children, since many of the participants in adoption were far from active in the historical events which determined their fates, even when their passivity could be interpreted as active resistance.

Because the adoption of children from different ethnic backgrounds produces different ruptures in the life-cycles of the child's family of origin as well as in the adoptive family, it is not addressed in this thesis.

Family time and the life course

Coinciding with historical time from which politicolegal discourses emerged (as discussed in Chapter 7), is family time, the concept of which

"designates the timing of events such as marriage, birth of a child, leaving home, and the transition of individuals into different roles as the family moves through its life course" (Hareven, 1978a:59).

Family time, represented by life-course transitions, differs from historical time which has been defined by Hareven (1978a:59) as "a linear chronological movement of changes in a society over decades or centuries". Family time does not follow a chronology; nor does it equate with 'life-span', a biologically determined developmental process, although life-course transitions and life-span milestones may intersect. Whereas a life-span approach addresses age patterns in family roles, a life-course approach based on family time refers to the family members' roles and relationships and cycles of time which underpin the ordering of these roles and relationships: it "encompasses individual development as well as the collective development of the family unit" (Hareven, 1978b:5). It is through charting the history of the family, contends Hareven, that "human intimacy" is reintroduced into historical research. In other words, the family and its evolution in family time provides the human face to historical time.

As Elder (1978:45) has indicated, the demarcation of stages across the life span - marriage, births of the first and last children, age-graded status transitions such as school entry, departure of the eldest and youngest children from the parental home, withdrawal of one or both parents from the work-force and marital dissolution through a spouse's death - ignores the timing and order of individual events because life-span depends on a "normative schedule on the timing and arrangement of marriage and births" (Elder, 1978:45), whereas it is the differential timing of events which marks transition points in the life course.

Central to the understanding of family time and life course is the notion of career which

"refers to a sequence of activities or roles through social networks and settings...a career line (being) equivalent to an individual's history in each role domain, such as marriage, parenthood, consumption, and worklife" (Elder, 1978: 23).

The family unit, continued Elder (1978:55) is "portrayed as a set of career lines" which are either synchronous or asynchronous with each other depending on the timing, duration and arrangements of events, although timing, as Hareven (1978a:59) noted, "has often been a major source of conflict and pressure in the family, since 'individual time' and 'family time' are not always in harmony". Accordingly, a life course approach to the study

of the family "focuses on the meshing of individual careers over time" (Hareven, 1978b:5). The prescriptive and proscriptive nature of a career, determined by age and role differentiation, is maintained within its normative boundaries through the imposition of social sanctions. When careers conflict, role strain results.

At any given point in their careers, members of the family occupy different but simultaneous roles and relationships, recognised by the titles ascribed to them. Such roles and relationships - child, spouse, parent - are regarded as unambiguous and sequential, and, above all, taken-for-granted. Thus an individual's life course can be described as

"multidimensional since movement through successive life stages entails the concurrent assumption of multiple roles...One's life history is thus a product of multiple histories, each defined by a particular timetable and event sequence" (Elder, 1978:26).

Any life event occurring outside the normative timetable which dictates a preferred sequence of events may be regarded as deviant, the effects of which, according to Elder (1978:29), are "contingent on its timing, (and) on the temporal phase of life course in which it occurs".

Within the context of historical time, family time depends not only on how individual family members view themselves and each other, but also how they are seen from outside the family. Consequently, the family strives to maintain a normative framework of internal consistency and integrity as well as an outward appearance of structure and cohesion. This is achieved through the reinforcement of the prescribed roles and responsibilities for each family member in accordance with "normative determinants (which) take the form of social expectations that specify appropriate times and arrangements for life events and transitions" (Elder, 1978:28) and which may be imposed either from within or without the family.

Throughout the life course of the family, individuals move in and out of different roles and social institutions according to the family units with which they find themselves connected, the timing of which affects not only the individual member but also the collective family unit (Hareven, 1982:166). To illustrate this point Hareven (1978b:6) has offered the example of an individual who, on marrying, leaves her family of origin to become part of a family of procreation as well as part of her husband's kin network. The subsequent bearing and raising of children also influence family dynamics through the transformation of the family members' roles, such that "individuals can be members of their family of origin and their family of procreation" (Hareven, 1978a:60).

Whereas in earlier eras the timing of family events was controlled by involuntary forces (for example, famine), it has now shifted to voluntary forces (Hareven, 1978a:63), such as in the exercise of choice in family planning to regulate not only how many children to have but also when to have them, if at all. However, Hareven (1978a:67) has noted a paradox: this greater degree of choice in the timing of family roles has brought with it a greater degree of rigidity and uniformity in the timing of family transitions.

Family time and the life-course of the nuclear family

Traditional Western family life courses have been presumed to follow a predictably linear course of "an hypothetical average nuclear family" from the birth of family members through to their death punctuated by "certain crucial events", such as marriage, the birth of children, and the death of a spouse (Tilly in Hareven, 1978b: xii). Hareven (1978a:61) has described a life course which she claims has been uniform for the majority of families for most of this century: early marriage followed soon after by childbearing which produces in quick succession an average of fewer than three children. According to Gittins (1985:12), most women

"will have stopped having children by their early thirties, if not before, and thus have the prospect of perhaps a further forty years free of childbearing."

The result of this life course, claimed Hareven, is that the husband and wife spend a longer period of their lives together of which a small segment is devoted to child-rearing, and frequently they survive until grandparenthood, this cross-generational overlap between grandparents and grandchildren being a twentieth century phenomenon (Hareven, 1978a:63). In addition, increased longevity, particularly of women, raises the chances of middle-aged women inheriting the responsibility of caring for an ageing parent or spouse (Gittins, 1985:11).

With the introduction of compulsory schooling, the period which constituted childhood was longer and more clearly defined. As urban middle-class families began to make the connection between social mobility and education (Gittins, 1985:143) the emphasis was to contain children in school for longer periods and consequently keep them dependent on and in the family unit (Gilding, 1991:21). The departure from school marked the end of childhood and the transition into the workforce or a career, marriage and leaving the family of origin to form a new family (Hareven, 1978a:67).

The model of life course for many young women during the 1950s and 1960s was defined within middle class aspirations, as privileged women regarding themselves as "special":

"I was a special girl, who would become a special student, who would become a special woman, who would marry a special man and have several special children. This was my destiny. Life was going to be comfortable and rewarding...I was not destined to be one of those ants on the anthill." (Maslow in Breines, 1992:5)

In the 1950s, note Ehrenreich, Hess & Jacobs (1986:28), fewer adolescents than previously left school to help support their families, "making teenhood more distinct from adulthood as a time of unemployment and leisure." By the end of the 1950s, 70 per cent of all women were married by the age of twenty-four (Breines, 1992:50).

To speak of the 'normal' nuclear family is to conjure up an image of an immutable social entity - a mother, a father and their children, which Hite (1994:347) suggested is derived from the Judeo-Christian image of the 'holy family' of Jesus, Mary and Joseph. This image may not only be misleading but may also be founded on some rather false premises. Heron (1985:5) is correct to speak about the "comforting sameness" of the family's image because it is that very image, rather than the reality, which has driven adoption: the image has exerted a powerful influence on social policies and practices as well as an effect on the very actors it seeks to describe. Sutherland (1984:21), posing the question, "What model of 'family' do social workers carry around in their heads?" responded that it is the model of the male breadwinner supporting his dependent wife in her roles as homemaker and mother, that is, the nuclear family, and that this "has continued to be used by social workers against which to measure the deviance of others or those in need".

If the family is considered to be the foundation of society (Gittins, 1985:1) and parenthood the basis of social structure (Malinowski, 1966:25), then in Western capitalist societies the nuclear family is the mainstay of society, both systems being dependent on patriarchy for their integrity and cohesiveness. Unquestionably this is the model of the family which informed politicolegal discourses of adoption (see Chapter 7) dating from the Poor Laws and which Smart (1992) has described as

"quite clearly operating to maintain a particular family structure through the implementation of punitive sanctions against...women" (Smart, 1982:133).

Such generalisations about the life course of the nuclear family obscure the range of individual experiences which occur within families and thus render the notion of the nuclear family as problematic.

The nuclear family as problematic: disruptions to life-course

According to Hareven (1978a:59), "motherhood preceding marriage is considered a violation of social norms in most societies". In a nuclear family which regarded its transitions as marked by childhood and adolescence followed by the subsequent

separation of adult children into marriage, an exnuptial pregnancy had no place. The return into the family of an unmarried female member with a child demanded a re-ordering of roles and responsibilities not only of the woman but of her parents and siblings.

The unmarried mother and her family of origin

Most families do not plan for an exnuptial pregnancy, even going so far as Rosenberg (1994:9) has suggested "not to welcome children born of unwed mothers". Consequently an exnuptial pregnancy disrupts the synchronicity of the individual, usually a daughter or sister, within the family life course and the family's plans. For example, although still a child, dependent on her parents for care and control, when a female reaches the life-span milestone of menarche, she becomes physiologically capable of conception and pregnancy. On the other hand, conception, pregnancy and possibly motherhood may be incompatible with her life-course transitions within family time and disrupt the normative pattern of family life.

Whereas the senior woman in the family may have been looking forward to a time 'to herself', and which may involve a return to the workforce, she may now be either called upon, or else see it as her responsibility, to 'babysit' the new grandchild. While many senior women undertake this responsibility voluntarily, as a transition in their own lives, the unexpectedness of an exnuptial pregnancy may be regarded by her as an imposition on or disruption to her plan for how she intended to spend her middle years.

Stratton (1992:139) has proposed that

"[h]istorically the elaboration of the family as the site of social order, and the elaboration and deployment of an ideology of the *good* family, has counterpointed the argument that unruly young people are the product of *bad* family situations."

Consequently it has been the *non*-nuclear or single parent family that has been judged as problematic and the site for delinquency of its children, attributed to

"failings in the family background of the young person which, in turn, was measured against the generalised and reified bourgeois family ideal" (Stratton, 1992:139).

In recent times, the rejection by single mothers to choose adoption as an option has been viewed as socially irresponsible, even to the extent of inviting sanctions against the bearing of more than one exnuptial child (Armstrong, 1995).

Society, then, had a vested interest in promoting the nuclear family as *un*problematic and as the ideal to which all its members should aspire in order to maintain social integrity. The efforts to which media discourses would go in promoting this ideal will be discussed in Chapter 13.

The adoptive family

In Chapter 7 I addressed the politicolegal issues pertaining to adoption, including the selection criteria for those wanting to adopt children. In this section I will address the social aspects of family formation by adoption, in particular how the adoptive family attempted to acquire the status of a nuclear family, thereby maintaining the outward appearance of a normal life-course.

Adoption as normalization

Adoption has been employed as a means of promoting a normal life-course for parents who have been unable to construct families through their own procreation. Infertility as a rupture to family life-course could be smoothed out by the addition of children acquired through adoption "as if born to the adoptive parents in lawful wedlock" (Adoption Act 1965, s35). Christa Hoffman-Riem (1986) described adoption as "a chain of normalization processes" which could be divided into life course sequences: a shift from what couples defined as the "normal" starting point of marriage, to the desire for a child, to deviation when child-bearing seemed impossible, and, finally, to an attempt to reconstruct normality through adoption. "Biographical denormalization" beginning with suspicions regarding fertility (Hoffmann-Riem, 1986) was as the process by which couples moved progressively away from the cultural script of family creation. However, following the decision to adopt a child, couples could begin to move closer towards a normal life course.

With the employment of "matching" techniques which were presumed to minimise the physical differences between adoptive parents and adopted children (Cadoret in Brodzinsky & Schechter, 1990:29), adoptive families could be as "normal" as biological families. However the fictional family created by adoption was not as unproblematic as adoptive parents had been assured, or as they themselves might have hoped. A review of the abundant literature on adoptive families which I have presented elsewhere (Farrar, 1997) is beyond the scope of this thesis, however I shall draw on some of the seminal work in the area to illustrate my argument. From the literature, I have selected the following themes through which to examine the problematic nature of the adoptive family: the myth of *The Chosen Baby*, acknowledgment and rejection of difference, and adoption as a "cure" for infertility and reproductive loss.

The story of *The Chosen Baby*

According to Hartman and Laird (in Brodzinsky & Schechter, 1990:231), the story of the "chosen baby" is central in the life of the adoptive family in order to give meaning to them for the adoption process. It was believed that this story would mollify adopted children who might otherwise feel abandoned or rejected by their birthparents, while simultaneously intensifying their importance to the adoptive parents (Winkler, Brown, van Keppel & Blanchard, 1988:87). In the absence of information about their origins, the story was often expanded by adopted children to include

"fantasies that they were saved from incompetent or bad birthparents, that they must be grateful to their adoptive parents for having been saved, and that they must please their adoptive parents in order to be grateful" (Winkler et al, 1988:87).

Indeed, as Nichtern (1983) noted perceptively, "adoption provides fertile soil for the construct of the fantasy family". Similarly, it has been suggested that the secrecy surrounding adoption has contributed to tensions and psychological stress within adoptive families (Andrews, 1980).

The success of the "chosen baby" story depended on the denial of adopted children's birth and contributed to the secrecy of their origins. Such romanticising of adoption reinforced acceptance of adoption as a natural form of family creation not only for adopted children but also for adoptive parents. The noble sentiments on which the story depended made any refutations or challenges difficult since they would imply a lack of humanity on the part of the challenger. The story could also allay any anxiety which adoptive parents might have about discussing the general topic of human reproduction with their adopted children which would, in turn, remind them of their own infertility (Kraft et al, 1980).

According to adoption researcher, Paul Brinich, adopted children have been over-represented in samples of psychiatric patients, their referral for psychiatric help having been attributed to their *not* having been told of their adoption as much as to their having been told (Brinich in Brodzinsky & Schechter, 1990:42). Notwithstanding either explanation, Brinich (in Brodzinsky & Schechter, 1990:43) has suggested that the genealogical bewilderment which adopted children experience can be connected to the myths surrounding their dislocation from their families of origin and recounted in stories ranging from that of Moses to Peter Pan. The contemporary story of the "chosen baby" sits comfortably among them.

The story of the "chosen baby" has been published in many formats since its original publication in 1939 (Brinich in Brodzinsky & Schechter, 1990:231), and is recounted below, in an almost identical version thirty year later, as *The Adoption Story* (1969).

The politicolegal discourses of adoption which I have analysed in Chapter 7 contradicted the myth of the chosen child as presented in the above story. On the other hand, this was the story which underpinned many of the media accounts of adoption which are presented in Chapter 11. It was also the version of adoption which many adoptive parents had convinced themselves and their adopted children was the "real" story behind the creation of the adoptive nuclear family. Worthy of note is the emphasis on the most desirable baby for adoption, a fair-haired, blue-eyed boy (Zelizer, 1994:193), while those babies that deviate from this ideal are discarded.

Nowhere is the adoptive family as the bourgeois ideal of the nuclear family played out more graphically than in the story of the chosen child. This is a sanitized story on many fronts: the sexuality of both the adoptive parents and the child's own parents; the deserving adoptive parents' right for a child versus abandonment by the undeserving mother; the dynamics of the adoptive family; gender stereotyping; and the process of allocation of babies for adoption. Notwithstanding the instruction that this was the version of adoption which should be imparted to young children, it was also the version that appeared to be internalised by many adoptive parents themselves as well as by social workers (Child Welfare, 1958:34). As a result, adoptive parents found themselves in a state of confusion when the reality of raising an adopted child presented problems for which they had not been prepared.

THE ADOPTION STORY (1969)

"Once upon a time there was a Mummy and a Daddy, and they lived in a pretty little house with a garden at the front and a lovely big yard at the back. But Mummy and Daddy were very sad because they had no little children. Then one morning Mummy woke up very early with the most wonderful idea. She was so excited she had to tell Daddy.

"Let's adopt a baby!" said Mummy.

That really woke Daddy up. He sat up so fast he nearly went through the ceiling.

"That's a wonderful idea!" he said.

So the very next morning Mummy and Daddy sat down and wrote a long letter to the Adoption Agency. They waited and waited - and then one day there was a knock at the door, and there stood a very nice lady. The lady looked over the house to make sure that it was big enough, and asked lots of questions to make sure they were special enough. At last she said:

"Do you want a baby boy or a baby girl?"

Mummy said: "We'd like a baby boy called Tony, and a baby girl called Jane."

The lady smiled. "We'll see," she said. "Suppose we start looking for Tony. I think we should be able to find him for you." Just when they were giving up hope, the telephone rang. It was the lady from the Adoption Agency. "There are some baby boys up at the hospital," she said, "I think one of them might be Tony."

Mummy and Daddy were very excited. They raced to the hospital, and the nurse took them to the room with the baby boys in it. They went to the first cot, and there was a sweet little baby boy with red hair and green eyes and a pale smooth skin. But Mummy and Daddy looked at each other and shook their heads. They went to the next cot, and there was a sweet little baby boy with black hair and dark brown eyes and dimples. But Mummy and Daddy looked at each other and shook their heads. Then they went to the third cot. And there was the dearest little baby boy you ever saw, with fair hair and rosy cheeks and big blue eyes. And Mummy and Daddy knew at once.

(The same scenario is recounted when Mummy and Daddy go to the hospital to choose Jane, a little baby girl with fair hair and blue eyes.)

They all went back to their pretty little house, and when Tony got bigger he would play in the front garden and talk to Daddy while he mowed the lawn. And when Jane got bigger she would play in the back yard and talk to Mummy while she was hanging out the washing. And they must be just about the happiest family in all the world."

Acknowledgment of difference / Rejection of difference

According to sociologist, David Kirk (1983), the ways in which adoptive families coped with adoption could be divided into two categories: acknowledgment of difference or rejection of difference. Kirk, an adoptive parent, based his theory of adoptive parenting on the sociological concept of role strain, whereby adoptive parents found themselves caught in a dilemma. Should they acknowledge that their adopted child is different from them, and hence over-emphasise adoption and the possible alienation of the child? Or should they reject any notion of difference and hence maintain the illusion of the "natural" family into which the child could be easily and invisibly incorporated? Kirk (1983) concluded that the former path was the less problematic in the long term: eventually adopted children would discover their status (even if they did not hitherto suspect it) and be less distressed by the discovery. In addition, Kirk contended, acknowledgment of difference was predicated on honesty and trust between adoptive parents and their adopted children. On the other hand, rejection of difference was based on a myopia which, while helping adoptive parents think of the child "as their own", also kept them from recognising the uniqueness of the child (Kirk, 1983: xiv).

According to Hoffmann-Riem (1986), one way in which adoptive parents attempted to minimise the difference between their family and the "normal" family was through the process of emotional normalization. Whereas in biological families the emotional bond between parents and their children is taken for granted as automatic, in families where the "principle of biological filiation" has been violated adoptive parents were concerned that the emotional bond might also be adversely affected (Hoffmann-Riem, 1986). However, the younger the child at the time of the adoption, the less likely the adoptive parents were to emphasise the principle of biological filiation for an emotional relationship. Emotional normalization was described as having been acquired when adoptive parents no longer thought of the child as an "adopted child" but as "our child", and themselves as a "normal family" (Hoffmann-Riem, 1986).

Rejection - or acceptance - of difference of adopted children appears to have been invoked by adoptive parents according to circumstance along the lines of the 'nurture versus nature debate (Sorosky, Baran & Pannor, 1978). When an adoptive family's life course assumed a trajectory similar to that of the normal nuclear family, the reasons were attributed to the nurturing role played by adoptive parents. Alternatively, adoptive children's disruption of the adoptive family's life course was often rationalised in terms of "bad blood", or the genetic influences of the child's birth parents (Reitz & Watson, 1992:161).

Consequently, adoptive parents were able to locate themselves, or be located, in a positive light, whatever the disruption to or outcome of the adoption.

In order to pass as "normal", adoptive parents would need to assume Kirk's "rejection of difference" position (Kirk, 1984). By not disclosing their adoptive parent status they would not have to confront their infertility, nor acknowledge their adopted children as not biologically related to them. Conversely, revealing their status has been reported as increasing adoptive parents' feelings of difference rather than contributing to their feelings of adjustment (Miall, 1989). However, adoptive parents could find themselves in a bind: those who acknowledged difference were more likely to have successful relationships with their adopted children than those who rejected difference (Kirk, 1983). On the other hand, if they rejected difference, and, instead, emphasised the emotional normalization of their relationship with their adopted child, they would more closely approximate the norm of the nuclear family (Hoffmann-Riem, 1986). With the protection of a legal system which promised adoptive parents on-going secrecy surrounding the origins of their adopted children, many adoptive parents chose the latter course, objecting vociferously to any legislative change which would expose their status (Baran, Pannor & Sorosky, 1974; Law Reform Commission, 1992).

"Why don't you try adoption?"

The solution to infertility and reproductive loss

As early as 1916, the suffragist, Leta Stetter Hollingsworth, recognised certain "social devices for impelling women to bear and rear children" among which she included the establishment as a societal norm "the woman whose vocational proclivities are completely and naturally satisfied by child-bearing and child-rearing, with the related domestic duties" (Hollingsworth, 1916). In a social climate which venerated the nuclear family and its parenting imperative, women who were unable to bear children believed that a stigma of infertility was imposed on them (Whitford & Gonzalez, 1995; Woollett, 1985). Kraft et al (1980) found that this perceived stigma extended to other areas of identity such as body image and parenting ability, as well as contributing to marital disharmony.

Prior to the 1980s when family creation through reproductive technologies became an option for infertile married couples, the only alternative solution was adoption. In addition, adoption was often recommended in cases of reproductive loss due to miscarriage, stillbirth or the death of a child (Cain & Cain, 1964). Adoption was also seen to have the magic of a "fertility charm", whereby couples who had been unable to conceive previously

might be able to do so following the adoption of a child (Andrews, 1970), although this strongly-held belief has been proved to be fallacious (Humphrey & McKenzie, 1967; Lamb & Leurgans, 1979). With reference to the 10% of cases where adoptive parents subsequently bore children, it was suggested that their infertility was psychogenic (Humphrey & McKenzie, 1967).

Although adoption had been viewed as a panacea for infertility, some authors (Reitz & Watson, 1992:107; Renne, 1977) have suggested that successful adoption would not be possible until adoptive parents acknowledged the grief and mourning which accompanied their infertility. Failure to accept the reality of infertility could predispose to adoptive parents' inability to accept the differences between them and their adopted child, thereby contributing to the fantasy that the *real* adopted child and their *imagined* biological child were one and the same (Brinich in Brodzinsky & Schechter, 1990:46): "adoptive parents may act as if they were the child's biological family, and reject the idea that they are not" (Hoffman-Riem, 1986). Adoption may have created a family but it did not, in most cases, 'cure' infertility.

Whereas infertility and childlessness have been imbued with their own form of stigma (Woollett, 1985), in a society which emphasises "natural" families the stigmatisation of adoptive parent status has also been recognised (Miall, 1987). Factors which Miall (1987) elicited as responsible for the stigma of adoptive parenting related to lack of biological tie, adopted children perceived as "second-rate" and adoptive parents not seen as "real" parents.

Discussion

In Hareven's work (1978a; 1978b) as in other discourses on the family (see for example Engels, 1985; Greer, 1984; Hite, 1994; Smart, 1982; Thorne, 1991; Zaretsky, 1976), the adoption of children has not been addressed, or else has received cursory mention (Gilding, 1991); the exceptions have been works which related specifically to the family and adoption (Benet, 1976; Rosenberg, 1994). I suggest that the reason for the exclusion of adoption from discourse on the family is because adoption was either presumed to be a 'normal' part of family life course, 'taken-for-granted', and therefore did not rate exclusive mention, or else it was so deviant that it belonged elsewhere, perhaps in discourse specific to adoption. The continuing invisibility of adoption in discourses of the family reflects the secrecy within which the adoption of children as a practice has occurred.

The 'normal;' nuclear family was the model to which families affected by adoption aspired. The mother of an exnuptial child, supposedly relieved of her shame through relinquishment, could return to her family of origin as a single woman and resume her life course as predicted, marrying and having `children of her own'. The child, `filius nullius', the child of *no-one*, was adopted by a married couple under legal sanction to become the child of *someone*, `as if born to them'. The adoptive parents, no longer childless, were on their way to family formation either through further adoption or, as frequently occurred, through bearing their own children (Blum, 1959; Kornitzer, 1968).

Adoption was a convenient way to support the illusion of the nuclear family because this model became the only legally endorsed type of family for the receipt of exnuptial children. Emphasis on the nuclear family as the pinnacle of security and permanence meant that:

" the few remaining ties - those between husband and wife, parents and children - are closer and more intense than ever before" (Benet, 1976:15).

But, by its very attempt to create and maintain an illusion of the nuclear family, adoption ruptured family time. In many instances, the actors did not participate in this disruption willingly, even where adaptation to the disruption might have occurred.

Adoption's disruption to the family of origin and the creation of a fictional identity was more widespread than its immediate effect on the unmarried mother herself and contributed to genealogical discontinuity. Grandparents were deprived of a grandchild, frequently their first; the mother's siblings were separated from their nieces and nephews, and their children from cousins.; where a mother bore subsequent children they were often unaware that they were not her first born, nor that they had half or full siblings elsewhere. In addition, adoption denied hundreds of years of family history and ancestry to an adopted away child and her or his own children as a result of this broken genealogical link.

Chapter 9

CONSTRUCTING THE UNMARRIED MOTHER: Medical and nursing discourses

*"....a very immoral, a very stupid, a very deviant or perhaps a very exploited girl to make such a disastrous mistake as to have an illegitimate child."
(Pope, 1967:555)*

In Chapters 7 and 8 I have shown how adoption was constructed by the hegemonic symbolic order within historical time and family time as a legitimate and desirable form of family creation. However, this end could not have been achieved without constructing the unmarried mother as undesirable and deviant as I will demonstrate in Chapter 10.

In this chapter I will show how medical discourses (and other discourses such as nursing which subscribed to the medical model of illness) pathologised women who became pregnant outside marriage, attributing to her the characteristics of mental illness.

Since the publication of one of the earliest works on unmarried motherhood (Fisher, 1939), discourses of the symbolic order have addressed the unmarried mother as either a medical, psychiatric or psychological problem: it was she who was responsible for her out-of-wedlock pregnant state, with causes for and solutions to her predicament having been proffered.

Citing a study (Stewart, 1971) on female promiscuity, Laws (1979:216) outlined the four categories to which physicians assigned women who requested abortion: stupid (young women with little knowledge of contraception or sex education), careless (women who had "forgotten" to use contraception), made a mistake (where a woman regretted an unsuitable choice of partner) and promiscuous (women who engaged in sex for fun rather than love, rejected marriage and contraceptive advice, and had more than one partner). The last group was regarded as being "undesirable" patients and accordingly, unlike the other three groups, was either refused an abortion or referred to an incompetent practitioner.

Recounting social work entries recovered from the discarded records of an adoption agency, Shaw (1983:41) found that those lacking "the wit to be wicked" were referred to as "silly, headstrong or stupid".

Although Benedek (cited in Gedo, 1965:352) declared that "the term 'unmarried mother' refers to a social status and not a psychiatric diagnosis", frequently a combination of mad, bad and stupid' was proposed, with the interpretation of the unmarried mother's behaviour

as pathological, influencing the medical and nursing care she needed and the social welfare she received. Without detracting from or diminishing the situation of unmarried mothers from other populations (such as women of colour), in this thesis I have confined the study of unmarried motherhood to Caucasian women in Western societies, the literature having been drawn from the United States, Great Britain, New Zealand and Australia.

Through a review of the literature spanning almost sixty years, I will show how the unmarried mother has been constructed by medical discourse as "mad", but whose rehabilitation was secured through therapy, and by social discourse as "bad", but who redeemed herself by surrendering her baby. I will also show how the construction of the "good" unmarried mother, who gave up her baby for adoption became a blueprint for relinquishment. Finally, in recent times, when mothers have begun to speak out about the experience of surrendering their babies, the literature has focussed on the psychological effects and the grief of relinquishment. Owing to the extensive body of literature on adoption from medical and social work discourses, those works which are representative of the major trends in research and opinion have been included.

My reasons for selecting literature which spans such a large period are, first that it informed past as well as recent adoption practices; secondly, it has, through an accumulation of research, continued to influence societal perceptions of single mothers; and thirdly, it provided the framework for legislation - the Child Welfare Act 1939 and the Adoption of Children Act 1965 - which has been responsible for the adoption of children in New South Wales up to the present time. Owing to the emotional and value-laden nature of adoption, earlier work cannot be dismissed as having been superseded since its effects have continued to be felt. In keeping with the literature, I have retained the terminology consistent with the different eras so that the mother is referred to as the "unmarried", "unwed" or "relinquishing" mother, and pregnancy and birth as "out-of-wedlock", "illegitimate" or "exnuptial" according to the work cited.

In this chapter I will analyse those discourses deriving from medicine, psychiatry and psychology which sought to pathologise the unmarried mother as either mad or stupid. I will also examine the discourses of nursing practice which drew heavily on discourses from other disciplines in the construction of the unmarried mother. In Chapter 10 I will take up analysis of social science discourses which constructed the unmarried mother as deviant or bad.

Medical discourse: constructing the mad mother

The captive unmarried mother came under the medical gaze in one of two ways: first, she could either be referred for psychiatric consultation because she had exhibited some behaviour which necessitated treatment; secondly, she coincidentally happened to be resident at a hospital or maternity home, some providing practice training for psychiatrists (Bernstein, 1963) and obstetricians (Swain & Howe, 1995:88), or in contact with a welfare agency, when unmarried mothers were recruited for research. The difference between these two populations of unmarried mothers was postulated by Bernard (in Cattell, 1954:342) that the "sickest" were those who were referred for psychiatric consultation, whereas the "healthiest" were those who were selected at random from maternity homes or agencies .

Among the conditions for which the unmarried mother was referred for treatment were her flawed character (Bonan, 1963; Clothier, 1943; Kasanin & Handschin, 1941); lack of ego control (Kravitz, Trossman & Feldman, 1966); depression (Gedo, 1965; Heiman & Levitt, 1960; Millen & Roll, 1985); and requesting an abortion (Naiman, 1971). In some of these studies, the client's having lost a baby to adoption was not the primary cause for her referral, but was disclosed during the course of therapy.

Mothers were recruited from maternity homes and agencies for investigation into personality defects (Cattell, 1954; Eysenck, 1961; Horn & Turner, 1976; Jacokes, 1965; Kogan, Boe & Gocka, 1968; Kogan, Boe & Valentine, 1965), intelligence (Pearson & Amacher, 1956); ego identity (Fincke, 1965; Floyd & Viney, 1974); and depression, death and separation (Greenberg, Loesch & Lakin, 1959).

In an attempt to differentiate between "keeping mothers" and "giving mothers", a large body of research studied mothers' decision-making (Bracken, Klerman & Bracken, 1978; Burnell & Norfleet, 1979; Fradkin & Krugman, 1956; Grow, 1979; Reed, 1965; Tennyson, 1988; Wherley, Hauser & Anstett, 1989; Yelloly, 1965) and the factors related to keeping their babies versus giving them up for adoption (Festinger, 1971; Leynes, 1980; Martin, Mazurkewich & Fischer, 1976; McLaughlin, Pearce, Manninen & Wings, 1988; Steel, Elliott & Bransby, 1957; Steel, Elliott & Hammond, 1960; Straker & Altman, 1979; Wilson & Smith, 1974); comparison with married mothers (Levy, 1955; Naiman, 1966; Loesch & Greenberg, 1962); and psychosocial outcomes after relinquishment (Cushman, Kalmuss & Namerow, 1993; Lamperelli & Smith, 1979).

In more recent times, the long-term effects of losing a child to adoption have slowly become acknowledged as unmarried mothers have been investigated in terms of their psychological responses to the experience of relinquishment (Anderson, Sharley & Condon, 1985; Burnell & Norfleet, 1979; Condon, 1986; Connolly, 1987; Field, 1990; Deykin, Campbell & Patti, 1984; Field, 1992; Howe, 1990; Lancette & McClure, 1992; Mander, 1991; Mander, 1995; Millen & Roll, 1985; Pannor, Baran & Sorosky, 1978; Polsby, 1968; Rynearson, 1982; van Keppel & Winkler, 1982; Watson, 1986; Wells, 1993; Winkler & van Keppel, 1984).

Her flawed character

Any deviation from what had been determined 'normal' behaviour was attributed to some intrinsic flaw in the mother's personality or character in addition to her unmarried status. Kasanin et al (1941) cited the experience of a psychiatrist colleague who expressed bewilderment at the large number of unmarried women, aged 19 or 20, who did not conform to the previously held stereotype of the unmarried mother, that is, "feeble-minded". Instead:

"She would be a girl of a good family, a good student in high school or university, shy and not known to have any dates, who would suddenly announce that she was pregnant, or, possibly not be aware of it until one of the family recognized her condition. This occurred very often in homes of fine families where the girl was properly brought up" (Kasanin et al, 1941:68).

Using this description as a guide, Kasanin et al (1941:70) selected other unmarried mothers who were of normal or superior intelligence, not psychotic, white and American born, from families without severe social or economic pathology, and not living with the father of their child to investigate why such "good girls" would become pregnant. The authors concluded that these women were acting out unresolved Oedipal conflicts, and since this could be considered an invalid reason for having a child, they suggested that

"no special effort be made to make it possible for the child to remain with the mother since the child does not necessarily mean the same thing to her as it does to the average woman" (Kasanin et al, 1941:83)

Influenced by the emerging Freudian school of psychoanalysis, Clothier (1943) described the unmarried mother as narcissistic and "acting upon rape phantasies for the sake of the masochistic gratification inherent in it". Although she insisted that all women, to a greater or lesser degree, harbour such phantasies (sic), it

"is the extremely masochistic unmarried mother who so often insists on keeping her child and grimly continues to suffer in order to do her duty by him" (Clothier, 1943:543).

While not suggesting directly that the more stable mother would give up her child (for, according to Clothier, a stable 'normal' woman would not find herself in this predicament in

the first place) the seeds of the negative image of the unmarried mother who would keep her child were beginning to be sown: keeping one's child and raising her or him was seen as analogous to self-imposed suffering.

Helene Deutsch (1945) in her psychoanalytic interpretation of the psychology of women, divided unmarried mothers into two main groups: the immature woman, whose struggle to keep her baby "is a struggle for possession, not very different from that for a desired toy", and the more mature woman who recognizes and tackles "real difficulties" but also in order to keep her child as a possession! Deutsch's work is fraught with contradictions: although she acknowledges the life-long emotional sequelae of separating a mother from her baby, she supports adoption and advocates the active intervention of an "external authority" to make the decision on the mother's behalf (Deutsch, 1945:376).

Notwithstanding this position, Deutsch (1945:392) sought protection in the disclaimer that

"we never know how a decision that seems wise and in harmony at the beginning will work out later...One should not try to adjust the woman to reality by making her yield to outside compulsion and renounce her child."

Continuing to draw on the work of Freud, Bonan (1963:328) in a study of fifty-one women, "for whom illegitimate pregnancy was antithetical to their cultural and social expectations", provided further evidence of "character disorder" in unmarried mothers. He asked "Why did these particular girls act out in the particular way they did...*to the extent of becoming pregnant* (original emphasis)" (Bonan, 1963:323). He concluded that it was their narcissistic character structures which led to their not having sought an abortion and

"expecting to carry their babies to term, they come to an agency asking to place them for adoption".

Bonan, a consultant to the Children's Aid Society which had been responsible for the migration and transportation of children in earlier times, expressed indignation at the mothers who, having said that they wanted to surrender their babies for adoption, as a gift to the social worker, "right after the delivery they decide they want to keep their babies" (Bonan, 1963:328). Such ambivalence, for Bonan, reinforced that these mothers were suffering from "narcissistic character structures": they were only concerned for themselves, self-absorbed and unable to love others. The "healthy resolution of her problem", then, would be to continue with arrangements for adoption. Through early writings such as these, the relationship between the "good" unmarried mother, her flawed character and the surrender of her child for adoption was becoming established.

Lack of ego control

Reviewing the work of Kasanin et al (1941), Clothier (1943) and Bonan (1963), Kravitz et al (1966) described some of the characteristics of 83 unwed mothers who were referred to a psychiatric clinic in its first year of operation: over 50% of the mothers were aged between 18 and 22; 71 had some religious affiliation and 31 had achieved higher education. Of the total sample, 57% surrendered their babies for adoption, while "the more disturbed unwed mothers need to keep the baby as an emotional prop" (Kravitz et al, 1966:457).

Having formed the opinion that "the very fact that a girl finds herself pregnant and unwed in our culture is indicative of underlying problems", Kravitz et al (1966:461) stated that their "implicit attitude was that in our society adoption is the most realistic solution for both mother and baby" and although they denied using coercion, they were not "passive" in their advice. Nonetheless, they found that the mothers who continued in therapy were more likely to give up their babies for adoption. Rather than prolonging a decision to surrender, the authors felt that an adoption should be effected quickly and the mourning dealt with in therapy (Kravitz et al, 1966:459). Although not stated explicitly, there appeared to be a direct relationship between what occurred in therapy sessions and adoption, however vehemently this might be denied.

Defects and disorders in personality, self-concept and intelligence

A tautological relationship existed between unmarried motherhood and the mother's psychodynamic state: either conclusions could be drawn about her becoming pregnant in terms of her mental condition, or extrapolations could be made from her mental state about her potential mothering ability. In other words, she became pregnant because of some mental or emotional defect, which, in turn, would predict unfavourably towards her keeping her baby. If she kept her baby this was indeed evidence of her instability; on the other hand, if she gave her baby up for adoption, any mental aberration could be viewed as temporary until she regained her 'good sense'.

In a study of 54 mothers, aged between 15 and 39 years, referred by social workers from a maternity home to undergo psychiatric consultation, Cattell (1954) diagnosed 31% as schizophrenic. The remainder were diagnosed as having either a "character disorder" (56%) or "neurotic reaction" (13%). Although Cattell (1954:341) noted that

"the unmarried mother, especially in adolescence or early adulthood, has manifest evidence of personality difficulty, usually with other more chronic problems",

he proposed that many of these problems, which he attributed to the mother's dysfunctional family relations or inappropriate choice of partner, could be resolved with adequate psychotherapy. The father of the baby was

"often a casual acquaintance...or an older man, often married, who fulfilled the role of understanding father...(but who) lost interest in the patient with pregnancy, or proposed continuation of the relationship after the child had been placed for adoption" (Cattell, 1954:338).

The baby's father was simultaneously a gentleman and a cad, was never seen as contributory to the pregnancy or the mother's distressed mental state, and "only in exceptional cases" offered support. Cattell attributed many of the characteristics of the putative father, that is, the man whom the mother claimed to be the father, to her psychopathology: her acting out of the fantasy of the ideal father in a relationship with "unconscious incestuous connotations" and her inability to "see through a facade of tender devotion and deep interest in (her) welfare" (Cattell, 1954:339). In instances where rape had occurred, it was suggested that the mother may have invited it. Descriptions and expressions such as these reinforced the image of the unmarried mother as unreliable, untruthful and manipulative and, above all, mentally unstable.

From this study, Cattell found that the majority (70%) of the non-schizophrenic group, who "demonstrated much more flexibility in coping with reality despite variable disturbances in the nature of character disorder or neurotic illness" (Cattell, 1954:338), surrendered their babies for adoption "after a period of ambivalence during pregnancy". The schizophrenics, on the other hand, "were pressured by (their) not too healthy mothers to bring the child home". Owing to the heavy case-load and time constraints, social workers participating in this study were encouraged to limit the goals of treatment: a quick solution, again, would be early adoption as Kravitz et al (1966:459) later suggested. The plan proposed by Cattell (1954:341) was to have more unmarried mothers enter psychotherapy: *ipso facto*, more babies would be surrendered for adoption.

On the basis of psychological testing, several studies attempted to draw a relationship between unmarried motherhood and personality type or development, and self-concept (Eysenck, 1961; Horn et al, 1976; Jacokes, 1965; Kogan et al, 1968; Kogan et al, 1965). Using a personality inventory administered by labour ward nurses to 200 mothers (both married and unmarried), Eysenck (1961:424) found unmarried mothers to be more extraverted: they tended to complain of more severe pain during labour, and were described by midwives as "troublesome" because they were "likely to be noisy or hysterical and disrupt the labour ward, making deliveries harder for others." Eysenck

concluded that it was most likely that their extraverted personalities contributed to the unmarried mothers' pregnancies because:

"Girls who are sociable and mix easily and readily with people are more likely to meet many boys and go to parties etc where opportunities for intimacies could present themselves" (Eysenck, 1961:425).

One reason given for the unmarried mothers' anxiety and hence neurotic behaviour were the stories told by the unmarried mothers who had already had their babies and who "being so predominantly extraverted tend to exaggerate the horror of the event", an exaggeration which Eysenck (1961:423) deduced was "indeed very gross", because introverts find pain harder to tolerate than do extraverts. Anxiety producing factors such as the unmarried mothers being alone, or subjected to judgemental attitudes from the nurses collecting the data, as evidenced by their comments, passed unacknowledged or unchallenged.

Eysenck (1961) also found unmarried mothers to be more neurotic than the general population on questions such as "Does the sight of blood make you sick?" and "When you experience pain of any kind, do you 'go to pieces'?" and "Were you ever, during labour, really afraid?", the last question being "clearly...a matter of neuroticism". Eysenck (1961) concluded that the unmarried mother was both highly extraverted and/or neurotic which

"seems to blend in well with impressions given by the staff of the Moral Welfare institutions we visited. They speak of the 'really difficult girls' who moan and complain constantly, are very sociable (but often constitute a bad influence on the rest of the girls), hypochondriacal and generally create a trying atmosphere. We would expect this type of girl to be extremely extraverted and neurotic".

In an attempt to explain why "not *all* the girls were highly neurotic", Eysenck (1961:426) cited Eilenberg's (1960) comment that

"this natural and depressed worried state in (some unmarried mothers) is characterized by a relative absence of previous mental illness; the pregnancy is unwanted and a temporal relationship exists between the pregnancy and the affective disorder. In effect, the psychiatric illness is predominantly reactive."

From these results it could be inferred that the "good" unmarried mothers, those who were compliant and did not make a fuss, were less neurotic than the others, and their current affective state was a temporary reaction to their pregnancies.

Subsequent studies (Horn et al, 1976; Kogan et al, 1965; Kogan et al 1968; Jacokes, 1965; Lewis, 1965) sought to describe self-concept and personality changes in unwed mothers and identify a personality profile. Two of these studies used the Minnesota Multiphasic Personality Inventory (MMPI), although Jacokes (1965:280) had found that the MMPI was an unreliable instrument for predicting behaviours in this group. All these

studies were conducted with white Anglo-American women experiencing their first pregnancy: two groups (Kogan et al, 1965; Kogan et al, 1968) had decided during their pregnancy to surrender their babies while resident at a maternity home where surrender was a prerequisite for admission, while another group (Horn et al, 1976) had already given up their babies for adoption.

Lewis (1965) divided unmarried mothers into three groups: the adolescent "whose needs and problems are particular to this age group"; the "slightly older girls with better ego-adaptive patterns and capacity for growth"; and "those girls with more severe personality resulting from early severe deprivation, plus the intellectually dull girl". Apparently drawing on (but with no specific reference to) earlier studies of unmarried mothers (for example, Bonan, 1963; Clothier, 1943), Lewis (1965) concluded that adolescent girls became pregnant because of their narcissistic personalities, their conflict with authority, violent mood swings and lack of inner control, the latter leading to "acting-out delinquent behaviour". In addition, old, unresolved Oedipal conflicts and sexual phantasies could be re-awakened at a heightened level (Lewis, 1965). For Lewis (1965), causes of out-of-wedlock pregnancy were "rooted in family relationships, particularly the mother-daughter relationship", and "motivated by unconscious hostility towards [the adolescent's] parents": any reference to sexual intercourse as the cause of pregnancy was carefully avoided.

Lewis (1965) identified three categories of "unmarried mother's choice of putative father" which corresponded with the above categories of mothers. First, the adolescent mother usually chose "one of her peer group - an equally disturbed person - with whom she forms an intense, overwhelming relationship" (Lewis, 1965). Second, "the older girl...very often chooses a man much below her personal standards: one who would be described by herself as 'inferior' to her" (Lewis, 1965). Finally, "the intellectually dull" girl "sees in her relationship a Spice of Danger - a moment of excitement when they are alone - in the dark" (Lewis, 1965). Again, the association of pregnancy with intercourse is circumvented, as Lewis (1965) uses euphemisms such as "the dating situation [which] becomes intense".

Replicating an earlier work (Kogan et al, 1965) with 25 unwed mothers, Kogan et al (1968:4) studied another group of 32 mothers whose average age was 16.5 years on admission, comparing their self reports of changes in self-concept with reports by staff members, including social workers, nurses, housemothers and a teacher. Using factor analysis, the Interpersonal Check List instrument was administered in both studies to the mothers shortly after admission to a maternity home and again one week after they had delivered their babies. On the same instrument, the staff members described the mothers.

The results yielded information about how the mothers viewed themselves personally and in relation to others, as well as the perceptions of the staff members about changes in the mothers' personalities between pregnancy and delivery.

While staff members continued to report a low opinion of the mothers before and after delivery, the authors found that the mothers

"with the birth of the child and decision not to assume responsibility for it, find their social environment is generally a warmer, friendlier place" (Kogan et al, 1968:8).

Although they viewed themselves as being different from other teenage girls in terms of self-reliance, at the same time the mothers felt they had become more like "what (their peers) and their parents would like them to be" (Kogan et al, 1965:9), and having "moved towards improvement of personal feelings of coherence and comfort, perhaps at the expense of appearing more self-indulgent to others" (Kogan et al, 1968:10). From these results, it could be construed that, in their contrition, once the mothers had decided to surrender their babies for adoption, they felt that they were rewarded with less prejudice from staff members than before the birth and also perceived that they themselves were once again socially acceptable in what Kogan et al (1965:10) described as "better adjustment".

From a sample of 249 mothers who surrendered their babies and 47 who kept them, Horn et al (1976) attempted to show that using the MMPI, three subgroups of unwed mothers could be described. Subgroup A mothers, who surrendered their babies were found to have "healthy profiles" whereas the MMPI scores for Subgroup C mothers, who did not surrender, were found to reveal "very deviant" profiles (Horn et al, 1968:32). The Subgroup B fell between these two, however they were described as "delinquents who can be expected to grow out of their troubles", or with remediation, might be expected to make a "satisfactory adjustment" (Horn et al, 1968:32).

Pearson and Amacher (1956:18), using both Stanford-Binet and Weschler-Bellevue instruments, tested the intelligence of almost 4,000 mothers in contact with welfare agencies of whom 95% had surrendered their babies for adoption. The mothers were aged between 13 and 47 years and Caucasian, women of colour ("Negroes and American Indians") having been eliminated from the sample. In an era when intelligence testing of many different populations had assumed an importance in what would be regarded in later years as exaggerated, Pearson et al (1956:17) believed that the intelligence testing of unwed mothers was particularly important, "apart from the academic interest", because of the "implications for social agencies dealing with unwed mothers", presumably so that

babies could either be matched with comparable families (Horn, Loehlin & Willerman, 1979) or placed with families who would counteract their negative inheritance (Dumaret, 1985).

Although the results yielded a "notable excess of observed cases in the defective range", consistent with earlier impressions of unmarried mothers as "feeble-minded" (Kasanin et al 1949), Pearson et al (1956:18) were surprised to find an excess of mothers in the "bright normal to superior range together with a deficiency in the number of cases observed in the dull normal range". They concluded that

"unmarried mothers of defective mentality may come to the attention of child placement agencies by reason of their inability to manage and care for an illegitimate child and that those of bright normal intelligence frequently place their children for adoption through fear of stigma and social ostracism while those of dull normal ability frequently keep and rear their illegitimate babies because their social milieu is more accepting of such arrangements" (Pearson, 1956:18).

Thus it could be construed that, according to these authors, the more intelligent mothers surrendered their babies for adoption while the less intelligent kept them; the other group who lost their babies did so because their limited intelligence inhibited their mothering ability. Linking multiple pregnancy with intelligence, Pearson et al (1956:19) stated that it was safe to conclude

"that women who become illegitimately pregnant two or more times are likely to be somewhat lower in intelligence than those who give indication of profiting from their first experiences",

in spite of their finding that the IQ of the "repeaters" was higher than other studies had reported for unmarried mothers in general. This study also attempted to estimate the incidence of personality disorder as a cause of illegitimate pregnancy. Using social workers' reports, cases were classified as having a normal personality, being neurotic, psychotic, sociopathic or psychopathic, or having primary mental deficiency (considered as a separate group in spite of "serious emotional maladjustment"), and miscellaneous neurological disorders, the last group including mothers with

"cerebral palsy, epilepsy and birth injury which were presumed to have an important influence on personality development or otherwise to have a direct bearing on premarital sexual activity" (Pearson, 1956:19).

According to Pearson et al(1956), only 27.4% of mothers could be shown to have any evidence of personality disorder prior to their pregnancies, thereby undermining later suggestions (Pope, 1967:555) that unmarried mothers were both mad and stupid.

In the same era Fradkin and Krugman (1956) established a profile of desirable mothers, as well as proffering criteria on which the "selection" of their babies should be based for

adoption as soon after birth as possible. The mothers, resident in a maternity home, were mostly aged between 19 and 22 years, of superior intelligence and had known the "alleged" father for periods ranging from 4 years to having met a few times (Fradkin et al, 1956:579). It was important that the mother was "seen as a not too severely disturbed person, and the solidity of the desire to surrender her child for adoption" was unequivocal. The mothers who were rejected from the study, and hence whose babies were rejected from early adoption, were those who had the "most casual relationships with the putative father" (Fradkin et al, 1956:580). The criteria for selecting the babies related to the mother's lack of ambivalence regarding an adoption decision, full information about the babies' parents "with emphasis on health, intellectual and emotional histories free from gross deviation", a normal infant born without medical complications and an uneventful and "medically negative" pregnancy and history in the post-natal period (Fradkin et al, 1956:579). To justify the early adoption of a baby these authors concluded that the mother

"was motivated towards early relinquishment of her child by visualizing a sense of early freedom from the problem which the child represented...She could also re-establish herself more quickly in the community, as was generally true of this particular group" (Fradkin et al, 1956:583).

An additional commentary supporting the authors' opinion stated that

"where adoption is indicated, both the mother and her child are far better off emotionally if she gives up her child as soon after the birth as possible. The best way to help her reach such a firm conclusion is to provide her with active and intensive casework help as early in her pregnancy as possible" (Fradkin et al, 1956:591).

In other words, when an "ideal" mother was identified she should be encouraged towards an adoption plan early in her pregnancy, and when her "ideal" baby was born, she or he should be removed as soon as possible.

Almost twenty years later, Floyd and Viney (1974) on the basis of conflicting findings in the literature, attempted again to explain the unwed mother in terms of her personality and identification as "an adequate feminine person". In one of the few Australian studies, they selected 32 unwed mothers aged between 15 and 25 years, who, although resident in church or charity-based maternity homes, could be considered from higher socioeconomic classes. While some of the mothers were university students, the majority were office workers having left school aged 15 or 16, all their own mothers being described as "fully occupied with domestic duties". The descriptions of these samples does not seem inconsistent with the general female population of the time. Although the mothers had all discontinued contraceptive precautions before becoming pregnant, only four had considered abortion and only three regarded their relationship with the fathers of their babies as 'casual' (Floyd et al, 1974:279).

From a list of 50 adjectives, the women were asked to classify a word according to whether they regarded it as a positive or negative quality for a woman and then arrange the cards in descending order of how the adjectives best described themselves. The aim of this exercise was to determine how congruent the mother's "ego ideal" was with her "ego identity". The authors found that unwed mothers showed "greater ambivalence about their ego identity" and had "less adequate feminine identity" associated with being a wife and bearing a child (Floyd et al, 1974:278).

Using the Thematic Apperception Test (TAT) to test hypotheses related to poor feminine identification, hostility to their own mothers and a greater need for 'something to call their own' generated by earlier research, Straker and Altman (1979) studied 27 white South African women aged between 17 and 25 years who were unmarried, primiparous and from lower-middle socio-economic backgrounds. Of the group, fifteen decided to keep their babies with them while twelve were placing their babies for adoption. The authors supported previous findings that the hypotheses were upheld for those mothers who kept their babies while the mothers who gave their babies up for adoption differed markedly, although they asserted that

"unwed pregnancy, regardless of whether or not the mother keeps the baby, is symptomatic of deep-seated unmet needs and...represents a rather severe form of pathology" (Straker et al, 1979:58).

The practical value of this study according to Straker et al (1979) was that mothers who showed lower feminine identification, greater hostility towards their mothers and a greater object need should receive on-going intensive counselling "to make an appropriate decision", which, given their negative opinion of single motherhood, would appear to be in favour of adoption. However, the authors cautioned that:

"Counselling mothers to give up their babies, without having first worked through their inner needs, is probably a vital factor leading to the commonly reported phenomenon of recurrent unwed pregnancy" (Straker et al, 1979:58).

Particularly disturbing was the method of this study: the TAT was administered by a psychology student on the mothers' fifth and sixth post-partum days, a time when, the authors stated erroneously, the risk of testing coinciding with the depression which sometimes occurs on days three and four would be avoided. It was in this latter post-partum period when consents to adoption were taken.

By the 1980s, then, a description of the unmarried mother which had been intimated in the earlier literature - white, middle-class, educated and only slightly mad - was beginning to

appear as the type who not only would, but who perhaps should, surrender her baby for adoption.

Depression, death and separation

In a study of 31 unmarried women resident at a "foundling home", whose mean age was 20 and who had decided not to abort their pregnancies for religious reasons, Greenberg et al (1959:299) associated the mothers' "earlier object losses" (such as loss of a parent through death or divorce, a previous pregnancy through miscarriage, or "other (life) events producing depressive reactions" such as surgery or serious illness) with their present out-of-wedlock pregnancy. Pondering why, in spite of "promiscuity", conception did not take place for some mothers, Greenberg et al (1959:309) postulated that a significant object loss might be a precondition for conception, and that "a state of hyperfertility attends depressions that follow or are precipitated by an object loss". This was one implied reason for women becoming pregnant after they had adopted another woman's baby, as a "fertility charm" (Andrews, 1970:73). Many years later it would be shown that psychogenic infertility rather than being 'cured' by a significant loss, would actually be precipitated by it as evidenced by an incidence of 34% unexplained infertility in women who had lost babies to adoption (Deykin, Campbell & Patti, 1984).

On the basis of a "battery of psychological tests" including the Thematic Apperception Test and "drawing a fetus", Greenberg et al (1959) suggested that because the baby was "perceived and described with the characteristics of an inanimate object" (in much the same way as the baby is described by medical discourse as "it" and "the fetus"), the mothers became pregnant as a result of consequence rather than desire, demonstrating an inability to see the baby as an individual. Greenberg et al (1959:309) were keen to point out that, in spite of the suggestion "that most of these pregnant women were preparing throughout the pregnancy for subsequent separation from their offspring",

"(m)ost of the subjects did not want to give up their infants for adoption following delivery. They protested that they were 'giving up part of themselves' and perceived themselves as having gone through a period where they had 'complete possession' and now must again sustain a loss".

The authors clearly saw this as evidence that the mothers' ambivalence and inability to separate from their babies were indeed pathological.

Among the subsequent authors who attempted to link out-of-wedlock pregnancy and depression, Heiman and Levitt (1960) presented case studies of four women and Gedo (1965) described "a paradigmatic single case study" experiencing unmarried motherhood. Heiman et al (1960:166) associated the experience of separation from or death of a loved

one with depression, which was "dynamically linked" with the subsequent out-of-wedlock pregnancy. The unmarried mother, they asserted, was in a "severely disturbed" relationship with her own mother; thereafter followed events linking together separation, depression and pregnancy (Heiman et al 1960:167). Although the authors acknowledged that, whatever the motivation for out-of-wedlock pregnancy, "the baby is looked upon...as a baby, and its mother as a mother", in cases where depression and separation have preceded the pregnancy, "the motivation is to find a replacement for the lost object, either to ward off a depression or to counteract a depression" (Heiman et al, 1960:172).

Gedo (1965:357) supported previous findings (including those of Greenberg et al, 1959) that, although the "understanding of one case does not permit the building of any generalized hypotheses", the pregnancies which the single subject of his study experienced "proved to be reactions to the anniversary of (her) father's death" (Gedo, 1965:357). Introducing an unsubstantiated gynaecological factor, Gedo contrary to Greenberg et al (1959:309) suggested that the woman's "pregnancy wishes were at their peak during the ovulatory phase of the menstrual cycle" during which she allowed herself "to be impregnated by a complete stranger" (Gedo, 1965:353). Gedo (1965:355) concluded that the woman's behaviour was pathological for three reasons: first, she became pregnant without regard for the consequences; secondly, she refused to get married; and third, she demonstrated a need to give up the child for adoption.

In all these cases, despite the mothers histories having been taken following the surrender of their babies, their depression was attributed to prior circumstances rather than to the loss of their babies, and the loss of their babies to adoption was provided as further evidence of their psychopathology. Heiman et al (1960:171) have summarised this association of factors thus:

"The severe depression which at times precedes the pregnancy and which is kept in abeyance by the pregnancy is still held at bay as long as the young mother has access to her baby, *only to reappear with renewed intensity when the baby is surrendered*" (Italics mine).

Comparison with married mothers

The impact of feminist consciousness has not been felt in the study of unmarried mothers as it has in the study of motherhood in general (Gerson, Alpert & Richardson, 1984) and consequently past research has objectified the unmarried mother as "Other" compared with a traditional maternal stereotype. What was regarded as 'normal pregnant behaviour' in married women, such as seeing the baby as an extension of herself or wanting a child to love, "a baby girl to dress...or a son to be proud of" (Kornitzer, 1968:77), was regarded

as suspiciously pathological in the unmarried mother (Deutsch, 1945; Friedman, 1975) whose wish for a baby was interpreted variously as evidence of being "chronically, unloved and deprived" (Kravitz et al, 1966), acting out (Kasanin et al, 1941), oedipal conflict (Clothier, 1943), narcissism (Bonan, 1963), and self-punishment (Gedo, 1965).

In comparing the difference between married and unmarried mothers' responses to the pain of childbirth, Eysenck (1961) found that unmarried mothers were "more neurotic" because they were apprehensive about delivery and ignorant about childbirth although both groups were experiencing their first confinements and had undertaken prenatal classes.

Naiman (1966:469) found, in comparing similar groups of white Protestant Canadian-born women between the ages of 18 and 25, that unmarried mothers had "a greater degree of impulsivity and a poorer ability to form stable relationships" than did married mothers. One of the measures of stability for a married woman was not marrying a man "other than the one who had impregnated her" (Naiman, 1966:467). However, unmarried mothers "waited a shorter time after beginning to date a man before having sexual intercourse...(and) changed boy-friends more often", leading Naiman (1966:468) to conclude that they had "poor control of sexual impulses"

It appears from this literature that problems associated with everyday living in general and pregnancy in particular reside with circumstances surrounding those problems in the case of married mothers; in the case of the unmarried mother, she is the problem. Intercourse and conception, which had belonged to medical discourse when associated with married women, was reassigned to the social as exnuptial pregnancy was declared to be a result of family conflict, or the loss of a father figure, or attention-seeking behaviour (Lamperelli et al, 1979:25). As Solinger (1994:289) noted:

"Psychological explanations transformed the white unwed mother from a genetically tainted unfortunate into a maladjusted woman who could be cured"

Whereas Deutsch (1945:376) suggested that "both the unmarried and the married mother can enjoy the proud feeling of productivity and tenderness despite unfavourable conditions", such unfavourable conditions were held out as valid grounds for the unmarried mother to surrender her baby.

A stupid girl!

If madness offered inadequate explanations for exnuptial pregnancy, then as a last resort, it could be concluded that the woman was 'just plain stupid', particularly in more recent times when legal abortion and contraception have been widely recognised and accepted. Nonetheless, failure to procure an abortion, mismanaging contraception or an ignorance of reproduction, even if these behaviours predicted unfavourably for a woman's intellectual capacity, have been viewed as preferable to having her psychological and moral capacities undermined.

In that magical thinking which accompanies a sense of immortality in young women, many simply did not believe that they could become pregnant. Finck et al (1965:227) proposed that "most girls try to believe that they become pregnant by accident since they thought it could never happen to them." Such denial may be one explanation for single mothers' late presentation for ante-natal care. On the other hand, the assertion by Finck et al (1965:227) that young mothers "are generally quite resistant to consider that there might be a subconscious reason for becoming pregnant" finds little support in the later literature.

"Why didn't she have an abortion?"

Whereas psychiatric reasons had been proposed for exnuptial pregnancy up to the 1960s, in the 1970s the same reasons were permitted as legitimate grounds for termination of pregnancy. Consequently, if an unmarried pregnant woman did not avail herself of that provision, she was considered to be lacking in intelligence rather than mental competence. Naiman (1971) studied a group of 15 unmarried women of different ethnic backgrounds and aged between 18 and 25 years who were referred for therapeutic abortion on "psychiatric" grounds. (It must be borne in mind, however, that this criterion for abortion says more about the legislative requirements than it does about the women.) The educational level of the sample was described as "fairly high", with five women being school teachers. Naiman found (1971:1088) that although three of the women "had poor impulse control in sexual matters and a poor ability to form stable relationships", the remaining 12 had psychodynamic characteristics similar to those of married women. He concluded that the main distinction between unmarried mothers and other pregnant unmarried women was that the second group chose to either terminate the pregnancy or to marry (Naiman, 1971:1088).

With the ready availability of abortion, Burnell and Norfleet (1979) attempted to clarify why some women carried their babies to term and surrendered them for adoption. The authors studied a group of 80 women of whom 40% had a history of depression and 93% had not

planned the pregnancy; they were mostly under 30 years of age, with 44% under twenty and of equal distribution of religious backgrounds. The majority (74%) of the women were unmarried and only 13% had not completed high school. Unfortunately, Burnell et al did not answer their original research question, but confounded it with discussion about the method and presented results describing the psychological effects of relinquishment. These will be discussed elsewhere.

In an Australian study (Beighton, 1978:57), 338 unmarried female university students (comprising virgins, sexually active and currently pregnant women) were asked what choice they would make if they became pregnant: have an abortion, surrender the baby for adoption, or marry. Not surprisingly, a strong religious faith correlated with an anti-abortion stance, except for the 51 women who were pregnant at the time of the study: in these cases there was no significant relationship between religiosity, sexual activity and abortion with 84% stating that they would have made or would be likely to make that choice. The same group also rated adoption more highly than did the other groups with 45% in favour, leading Beighton (1978:58) to conclude that

"they were more not willing to face the very difficult situation of first bearing an illegitimate child, and then interrupting or ending their education to rear it".

This finding supports others: that women who surrender their babies for adoption have a higher educational standard than women who keep their babies; however this may be due as much to circumstantial factors as the mothers' innate intelligence.

In recent times the association between abortion clinics and black-market adoption in the United States as well as in developing countries has been documented (Baker, 1978; McTaggart, 1980; Raymond, 1994; Zelizer, 1994) but less openly acknowledged. Indeed, attention in the research literature to this relationship is as underground as the practice, and the question of refusal of abortion in order to promote adoption is barely addressed

Although pressure on mothers to surrender their babies for adoption has been either circumvented or strenuously denied by social workers, there is evidence of pregnancy counselling services which have refused to refer women for abortions and instead encouraged adoption as the preferred resolution for unplanned pregnancy (Allen, 1978:62; Australian Broadcasting Corporation, 1996; Pincus, 1985:78). Masquerading as a 'service for pregnant women' with titles such as "Pregnancy Help" and telephone listings next to abortion services, these organisations have been exposed as thinly disguised adoption promoters with links to Right to Life political representatives and adoptive parent groups, and have openly advocated the closure of women-centred clinics, non-payment of medical

benefits for abortions and education which discourages abortion (Squire & McDonald, 1991:9).

Use, misuse and failure of contraception

One study of why university students became pregnant refuted commonly held beliefs that the woman who found herself in this situation was 'stupid'. Cole (1978) in a study of 51 unmarried university students found that the most important reason for their pregnancy was "a failure to appreciate that natural methods of contraception are difficult to use". He concluded that:

"The majority believe that they are behaving in a responsible manner. Unfortunately their sources of information are inaccurate" (Cole, 1978:56).

Among the sources of inaccurate information were peers and parents. Cole (1978:54) found that even "women in faculties where human fertility was discussed did not use better contraceptive methods", and, that in analysis of physiology and gynaecology text books the information was often inaccurate or incomplete.

Laws (1979:204) asserted that "attitudes toward contraception seem inextricably intertwined with attitudes of sexual morality and sexual stigma". Ambivalence regarding not only the choice of contraceptive but whether to use contraception at all, and run the risk of appearing sexually aware, was prevalent among many single women during the 1960s and 1970s.

Moral luck

In speculating why some women became pregnant and others did not, Howe, Sawbridge and Hinings (1992:25) drew on the concept of "moral luck" whereby "not only do people experience luck, either good or bad, but they are then judged in the light of that luck". Whereas of the many unmarried women who were sexually active a number would become pregnant, there would be a further percentage who through not miscarrying or having an abortion would carry their babies to term. Thus it would be the visibility of pregnancy which would draw attention to these women's sexual activity. Under the model of "moral luck" an unmarried pregnant woman's behaviour would be judged in terms of her condition and thus be available for clinical and social scrutiny. As such Howe et al (1992:26) contended that:

"Once her condition is defined, the definition determines the way she is treated, the way she experiences that treatment and the way she views herself."

Midwifery discourses of adoption

According to Mander (1992) practising nurses, including midwives, have usually acquired information in several ways: from reading specific nursing literature, through educational opportunities such as in-service programmes, and from reflection on both occupational experience and personal experience of loss, motherhood and even adoption itself. In the era when the midwives in this study were practising, the era when more babies were taken for adoption than in any other, access to information was limited to hospital libraries, frequently the domain of the medical rather than nursing staff, and to prescribed text books, often outmoded. One midwife, Daphne, described their knowledge acquisition in one word: "inefficient". As a result, most midwives would not have read the literature discussed below, and if they became aware of the research findings they would have received this information second or third hand. Under the influence of the dominant discourse of medicine, nursing curricula at that time gave greater attention given to the physical and technical dimensions of obstetrics rather than to the psychological, emotional and social (Mander, 1992).

The importance for nurses and midwives of reading professional literature, even if it was accessible, was not emphasised prior to the 1980s: of even less significance for Australian nurses was the necessity to publish accounts of their practice. Hence, the epistemological foundations of nursing practice were communicated frequently by word of mouth either within one institution or among several. In the case of prestigious institutions, such as The Women's Hospital (Crown Street, Sydney) which had responsibility for the training of many pupil midwives, traditions of practice became enshrined as part of the hospital's culture but were disseminated to other institutions as its graduates took employment elsewhere, "passing on experience from neighbour to neighbour and mother to daughter" (Ehrenreich & English, 1973:3) as had women healers for centuries.

In one of the earliest articles published in the widely read American Journal of Nursing, Clark (1967) discussed adoption as a solution to "the crisis of adolescent unwed motherhood". Although she mentioned adoption as one option - the others being long-term foster care and keeping the baby - the general tenor of the article, the purpose of which was to provide guidelines for nurses caring for adolescent unwed mothers, "the girls", was a message which assumed that adoption was the best, if not the only choice. This message was achieved by emphasising the difficulties encountered by single mothers in a society which "identifies the family as the core institution through which society is perpetuated" (Clark, 1967:1465). Clark (1967:1466) recounted excerpts from a taped

interview with “an eighteen year old high-school dropout...eight weeks from term...living with two girl friends and working as an assistant beautician”. This image of the adolescent unwed mother was contrasted with the interviewer, a nursing student who was depicted as a caring professional. Although there was little difference in age between the interviewer and interviewee, the mother’s dialogue was recounted as flippant to indicate that she was not ready for the responsibilities of motherhood; the nurse, on the other hand, could be excused for errors in communication because her “responses are those of a learner, not of an expert”. To redress what Clark saw as a deficit in mothers’ knowledge of pregnancy and labour, she suggested that nurses “conduct group discussions for expectant girls (sic) in homes for unwed mothers” (Clark, 1967:1469). She concluded that the “nursing problems” and “nursing needs” related to the crisis of adolescent unwed pregnancy could be resolved by effective communication with the nurse to help the mother reach a “mature decision, *her own decision*” about her baby (Clark, 1967:1469).

Daniels (1969), writing in the same widely read journal as Clark (1967), also suggested the formation of nurse-led discussion groups for unwed adolescent mothers. However, she advised that before nurses could participate in such a program they would first have to

“overcome their own unspoken - and often unacknowledged - moral distaste for out-of-wedlock pregnancy and particularly out-of-wedlock pregnancy in young Negro girls, a situation they often equated with sexual promiscuity and lack of moral standards” (Daniels, 1969:332)

Under the guise of promotion of tolerance and understanding, the odious comparison between nurses and “the girls” pervaded this article: nurses found themselves frustrated by the mothers’ lack of participation in health services offered to the lower socio-economic groups: “poor clinic attendance, lack of interest and a marked lack of response to (the nurses’) well-intentioned information giving” (Daniels, 1969:332). Information about birth control to unwed mothers was withheld because it “gives tacit approval to sexual intercourse outside marriage - or even encourages sexual promiscuity” (Daniels, 1969:335). Frustration with the mothers’ ignorance led one nurse to “plaintively” report

“They don’t know *anything* at all about their own bodies! Where to begin to help them?” (Daniels, 1969:334)

“These girls from impoverished homes seem trapped in a maze of almost bizarre and frightening fantasies about pregnancy” read the caption underneath a roughly drawn sketch of a group of seven young Caucasian women (Daniels, 1969:333). Most of these fantasies appeared to be related to the mothers’ fears about labour and delivery and the associated nursing procedures, such as pubic shaving, which the mothers believed to be strongly punitive. As Kirkham (1983) discovered in a later piece of research, many mothers as well as midwives, shared such apprehensions about “prepping”. Examples of

the belief in “old wives’ tales” (sic) have been ridiculed as evidence of the mothers’ stupidity consistent with their marital and socioeconomic statuses (Daniels, 1969:334). Justification for the graphic descriptions of the “drab” and “impoverished” environments from which the mothers were purported to come was provided for the nurses’ benefit because

“only when nurses can truly accept these girls with all their limitations, as the victims of their environment...can they begin to meet them `where they are” (Daniels, 1969:333).

Not only did Clark (1967) and Daniels (1969) reflect the societal values of the 1960s, but they also provided some insight into the past and present attitudes of midwives attending unmarried mothers, whether they kept their babies or lost them taken to adoption.

A decade later, midwifery discourse was beginning to acknowledge having a baby taken for adoption as a “profound loss” (Harvey, 1977:24). Referring to the mother in terms of the relinquishment process rather than her marital status, Harvey (1977:27) explicated certain essential nursing interventions which she recommended be implemented and which included vastly different practices from earlier years. In spite of her recognition that “a mother’s decision to relinquish her baby is a very difficult one”, Harvey operated from the premise that the mother’s choice was voluntary and informed and that relinquishment was analogous to other forms of bereavement.

Also in the 1970s, Lamperelli and Smith (1979), writing in a psychiatric nursing journal, described the grief reaction to losing a baby to adoption, again in terms of the Kubler-Ross bereavement model. As in the previous literature, relinquishment was viewed as voluntary and an acceptable solution to exnuptial pregnancy. However, reverting to referring to mothers as “the girls”, in spite of their ages being between thirteen and twenty-five years, the authors appear to have missed a more recent debate regarding so-called “causes of unmarried motherhood”, and cite a superseded work of 25 years’ earlier (Young, 1954).

Devaney and Lavery (1980), in the *Journal of Obstetric and Gynecological Nursing*, reiterated some of the concerns of earlier authors. They echoed Daniels’ (1969) earlier call for the nurse to “come to grips with her own feelings about out-of-wedlock pregnancy” and confront her beliefs about the mother as promiscuous, heartless or stupid. Devaney et al (1980:376) suggested that such feelings, possibly the result of nurses projecting themselves into the same situation, could intrude into the delivery of compassionate, supportive nursing care. Nonetheless, the adoption imperative remained unquestioned, and many of the trite explanations such as “if (the mother) relinquishes her infant she can

probably resume her previous lifestyle" (Devaney et al, 1980:376) continued to be proffered.

Given that the midwifery text books provided scant information about losing a baby to adoption I was curious regarding the source of their knowledge. I found, as did Reinharz (1988) when she sought information about miscarriage, that references to loss through adoption were usually absent from midwifery and nursing text books. If the topic of "relinquishment" was addressed at all, it was subsumed under the more general heading, "adoption".

During the 1980s maternity nursing and midwifery text books began to address the issue of relinquishment for the first time. In Australia, the peak period of adoption had been over for almost ten years. Jensen, Benson and Bobak (1981:725), Bobak and Jensen (1987:949) and Bobak, Jensen and Zalar (1989:880) continued to site relinquishment and adoption within the context of adolescent pregnancy in spite of the wider range of mothers' ages. Given that these three texts were written by various combinations of the same authors, that similar information is contained therein is not surprising. This reproduction of the same information under different covers ensured a wide reach to many nurses while conveying the impression that the views and values of the authors were dominant and authoritative. This in turn implied credibility of the information and contributed to the shaping of a midwifery culture and its discourse.

Jensen et al (1981:725) provided examples of dialogue from a newspaper article in order to indicate the lack of preparedness, and hence unworthiness, of young mothers for the role:

"The mother smiled, puffed on her cigarette, and said she could hardly recall much of her moments during childbirth. 'I remember the patients helping me walk. I remember there were some nurses and technicians and a doctor at the end. And I remember a baby too. That was nice' she said." (San Francisco Chronicle Nov 17, 1976, p 24 cited in Jensen et al, 1981:725).

Bobak et al (1989:880) have accompanied this text with a photograph of a smiling young woman standing in a kitchen and whom they describe as a "late adolescent carrying pregnancy to term". The outward looking gaze of the subject, engaging with the spectator, indicates a certain pleasure in her pregnant state rather than shame which might be considered more appropriate and less defiant. The photograph is supported by the additional directive to the reader to "note wedding ring", the small detail in a photograph which Roland Barthes (1993:42) calls the "punctum", and without which the photograph would have a different meaning. If this photograph, with all the hallmarks of a family snapshot, were removed from this context, it could be interpreted as one of a woman in

her twenties, married and basking in the glow of her impending motherhood and domestic bliss. Quite the opposite of the intention of the authors.

All three texts emphasised in italics that “releasing a child (for adoption) is facilitated if one grieves for an *actual* loss rather than a *fantasy* one”. They also stressed the importance of the mother having the “right to make to make her own choice” not only concerning the adoption of her baby, but also regarding whether she wished to see it or to know its gender. The grief of relinquishment is acknowledged as displaying “all the symptoms of grief one would expect at the death of the newborn” as represented by the recounting of a nurse’s observation:

“She is only 15 years old, but she loves the baby. Her parents won’t take it, so she has to give it up. Her grief was heart-breaking. On the day she went home she came into the nursery to hold her baby for one last time” (Bobak et al, 1987:949; Bobak et al, 1989:880; Jensen et al, 1981:725).

Adoption was advanced as a positive, albeit difficult, resolution to adolescent pregnancy and the belief that “it is for the child’s good” was promoted. The three texts advised that “(t)he grief of the young parent at her loss has to be balanced with the need of her infant for continuing care and nurturing”, as if the needs of the mother and baby were mutually exclusive and immutable. There was little recognition of the mother’s increasing maturity: she would remain, forever, the unmarried adolescent, “the girl”.

The two later texts (Bobak et al, 1987; Bobak et al, 1989) addressed the issue of the adopted-away child seeking in adult life to find her or his mother, and advised the mother to leave information regarding “psychosocial ‘successes’ in his or her biologic family”. Whereas the possibility of a reunion was inconceivable in the earlier literature, it was cited in the late 1980s as evidence of the supposed attempt at increasing openness in adoption practice.

Ladewig, London and Olds (1986) made the dubious association of relinquishment with *unwanted* pregnancy (rather than *unplanned*: my emphasis) and suggested adoption as a solution to “the potential for parenting problems” in “families with unwanted children”. The authors (Ladewig et al, 1986:643) recommend that

“(w)hen the relinquishing mother is admitted to the maternity unit, the staff should be informed about the mother’s decision to relinquish the infant...After the delivery the mother should be allowed access to the infant; she will decide whether she wants to see the newborn.”

Although Ladewig et al (1986:643) admitted that the mother’s ambivalence towards adoption may occur just before delivery, they concurred that “when the mother sees her

baby, she may feel strong attachment and love". To counter such ambivalence and possibly a change of mind, the authors advised that

"the nurse needs to assure the woman that these feelings do not mean that her decision to relinquish the child is a wrong one" (Ladewig et al, 1986:643).

In accordance with previous work, Ladewig et al (1986:643) as well as reiterating another of the pro-adoption discourse's familiar phrases that "relinquishment is often a painful act of love", recommended that "seeing the newborn often aids the grieving process".

Taking a different approach, Griffith-Kenney (1986:301) did not view relinquishing mothers in the alien terms described by earlier authors, but recognised that

"the woman who has decided to relinquish her child for adoption may have the same physical and emotional reactions to pregnancy as other women".

Instead, she advised that nurses needed to be particularly sensitive to the mother's feelings of "self-doubt, guilt and anger over the situation that is forcing her to give up her child" and that they "should not assume that the mother has no feelings toward this infant". In contrast to other literature which compared the grief of relinquishment with bereavement, and implied a resolution, Griffith-Kenney (1986:302) recognised it as on-going whereby

"(m)any women who relinquish their infants hold lonely vigils on the child's birthday year after year. These annual personal vigils encompass both celebration and sadness - celebration for the young life that exists because of the maternal commitment to life, and sadness because that life was entrusted into another's care".

Beischer, McKay and Purcal (1987) and Beischer and McKay (1988) considered adoption as one of the "social aspects of pregnancy", but in the course of their discussion made several unsubstantiated or previously discredited claims: that a mother electing to keep her child is sometimes herself the product of a "broken home"; that the absence of a father figure, if the mother remains single, may result in a more dependent, less masculine child, if a male. The mother was described as "usually young, single and disadvantaged" and, as elsewhere, referred to as "the girl". The sub-text is that single motherhood is hazardous, and can be avoided through adoption.

Among the recommendations for care of the mother proposed by Beischer et al (1988:80) were that "(her) record should be marked that the baby is to be considered for adoption: this will obviate remarks by attendants that could cause distress to the mother". The authors also advised that the labour ward staff should "be aware of the situation" because

"the mother may need advice on seeing and holding the baby after delivery, assuring herself of its normality, and perhaps obtaining a photograph" (Beischer et al, 1988:80).

Whereas, Beischer et al (1988:78) identified that “(u)sually pregnancy makes the woman more passive and dependent, and that with inadequate support, a crisis situation may arise”, they further suggested that during such “crisis periods in the pregnancy (usually in the antenatal period, and then at delivery and the early puerperium)”, help which “will enable a speedier return to social well-being” (Beischer et al. 1988:77) should be provided by a social worker for the mother regarding her decision to keep or surrender her baby. The authors failed to make the connection between the mother’s passivity and dependence and her signing of a consent form in “the early puerperium” , that is at six days post partum, but suggested that “she is likely to be upset at the loss of the baby, and psychological and social support will be helpful...” (Beischer et al, 1988:80).

Although the only authors to address the legal aspects of adoption, Beischer et al (1987:129) and Beischer et al (1988:81) provided inadequate, and thus misleading, information, although acknowledging that adoption legislation varies between and within countries. They concluded that “it is preferable that the child is adopted as early as possible, so that a mutually satisfying relationship can be established”, thereby endorsing the practice of infant relinquishment and its attendant difficulties and, by now, openly identifiable effects.

As did Ladewig et al (1986), so Janowski (1987) and Ritchie (1989) continued to promote the message of adoption as an unselfish decision and “an act of love, not one of abandonment”. Writing, again in the popular American Journal of Nursing, Ritchie emphasised the “often overlooked role of nurses in adoption”:

“It is a nurse who is there in the physician's office when a young woman seeks prenatal care, or a nurse who is there when the young woman visits the school health office, when she enters the hospital to give birth” (Ritchie, 1989:1156).

Because of the nurse’s high visibility, she was considered by Ritchie to be in a valuable but under-utilised position to influence a mother’s decision to surrender her baby. In order that the nurse’s influence could be maximised, Ritchie provided “tips for counselling a pregnant young woman” and a check list of “how to assist a woman choosing adoption” (Ritchie, 1989:1157). In this article adoption was never considered as just a possible option: it was, as far as Ritchie was concerned, the only option.

Nursing discourse on adoption changed direction with the work of Rosemary Mander (1991; 1992; 1993a; 1993b; 1995) who, from her clinical practice, identified marked discrepancies between the midwifery care of mothers who had lost babies as a result of perinatal death and those who had lost their infants to adoption. The midwives in Mander's study believed that their care of the relinquishing mother had been constrained by three

main factors: the lack of suitable accommodation for her, hospital policies which inhibited the midwives' decision-making autonomy, and staffing difficulties due to the pressure of the work (Mander, 1991:138).

"Where to put her" posed a problem for midwives caring for mothers who had lost babies as a result of stillbirth (Hughes, 1987) and miscarriage (Reinharz, 1988). The issue of hospital accommodation also provoked a dilemma with mothers who had lost their babies to adoption. Midwives were concerned that if she were placed in a maternity ward with other mothers and their babies, she would be distressed; on the other hand, single room accommodation was inadequate and allocated according to hospital policy (Mander, 1991:138-9)

The issue *appeared* to be one of providing the mother with choices, although it would emerge that "exercising choice" by the mothers would depend what the midwives believed an appropriate choice should be, thus leading Mander (1993b:373) to conclude that midwives "appear to have been using their autonomy in order to deny any to the mothers". Mander (1993a:25) identified three categories of "choice" for relinquishing mothers: choices which midwives considered should only be made by them and for which they assumed responsibility (such as hospital accommodation); choices which midwives would be happy to negotiate with mothers (such as the length of hospitalisation); and choices which midwives strenuously avoided discussing with mothers (such as contact with the baby).

Because decisions about accommodation were regarded as mundane by the midwives, and of even less concern for the mother, they did not consider it necessary to consult with her on issues such as this. On the other hand, the midwives believed that the relinquishing mother should have a choice regarding how much contact, if any, she should have with her baby (Mander, 1991:140), but did not discuss the options with her (Mander, 1993a:25). Nonetheless, midwives were keen to maintain the illusion of choice for relinquishing mothers regarding their nursing care, extending even to the decision-making process regarding adoption itself (Mander, 1991:140; Ritchie, 1989:1157). The evidence that choice for relinquishing mothers may be little more than notional has been supported by Mander (1993a:24) in that:

"choices are only as good as the information on which they are based, which in turn is only as good as the research on which it is based."

Mander (1991:140) has suggested that the midwives' inconsistency regarding choices in decision-making for mothers may be related to their lack of confidence in their knowledge,

and hence research, base. For example, although it had been shown in the literature (Devaney et al, 1980; Harvey, 1977; Lamperelli & Smith, 1979) that relinquishment predisposed to grieving which could be ameliorated through the mother's contact with her infant, midwives were loath to encourage such contact.

By 1992, midwifery discourse had begun to recognise the special nature of bereavement following perinatal death (Brown, 1992), and nursing guidelines to assist mothers through the grief process were proposed (Hughes, 1987). Midwives, however, were still reluctant to accord the same considerations to mothers grieving infants lost to adoption. Lauderdale and Boyle (1994:215), in their study of the experience of infant relinquishment, found that birthmothers could recall very few situations where they were treated like "real mothers", and valued those nurses who did. Advice continued to be meted out to mothers in the form of the same cliches and platitudes: "Pretend the adoption is a miscarriage" and "You'll forget all about it when you have another baby" (Lauderdale et al, 1994:215). In accordance with Mander (1993a), Lauderdale et al (1994:217) concluded that

"(b)irthmothers need information that will help them make informed choices... (b)irthmothers choosing relinquishment should be counseled, supported, and helped to grieve appropriately for the loss of their infant. In these activities, nurses can play a significant role".

Bond, Keen-Payne and Lucy (1995) canvassed the opinions of prospective relinquishing mothers in a maternity home regarding their expectations of intrapartal nursing care. Owing to the absence of supportive partners or family during the birth, the mothers identified nurses as their "expected constant companion" and "voiced appreciation for those actions taken by their nurse" (Bond et al, 1995:156). A profile of the ideal nurse for the relinquishing mother emerged: she would be knowledgeable and competent, accepting and caring, and "a continuous, supportive presence". Nursing activities which were identified as important included relieving pain, keeping the mother informed of events, promoting comfort and "using touch to establish presence" (Bond et al, 1995:158). The authors suggested that nurses might acquire such skills through case management combined with staff educational programs "familiarizing nurses with the expressed needs and desires of specialized populations" such as relinquishing mothers, at the same time as providing them with "access to the same prenatal preparation as other pregnant women" (Bond et al, 1995:160).

Mander (1995:191) concluded from her study of mothers grieving babies relinquished to adoption that

"the mother's decision-making both in terms of her pregnancy and her care is strongly influenced by those around her, if and when she is offered any opportunity to be involved in decision-making".

Nurses in general, and midwives in particular, were and continue to be in a unique position to influence the standards of care for vulnerable women, and, as Mander (1995:190) has suggested such standards should be the benchmark for the care of all mothers. However, their influence on the care of mothers who would lose their babies to adoption does not seem significant from the literature: principles of nursing practice appeared to derive more from erroneous assumptions based on populist opinion rather than from the research literature.

Notwithstanding the inaccessibility of most of this literature to midwives during the peak period of adoptions in the 1960s and 1970s, its current availability should provide midwives with the opportunity to reflect upon and reappraise past practices in the light of more recent research into the nursing care of mothers who have or who might lose their babies to adoption.

In 1982, the Health Commission of New South Wales (henceforth referred to as the Health Commission), possibly in response to the incipient disquiet being expressed by mothers whose babies had been taken for adoption in the preceding fifteen years, issued their Policy on Adoption (Circular 82/297). Social workers, bureaucrats and adoptive parents contributed to the formulation of this policy: mothers were conspicuously absent. In this policy document the Health Commission (later known as the Department of Health) acknowledged that there were

“a number of practices occurring in some (original emphasis) in relation to adoption matters which are contra-indicated on either mental health or legal grounds”.

Among these practices, the policy document cited the undue pressure which was being placed on unmarried women to surrender their infants for adoption (an offence under the Adoption of Children Act 1965, s.51) and the on-going practice of advising infertile couples to adopt. Health personnel were also accused of being unwilling to grant the same rights of information about and contact with their babies to mothers who were considering surrendering as were accorded to other mothers, as well as an unwillingness to respect mothers' wishes and rights to name their babies. The document also charged that inadequate attention had been paid to mothers' privacy and confidentiality while, on the other hand, non-identifying medical and social information had been withheld from adult adoptees.

Although this Health Commission policy document seemed to indicate that illegal adoption practices were a recent discovery, the Catholic Family Welfare Bureau had recognised such irregularities thirty years earlier in 1965:

"Many agencies in this country have punitive, illegal and harmful rules regarding the unmarried mother's inalienable right to physical contact with her child, when she has decided on adoption. Some agencies refuse to allow the unmarried mother to see her child, nor do they tell her the child's sex. While this may be done from the best motives, these misguided people should look more carefully into the situation." (Lewis, 1965).

The Health Commission concluded that the basis for these practices was "in part, an attitudinal one", but also the result of ignorance, more so in country hospitals than in major obstetric hospitals. To rectify this, it was suggested that the

"resources centred in specialist obstetric hospitals - in the form of knowledge and experience of personnel - should be shared with personnel in general and country hospitals" (Health Commission, 1982).

In 1979 -1980, the Health Commission stated that it was not possible to determine how many of the 356 mothers who lost babies to adoption had had "unhelpful experiences while hospitalised", but albeit small, the problem was described as "persistent". Included in the changes to adoption practice proposed by the Health Commission were the provision of "information, counselling (and) support to allow women to reach a tolerable solution" to an unplanned pregnancy, referral to an adoption agency if requested with ongoing liaison, support and care, and the furnishing of a "legal declaration by a medical officer certifying the fitness of the biological mother to consent".

An appendix to the original policy which addressed the "rights of parents planning to surrender a child for adoption and the hospital practices in regard to such parents" acknowledged that, even with the "tendency for patients to be more assertive", these parents were "particularly vulnerable". Consequently, the provision of counselling continued to receive prominence along with the caution to hospital staff against comments or actions which could be construed as pressure to persuade a mother to place her baby for adoption.

In what might be considered as falling just short of an admission of malpractice, the Health Commission addressed the existence of earlier policies based on "commonly held views" which prevented mothers from seeing their babies. It suggested that these policies had been largely superseded by more enlightened ones which recognised that "it is neither feasible nor healthy to protect a person from his/her grief" and that "contrary to common belief, experience suggests that there is no negative relationship between a mother seeing

her child and signing a consent to adoption or revoking such consent". However, the policy's erroneous assumption that the practice of taking a baby shortly after birth to a nursery away from the mother seemed to be in line with the needs and desires of most mothers considering adoption had no foundation in the literature and appeared to serve no function except to allow hospital personnel to maintain past practices if they saw fit.

The appendix to Circular No 82/279 laid out clearly the rights of a mother: to see her baby, to care for her baby through rooming in and breast-feeding if she so wished, to have a private room if one was available and to name her baby. At all times she should be treated with the same respect as any other mother. Obstetric hospital policy manuals, while following the Health Commission policy (1982), added their own interpretations of the recommendations related to the mother's contact with and care of her baby (viz. Royal Hospital for Women, 1992). Although the Health Commission policy appears to have been introduced to improve the care of mothers considering adoption, with its emphasis on legal infractions it might well have been introduced to protect hospital staff from further breaches of the Adoption of Children Act 1965.

From givers to grievors: The construction of adoption loss

Whereas the early literature attributed unmarried motherhood (now called "exnuptial pregnancy") and the subsequent relinquishment to psychodynamic causes, more recent work established a reverse relationship: the loss of a baby to adoption was identified as a major cause of psychological disability. Until the 1970s, the literature ignored the effects of maternal-infant separation when babies were surrendered for adoption, and selectively applied theories of bonding and attachment to married and adoptive parents only. Issues such as post-natal depression, although recognised unequivocally in married women, were not addressed with mothers who surrendered their babies for adoption.

Lamperelli et al (1979) attempted to understand the "grieving process of adoption" as separation anxiety within the Kubler-Ross bereavement model. The authors studied nineteen unwed mothers recruited by letter a few months after they had left a maternity home following the surrender of their babies. In spite of the research which had been undertaken in the previous decade, Lamperelli et al (1979:25) continued to draw on a stereotype of the unmarried mother created by Young (1954), presenting her as acting out family conflict, seeking attention, and seeing the baby "as an extension of themselves who will gratify unmet needs". Without providing evidence, they declared that "most unmarried mothers pass through the stages of grief prior to delivery" (Lamperelli et al, 1979:26), a

finding not supported by other literature. The stages to which the authors referred included denial, anger, guilt, bargaining, depression and acceptance: their foregone conclusion that a mother should surrender her baby is evident in their advice that "objective nonjudgmental support is essential for the unmarried mother to give up her baby...otherwise she may choose to keep at a time when she is emotionally unable to choose otherwise" (Lamperelli et al, 1979:28). It is unfortunate that the authors have drawn such emphatic conclusions about the mother's resolution and acceptance of surrendering a baby for adoption in only six weeks after the baby's birth. What this work does show, however, is that a traditional bereavement model developed to explain stages of loss and grief is inappropriate and inadequate for relinquishment which is more akin to chronic sorrow.

Rynearson (1982) in a preliminary study of relinquishment (correspondence with the author revealed that no follow-up study was conducted), studied a group of 20 psychiatric patients, with no previous history, who were referred for treatment of dysrhythmic disorder (12 patients), or generalized anxiety, borderline personality or dependent personality disorders (8 patients), during the course of which they revealed that they had relinquished a baby for adoption. The patients were white, middle class and aged between 30 and 46 years of age, who had relinquished their first child when they were aged between 15 and 19 years, unmarried and dependent on their families. They described the conception as "accidental", the result of sexual ignorance, and, owing to denial, did not seek confirmation of their pregnancy until past the first trimester when an abortion would have been refused had it been sought. All the women had been admitted to unmarried mothers' homes where, on entry, they agreed in writing to relinquish their babies at birth. They perceived their decision as "externally forced" due to parental pressure, societal attitudes and altruistic demands for their babies (Rynearson, 1982:339). All the women stated that they had dreaded labour, which they described as "a time of loneliness and painful panic" and delivery which was performed under general anaesthetic, one factor to which Rynearson attributed their subsequent mental illness.

Eighteen of the mothers were not permitted to see their babies after delivery, and reported that "the actual signing of the adoption papers while still in the hospital was particularly traumatic"; eight mothers were "so overwhelmed by this event that they were amnesic for it". Following the birth, all the mothers returned to their homes and "quickly re-established their former, nonmaternal identities". However their lives were punctuated with fears of future infertility coupled with a wish to undo the act of relinquishment by becoming pregnant again although their subsequent relationships were marked by sexual

dysfunction and over-protectiveness towards their other children. They also reported dreams and fantasies about their babies which were particularly acute on the anniversary of the relinquishment and their lost babies' birthdays (Ryneanson, 1982:340).

Ryneanson (1982) concluded that "relinquishment appears to have been a fundamentally disjunctive event" but that the mothers' symptoms instead of being regarded as dysfunctional "may be viewed as adaptive adjustments to the real and anticipated threat of the interruption of maternal attachment and maternal identification" (Ryneanson, 1982:340). The outstanding significance of Ryneanson's findings is that they will be shown to parallel the widespread accounts of other mothers' experiences of their pregnancy and the taking of their babies for adoption which appear in Chapter 16.

Mothers' emotional states also came under the medical gaze of mental health professionals with Winkler and van Keppel's Australian study (1984) on the long-term effects of relinquishment. Although the authors studied relinquishment within a bereavement model, comparing it with the perinatal death of a child and also in terms of a stressful life event, their research is important in that it involved the largest sample of relinquishing mothers ever studied until that time, was rigorous in its method, and has provided a basis for much research and legislative change hence. From responses to advertisements placed in a newspaper, a women's magazine and an adoption support group newsletter, 213 women who had relinquished their first-born babies when they were aged between 15 and 25 years and unmarried were selected. Data were collected through a questionnaire as well as through interview.

The major findings from Winkler et al's study were that the effects of relinquishment for mothers were negative and long-lasting, the sense of loss remaining constant for up to thirty years (Winkler et al, 1984). Consistent with Ryneanson's (1982) earlier work, they found that relinquishing mothers had "significantly more problems of psychological adjustment", reporting an increased sense of loss at times such as the child's birthday and the attainment of developmental milestones, the birth of subsequent children and on Mothers' Day (Winkler et al, 1984:67), emotions which were also expressed elsewhere by other mothers (Shaw, 1983:44).

Also reporting in 1984, Deykin, Campbell and Patti conducted a survey among 334 members of a birthparent support group (321 mothers and 13 fathers) to ascertain the effects on subsequent life adjustment of having relinquished a child for adoption. Their findings indicated that having surrendered a child had "a protracted negative influence on

the lives (of the respondents) in the areas of marriage, fertility and parenting” (Deykin et al, 1984:271). Of the 280 respondents who had married subsequent to the surrender, 71% stated that the experience of relinquishment had influenced their marital interaction. The percentage of surrendering parents who had married each other (17%) were also found to have a significantly high level of marital difficulty, while others attributed their marital problems to issues such as jealousy resulting from the prior experiences of birth and surrender for adoption.

In one of the few studies to associate surrender with subsequent fertility, Deykin et al (1984:276) reported a 16.2% secondary infertility rate (that is unable to have another child) in the surrender group compared with a 6% rate in the general population. In addition, 17% had elected to remain childless, either out of loyalty to the surrendered child or because they felt unfit to become parents. Of the respondents who did have other children, “almost 80% stated that the earlier surrender of the child had exerted a powerful impact on their subsequent parenting practices”, citing overprotectiveness, compulsory worry about the children’s health, and difficulty in accepting their growing children’s independence as the most frequent negative features (Deykin et al, 1984:278). The researchers concluded that the difficulties in parenting appeared to be related to unresolved sadness over the loss of their children rather than inadequate parenting *per se*. Echoing Vincent’s (1961) earlier prediction, Deykin et al (1984:271) suggested that, adoption, rather than becoming an obsolete practice, would become more prevalent as

“the number of children born to single women and the proportion of such children adopted will grow as a result of complicated access to abortion, reduced welfare benefits, and a public policy which stresses adoption as the best option for young single mothers”.

The findings of Winkler et al (1984) were supported by Anderson, Sharley and Condon (1985) in an analysis of telephone interviews with 190 relinquishing mothers which showed “not individual pathology, but a common response to the then societal pressures”. Of the sample, 72% reported that they felt that they had no choice regarding the surrender of their children, while 14% claimed to have suffered repeated breakdowns, distress being the most common feature in 91% of women. Only 9% of callers said that they “felt OK” about the experience. In the intervening years 91% said that their feelings of sadness, loss, emptiness and worry increased rather than diminished, leading the authors to conclude that over half the women suffered from “severe and disabling grief reactions which are not resolving with the passage of time” (Anderson et al, 1985:23).

Anderson et al (1985:26) determined that “relinquishing mothers have been subject to powerful double bind messages” communicated by those sources of advice which, on the

one hand encouraged adoption, and on the other, abandoned them after their babies were taken. Owing to the secrecy surrounding adoption, the authors asserted that

“relinquishment is not recognised as a primary or causative problem in a range of health problems, and as a result, the health services which do exist are largely unresponsive” (Anderson et al, 1985:21),

and consequently:

“[h]ealth professionals may deal with more obvious or disclosed problems - such as infertility, or alcoholism the abuse of drugs (particularly prescribed, legal drugs) suicide attempts, relationship breakdowns, dysfunctional families, loss of memory and other forms of mental illness with specific labels. What is not acknowledged is the fact that relinquishment preceded these symptoms in these women” (Anderson et al, 1985:22).

In addition, the authors’ subjective observation revealed that a significant proportion of relinquishing mothers suffered stress related somatic illnesses such as arthritis, ulcers and cancer.

In a follow-up project Condon (1986) studied 20 women recruited from a support group who had surrendered babies for adoption during the 1960s when they were in their late teens or early twenties in order to investigate the level of chronic emotional disability in relinquishing mothers. Using the Middlesex Hospital Questionnaire, a valid and reliable instrument for assessing chronic psychological disability, Condon (1986:118) found that relinquishing mothers rated significantly higher on measures related to free-floating anxiety, phobic anxiety, obsessionalism, depression and psychosomatic symptoms than did an age-matched control group. In Condon’s opinion, “The medical profession cannot be considered entirely blameless for the trauma which many of these women experienced in less enlightened times” (Condon, 1986:119). Again, as Vincent (1961) and Deykin et al (1984) warned, Condon (1986:117) predicted that the demand for babies would continue to remain high in a climate of dwindling supply, a situation which could result in subtle pressure on mothers to relinquish their babies for adoption in the future.

Millen and Roll (1985) attributed the epithet “Solomon’s mothers” to women who had surrendered children for adoption. In a study of 22 such women attending psychotherapy for problems including depression, alienation, sexual difficulties and psychosomatic complaints, the authors described the ways in which the bereavement process had been distorted and delayed following the relinquishment of a child. They concluded that

“the experience of a mother relinquishing her child is similar to pathological mourning, including feelings of intense loss, enduring panic, and unresolved anger; episodes of searching for the lost child in waking life or in dreams; and a sense of incompleteness” (Millen & Roll, 1985:418).

Considering the psychological reactions of birthmothers from a feminist perspective, Weinreb and Murphy (1988) stated that they had “often been struck by the excruciating and recurrent pain experienced by women who have surrendered their babies for adoption”. In a pilot study of in-depth interviews with five white, middle-class women aged between 18 and 24 years and unmarried when they surrendered their babies during the 1960s, the authors identified the dimensions of depression and loss, choice and passivity, secrecy and shame, responsibility and guilt, and repression and anger as those which would assist women to come to terms with their loss. As Condon (1986) had proposed, Weinreb et al (1988) suggested guidelines for health professionals to follow in their therapeutic work with women who had lost children to adoption.

Reinharz (1988) has addressed the psychological distress of mothers who had lost babies through miscarriage, comparing their grief with that of mothers who had delivered stillborn babies or those whose babies had died shortly after birth. She concluded that "a physiological depression could follow miscarriage" and that "women who have miscarried may experience long-term loss" (Reinharz, 1988:91), but she did not acknowledge the similar effects following the loss of a baby to adoption. Indeed, her omission of this loss in an otherwise insightful discussion of maternal grief responses to the perinatal loss of a baby is important in that it illuminates the lack of acknowledgment in the feminist literature of the loss of a baby to adoption.

On the other hand, Howe (1990) drew some similarities between mothers who lost babies as a result of perinatal death and those who lost them to adoption. Although Winkler et al (1984) had used a bereavement model to describe relinquishment, such a comparison having been refuted by Condon (1986), Howe (1990) expanded on this model by proposing three additional factors which disturbed and distorted the relinquishing mother's ability to grieve: shame and guilt for an extramarital sexual relationship resulting in pregnancy; responsibility for the voluntary loss of the baby to adoption; and the continued existence of the child in spite of adoption practices which deny her motherhood.

In a postal survey of 444 New Zealand mothers who had relinquished children between 20 and 30 years previously, Field (1990) reported that 70% received little or no emotional support at the time they became pregnant, and 60% felt that they had little or no choice in the adoption process. The sample was almost evenly divided between mothers who had subsequently had reunions with their children and those who had not, however at least 50% reported still feeling a strong sense of loss regarding the event regardless of the reunion. In a follow-up, study Field (1992) found that there were no differences in general psychological well-being between the groups of mothers who had, or had not, experienced

renewed personal contact with their children. Although many mothers found the task of reforming a relationship with their children difficult, the majority expressed strong satisfaction with the renewal of the relationship. Nonetheless, the results of Field's (1990, 1992) studies indicate that reunion, even if successful, does not ameliorate the deleterious effects of relinquishment.

Responding to the question, "Can a mother forget her child?", Stiffler (1991), a birthmother, concluded that "there are millions of birthmothers who will tell the world today, 'No!'". Stiffler cited traditional adoption practice where "once a birthmother had surrendered her child and had been given a post-placement interview, she disappeared from the social worker's schedule", and, consequently, her grief had been socially unacknowledged. Reviewing the literature, Stiffler cited Dudrear (in Stiffler, 1991:251), who found that, of the 64 women whom she studied, 49 had considered committing suicide and 14 had actually attempted it, one woman making 12 attempts and stopping only when she discovered that search and reunion were possible.

Lancette and McClure (1992:84) described women who have relinquished children for adoption as "both a forgotten and misunderstood population", and suggested that regardless of whether the adoption was an open or closed arrangement, the mother experienced physical, emotional and psychological loss. In a phenomenological study, the authors interviewed five mothers, white, middle class and aged 18 to 24, who had placed their children for adoption approximately two years previously. Although the sample was small, and length of time since relinquishment was shorter, Lancette et al (1992:94) found that the experiences shared by the women in this study were consistent with the findings of Lamperelli et al (1979) and Rynearson (1982), and concluded that this sample was representative of other mothers who had lost children to adoption.

Wells (1993a) described the phenomenon of post-traumatic stress disorder (PTSD) as experienced by birthmothers as well as the children whom they relinquished. From her research with 300 British mothers, Wells (1993a:30) found that many subjects said that they split themselves off from the trauma of the relinquishment as a coping mechanism., a recognised manifestation of PTSD. Others described the symptoms of psychogenic amnesia whereby they stated that they were unable to recall important events surrounding the adoption such as the date of the baby's birth or signing the adoption papers. Some women experienced intense psychological distress on events associated with the birth, such as family gatherings, the child's birthday, Mothers' Day

and the births of subsequent children (Wells, 1993a:31). Other features of PTSD which the mothers described included psychic numbing whereby mothers felt detached and estranged from others who had not been through the same experience, recurrent dreams or nightmares where the birth and relinquishment are relived, and intensification of symptoms when they were in similar situations such as the birth of another child. As other researchers had found, so Wells (1993a:32) revealed that the two most frequently reported symptoms by the mothers in her study were depression and anxiety.

In another study, Wells (1993b) conducted a survey of 262 birthmothers to find out how they felt about adoption legislation and practice. Most mothers felt that they had no choice about relinquishing their children, and had been pressured by parents and social workers to do so. They also did not want to go away and forget their children, describing the loss as a "living death"; nor were they able to make a "fresh start" because of their unresolved grief. Far from being promiscuous, one third were in stable relationships at the time of the babies' births, and 23 couples had subsequently married (Wells, 1993b:24). In keeping with a growing body of evidence, Wells (1993b) concluded that "the stress resulting from relinquishment is profound and long-lasting", with mothers describing their feelings as "sadness, loss, grief, numb, depressed, guilty, angry, and bitter", with no diminution over the years since the original event.

In one of the few studies on relinquishment in nursing discourse, Mander (1995) sought to show that although the adoption of infants had declined since the 1970s, the implications of relinquishment remained for both the mothers and the midwives who attended them. Mander interviewed twenty-three mothers between the ages of 15 and 35, who had relinquished babies up to thirty years previously. She also interviewed midwives, whose experience of caring for relinquishing mothers spanned between three and thirty years. Drawn from her personal experience as a midwife, Mander's work stands out for its sensitivity towards and compassion for mothers which seemed to be lacking in earlier research from other disciplines. Mander's study demonstrated "the disempowerment of the relinquishing mother and her vulnerability to a variety of influences" (Mander, 1995:192), and she concluded that the mothers' adjustment to the grief associated with their loss was directly related to this imbalance of power between the mother and her carers.

In a recent study Cowell, Crow and Wilson (1996) found that, in spite of the positive outcomes of reunions between birthparents and their now adult children, the joy of reunion

had not ameliorated the pain of relinquishment for birthparents which had remained even if concealed or disguised. Successful reunions, it would appear, do not vindicate adoption.

Discussion

In medical discourse the construction of the mad unmarried mother depended on assessing her mental state during her pregnancy at a time of physical, emotional and financial stress, these factors rarely considered as having contributed to her mental state. The problem resided entirely with her. When she was assessed in the post-natal period, her mental and emotional fragility were again attributed to intrinsic qualities: that the loss of her child to adoption may have been responsible for her mental state was not considered in most of the literature for many years.

The scant literature which *did* address the effects on mothers of separating them from their babies for adoption (see Fisher, 1938) seems to have been selectively ignored.

Demonstrating an extraordinarily enlightened view which might still be regarded as radical, Fisher (1938:486) in lobbying for reform through the National Council for the Care of the Unmarried Mother and her Child founded in 1918, explained:

"(W)e never wearied in our efforts to convince a not very sympathetic world that to keep together mother and child, to make it possible for both to live, for the mother to give the child adequate care, not only did not encourage immorality but tended to decrease the number of mothers with more than one illegitimate child."

At the height of the Second World War, when events in Europe dominated Western consciousness, Clothier (1943:531) noted astutely:

"How quickly illegitimacy can be converted into authoritatively approved procedure has recently been demonstrated in Germany where healthy young women are advised by their government that it is their duty to produce babies."

The "authoritatively approved procedure" which transformed illegitimacy in Western societies was called "adoption" for which healthy young women were advised by government agents to relinquish their babies.

In 1961 Vincent made the uncanny prediction that "*if* the demands for adoptable infants continues to exceed the supply" (Vincent, 1961:199), as was occurring in Australia at that time, then it would be quite possible that "in the near future, unwed mothers will be 'punished' by having their children taken from them right after birth", a policy which prevailed almost without exception in the 1960s and 1970s. While not explicitly labelled as punishment, such a policy according to Vincent (1961:199) would

"be implemented through such pressures as 'scientific findings', 'the best interests of the child', 'rehabilitation of the unwed mother', and 'the stability of the family and society'."

Two additional conditions were identified by Vincent (1961) under which the implementation of this policy would be ensured: first, if it could be shown that unmarried mothers who kept their babies were those who lacked the potential for "good motherhood", that is, they were inherently bad mothers; and, secondly, if the courts continued to emphasise that the "rights of the child" superseded the "rights of the parents" (Vincent, 1961:199).

Questions must be asked why there was such interest in investigating the psychological and social profiles of unmarried mothers, apart from the academic interest they generated and which would be so valuable for adoption agencies (Pearson et al, 1956). Was there an intention to use these profiles for educational programs to reduce the incidence of out-of-wedlock pregnancy? Could they be used to develop services for mothers keeping their children? Or could they form the background to counselling services for women giving up their babies for adoption? Since none of these initiatives appears to have eventuated, and if it did, it was certainly not based on the profiles of unmarried mothers, the reasons for the numerous studies must remain open to conjecture and under suspicion. Given the concern about the mothers' character, Kornitzer (1968:58) suggested that "this in itself probably helped to keep adoption as a service for the 'good girl' rather than as a facility for the 'bad girl'" as I will show in Chapter 10.

I propose that research into mothers' personalities and character was carried out and the results communicated not only to allay the anxiety and apprehension of potential and past adoptive parents, as Kornitzer (1968:85) noted was the practice, but also to provide a profile of not "who would surrender" but "who should surrender" their babies. After all, if adoption was the last resort of family creation, having been superseded more recently by reproductive technologies, then it would seem that only the best quality babies would be suitable for such a hazardous venture.

A comfortable sense of complacency could be afforded when an explanation of emotional instability, a temporary aberration from her normal demeanour, was offered and accepted as the cause of out-of-wedlock pregnancy, since such instability could be treated with and cured by counselling and therapy. However a cure could not be effective if the mother kept her baby, because, as Clothier noted so obviously in 1938, "Pregnancy, after all, gives proof to the world that the woman has had sexual intercourse". Nonetheless, rehabilitation was at hand when, as Matthews affirmed:

"Once adoption had removed the signs of her failure, the agents of the gender order (religious welfare workers and psychiatrists) could support and help her" (Matthews, 1984:181).

Thus, unmarried mothers who could be defined as "mad" could receive support without their sexual activity seemingly condoned (Gill, 1977:302).

In the absence of an adequate rationale for the "mad and stupid" epithet conferred on the unmarried woman who became pregnant and lost her baby to adoption, another meaning of and reason for relinquishment must be sought. It begins to emerge in the stories of the mothers themselves in Chapter 16.

In the following chapter, Chapter 10, I will continue the exploration of the discursive construction of the unmarried mother as she moved from the "mad" and "stupid" construction by medical model discourses to a socially discursive space of deviance as the "bad girl". Frequently it can be seen how the hegemonic medical and social discourses inform each other as participants in the symbolic order. Often there will be overlap between these discourses since the divisions are arbitrary.

Chapter 10

CONSTRUCTING THE BAD GIRL: Discourses of social deviance

*"We are for breeding purposes: we aren't concubines, geisha girls, courtesans. On the contrary: everything possible has been done to remove us from that category."
"The Handmaid's Tale" (Atwood, 1987:146)*

Introduction

The unmarried mother came under the gaze of social workers, who, according to Vincent, (1961:239) are generally regarded of all the health professionals as those responsible for adoption practice. The unmarried mother was identified as the 'social problem', (Crumidy & Jacobziner, 1966; Fisher, 1939; Greenland, 1958; Lewis, 1965; Roberts, 1968; Thompson, 1956;), with the literature advancing various theories for the causation of the problem and providing several solutions. One study (Finck, Reiner & Smith, 1965) concluded that the problem was that "none of the girls sees herself as having problems", possibly because adoption was the panacea. Vincent (1961:13) suggested that white unwed mothers posed less of a social problem than Negro unwed mothers whose children were less in demand for adoption and who required more financial assistance.

The overwhelming picture was of the 'good girl gone wrong', to be rescued and rehabilitated. To achieve this it was necessary first, to create a picture of 'the good girl' in order to then demonstrate her downfall through construction of 'the bad girl.' Vincent (1961:12) expounded the dichotomy thus:

"To emphasise that 'bad girls' are caused by poverty, ignorance or minority group membership is to affirm that 'good girls' result from material blessings, an education and majority group membership".

The explication of 'the good girl' vindicated her rehabilitation which was accomplished through juxtaposing the new dilemma of the woman who had previously not acquired unmarried mother status against her negative stereotype.

As a result of legislation in 1933, Fisher (1939:489) declared that "adoption is now regularised and safeguarded", although for whom she did not elaborate. In spite of her belief "that almost always the best hope for mother and child lies in keeping them together", this practice should not be interpreted as concern for the child as much as it was a punishment of the mother: the penalty for illegitimacy was enforced mothering. Fisher was less interested in the "problem of the unmarried mother who is mentally or morally sub-normal" than she was with "mothers who are now self-respecting citizens, not physical

or moral wrecks" (Fisher, 1939:488), providing a basis for the image which would recur throughout the literature:

"The girl was young, in her mid-twenties, quietly attractive, and well-dressed. She spoke in a soft voice with an educated accent. Except for the lines of strain on her face, she might have been any young woman making a casual afternoon call. She was an unmarried mother to be, asking for refuge of a maternity shelter until her baby could be born and a safe place found for him. She had fled from the small town which was her home to escape the shock and anger of her family, the whispers of the neighbours, the curiosity and condemnation of the community" (Young, 1954:1)

Thus begins Leontine Young's 1954 book, "Out of Wedlock", which would provide the blueprint for adoption practice for the next thirty years. Descriptions such as this, of 'girls' who were basically good and decent, were necessary in order to emphasise the fall into depravity of which an out-of-wedlock pregnancy was not only symptomatic but also the cause. This is not to suggest that many women did not approximate this description, but its frequency and regularity in the early literature suggests attempts to contrive a positive stereotype. Nonetheless, as Wicks (1993:1) has stated: "'Unmarried and pregnant' is synonymous with the role of 'bad girl'". On the other hand, a social worker quoted (in Arney & Bergin, 1984:12) demonstrated the existence of a confused double standard by saying:

"It's the good girls who 'get into trouble'. The bad ones know how to avoid it".

Schmiderberg (1951) in a general discussion about psychosocial factors in young unmarried mothers, attempted to explain some of the reasons for out-of-wedlock pregnancy in terms of promiscuity. According to her, "many girls became promiscuous in wartime because their fathers or brothers were away" (Schmiderberg, 1951:3), presumably becoming pregnant to visiting servicemen from overseas countries.

Schmiderberg (1951:3) also apportioned blame to society which

"(t)hrough moral disapproval of sex relations, implicit threats of ostracism for offenders, and by creating various real and unreal anxieties about consequences...tries to check the powerful sexual impulses bursting upon the young adolescent".

Although Schmiderberg described the case of "a prostitute, who at the age of 16 had an illegitimate child... (and) was sexually precocious from early childhood", her precocity was given as a reason for her childhood sexual abuse, causing the author to provide reassurance that "fortunately such a degree of abnormality in unmarried mothers is not the rule". Instead, she suggested that:

"Often girls become abnormal, delinquents or prostitutes because of their harsh experiences following unmarried motherhood" (Schmiderberg, 1951:6).

In order to preserve the character of "the good girl gone wrong" Schmiderberg (1951:6) recommended that:

"Adolescents who, for some reason or another, cannot live at home should have a place to go to that does not have the stigma of a reformatory, and does not compel them to mix with delinquents, prostitutes and confirmed homosexuals".

As if in response to her call, maternity homes were established which acquired their own stigma. In such institutions social workers could help to "stabilize the unmarried mother and to enable her to eventually stand on her own feet", and, according to Schmiderberg (1951:7), this demanded "immediate, pragmatic solutions (b)ecause something has to be done in a hurry". That immediate, pragmatic solution would be to effect a consent to adoption as soon as the baby was born so that the mother could 'get on with her life'.

In a British study which collected data from 1953 onwards, 503 adopting families were studied primarily to investigate adoptive parents' and adoptees' understanding of what constituted a successful adoption (Kornitzer, 1968). The author did not survey mothers themselves but gained details about them from adoption agency records and questionnaires from and interviews with adoptive parents hoping that the "gaps and distortions in the picture may tell us something" (Kornitzer, 1968:33). Her work provided some revelations about the attitudes towards mothers and putative fathers held by social workers, midwives and adoptive parents in which she noted that "the bias is plain and unconcealed, and therefore calculable" (Kornitzer, 1968:33).

As if to vindicate the adoption process and their part in it, adoptive parents were found to neither know nor care about the "real feelings of the mother when the child was given up" (Kornitzer, 1968:37). Without hesitation they expressed the view "that the natural mother had not wanted her baby" even when the facts clearly suggested otherwise (Kornitzer, 1968:37), and presumed that when the baby was born, the mother had no option but to surrender her or him for adoption in what was really an act of callousness in spite of evidence to the contrary (Kornitzer, 1968:38). In addition, Kornitzer (1968:38) found that "adopters were not on the whole interested in giving a favourable view of the natural mother", and suggested that the high percentage of mothers in the upper socio-economic strata might be due to "the desire of adopters and perhaps adoption societies to put the mother's social class in as good a light as possible" (Kornitzer, 1968:34), presumably so as not to reflect badly on the child. In spite of this reservation, Kornitzer concluded that

"the information about (the mothers') background and their material circumstances at the time of the birth suggests that upper-class families were less tolerant of daughters who had illegitimate children and were less able to make a place in the family for such children, and from the records these girls often seemed more desperate to make adoption plans than the others" (Kornitzer, 1968:35).

While the literature continued to insist on referring to mothers as 'the girl', regardless of her age, and adoption agencies predicated surrender on her remaining young and poor forever, then, as Kornitzer (1968:73) found, some adoptive parents likewise harboured a notion of protracted temporality about the children whom they adopted, forgetting that "adopted babies, like others grew up".

The adoptive parents in Kornitzer's study were adamant in their specifications for a baby, some choosing to wait for a child who met these. Not only were girls preferred over boys, although one couple thought that boys "were more fun", but a definite prejudice against red-headed children was expressed (1968:78). Others felt that they were

"well matched with a child, but only because they were given an attractive, 'well-bred' and intelligent child who corresponded with a view of themselves" (Kornitzer, 1968:84)

Some adoption agencies refused to accept what they considered "low-class" adopters or children (Kornitzer, 1968:53). The motives of adoptive parents might also provide cause for concern: to replace a dead child, to provide a companion for another child, often their 'own', or to induce a magic conception in what was assumed to be an infertile marriage (Kornitzer, 1968:76).

Kornitzer (1968:137) found that repeatedly in her research "the public attitude towards...the mother who placed her child for adoption was a censorious one".

Promiscuous mothers appeared to be in the minority, described as either "charming but immoral" (Kornitzer, 1968:50), or, as in the case of one mother who, having had nine children by different fathers, as being "in the wholesale line" (Kornitzer, 1968:58). The majority of the mothers however were

"said to have felt some remorse and regret at the time of placing, and some remembered the child for many years afterwards" (Kornitzer, 1968:37).

Many mothers continued to send money and gifts to their children for years after the adoptions had taken place. The picture of the mothers which emerged from the study was that

"the child had put them in an acutely embarrassing situation full of social and economic difficulties...; and (t)hey felt concern and guilt over having had the child and wanted to make amends" (Kornitzer, 1968:39).

Some married women had conceived children as a result of wartime liaisons, surrendering their children when their husbands returned home in order to save their marriages (Kornitzer, 1968:38), with this measure often in vain. However, the study found that adopters

"seemed to identify themselves more easily with the feelings of a married woman forced by her husband to give up her child than with those of an unmarried girl" (Kornitzer, 1968:41),

with preference expressed for legitimate babies over those born out-of-wedlock (Kornitzer, 1968: 209).

The only way in which mothers could make reparation on all fronts seemed to be through adoption, and the only social work help which the mothers received was assistance with the actual placing of their children (Kornitzer, 1968:36).

From discarded records of an adoption agency, Shaw (1983) presented the verbatim reports of social workers regarding the mothers who contacted the agency and surrendered their babies for adoption between 1945 and 1963, echoing the opinions voiced in Kornitzer's (1968) work of that period. These records provided an illuminating picture of the real women behind the quantitative data in the research previously cited, and the descriptions revealed as much about the writers as they did about the women.

Between 1945 and 1950, social work records gave impressions of the mother under the headings: "physical health, character, mentality, education, relationship with her own family, interests and hobbies, and her sources of help" (Shaw, 1983:40). Although none of the mothers was more than forty years old, many hardly twenty, Shaw (1983:44) noted that they "seem to come from another world". Arney and Bergin (1984) described this era as one of dichotomies in sexuality, dominated by right-wring and moral-immoral labels in which the "problem" of exnuptial pregnancy lay with the sexuality of the mother.

Reference to the putative father was confined to the most basic details such as name, nationality and marital status except when the father was an American serviceman. The American Army administration had a standard response to correspondence from the agency when it sought help for the mother: a denial of paternity and refusal to discuss the matter further. Shaw concluded that:

"The result was a sad procession of generally teenage girls whose babies went on to adoption or were absorbed into the bosom of an already large, and certainly ill-housed, family" (Shaw, 1983:41).

Owing to the absence of details of the putative father from the records, Shaw offered the impression that "it would be easy to forget that babies being offered for adoption had fathers, so shadowy is the picture of them which emerges" (Shaw, 1983:42).

The records of the early 1950s revealed that

"the typical client was a nice girl with no idea what could have made her pregnant and nice parents who would (they swore) have nothing to do with their daughter if the forthcoming baby was not adopted" (Shaw, 1983:41).

Shaw found that vehement disapproval was directed in particular at women who had used intoxication as an excuse for "having been taken advantage of", when "the mother was too tight to know what was happening" or others who "actually displayed some knowledge of sexual matters". On the other hand:

"Sympathy was evident where the girl was a 'nice type' with a 'nice open face'. Less favourably regarded were those 'rather heavily made-up', some in direct line of descent from Jezebel" (Shaw, 1983:41).

Reflecting the puzzlement of Kadesin et al (1941), about the lapsed middle-class girl, social workers were

"very concerned - Katie has been a Sunday School teacher and is a *nice* girl (original emphasis)" (Shaw, 1983:41)

whose parents were described in similar terms of glowing respectability such as "a sensible little woman", and "a man of position", concerned for the opinions of neighbours, family and friends, and whose "dominant parental aim seemed to be to avoid a scandal for themselves" (Shaw, 1983:42). Devaney and Farrell (1980) also described the women in their survey of relinquishing mothers as middle-class, and offered their social status as the reason for the greater degree of felt stigma which influenced their decision to remain hidden for the duration of their pregnancies.

Shaw (1983:42) discovered a practice during 'counselling' sessions which mothers themselves would reveal many years later: "the giving and withholding of financial help as a means of regulating clients' behaviour" which was clearly evident in these records, as was the policy of "their refusal to admit girls expecting their second or third illegitimate child". Shaw also noted "the exclusive nature of the focus on adoption", but one whereby

"the birth of a baby which was in some way imperfect, mildly handicapped or just possibly 'coloured' could bring negotiations to an abrupt end" (Shaw, 1983:44).

In a particularly perceptive observation, Shaw (1983:44) predicted that

"A study of 1980-style social work 20 years from now is likely to produce similar sensations in the reader. What we are pleased to call Victorian attitudes to 'fallen women' come disconcertingly close to our own, perhaps lingering on even now".

The findings from research which present a different picture of the unmarried mother as deviant offer a confounding impression: on the one hand, the recurrent image of 'the good girl in trouble'; on the other hand, 'scientific evidence' of a promiscuous delinquent. Kiely (1982) has suggested that this dualistic stereotype was accepted by the public imagination

because it fitted with the morality of the time. It also fitted with the dichotomous image of woman as "Madonna - whore", first identified by Helene Deutsch (cited in Kasanin et al, 1941) and later by Weldon (1992), and which was alluded to as part of the psychopathological make-up of the mother who, in certain cases, identified with the Virgin Mary (Clothier, 1943; Gedo, 1965)

Away from the gaze: The "Home" away from home

In one of the earliest references to maternity homes (or, as they were known in Australia, single or unmarried mothers' homes), Fisher (1939) recommended an alternative to the earlier "penitentiaries", in the form of a

"new Home where reckless or foolish or ignorant or uncontrolled girls become healthy, disciplined mothers with an awakened sense of responsibility and of citizenship, of thriving, happy and well-cared for babies" (Fisher, 1939:488).

Institutions which had their nineteenth century foundations in baby farms and founding homes retained their historical links with charities and churches, whose moral beliefs continued to inform their practices (Lightman & Schlesinger, 1979:373; Morton, 1988:63; Nicholson, 1968:18). Kunzel (1993:17) noted that homes which began as shelters for the redemption of prostitutes shifted their focus to residential maternity care for unmarried mothers between 1910 and 1920. The distinction between both groups of women became blurred in the zealous quest of religion-based charities to outlaw overt female sexual behaviour. However, as a result of the Great Depression and an increase in out-of-wedlock pregnancies these homes were soon unable to cope with the demand.

At the same time, the acknowledgment of social work as a profession meant that many workers were seeking more lucrative employment than charities could provide and this could be found within the public sector. Social workers differentiated themselves from other workers such as maternity home matrons who were responsible for the day to day running of the institutions and their inhabitants. This differentiation took the form of "casework" which assumed a scientific approach to the care of unmarried mothers based on psychology and provided social workers with "a professional jargon comprehensible only to those trained to understand it" (Kunzel, 1993:42).

The impact on unmarried mothers was that they could now have their needs met on an out-patient basis rather than be maintained in an uneconomic institution. This arrangement suited some women, particularly the poor and women of colour who had been denied entry to mother and baby homes because they "were not considered redeemable" (Morton, 1988:70). Nonetheless, Solinger contended that

"for girls and women of both races, being single and pregnant has revealed that...their fertility can become a weapon used by others to keep such females vulnerable, defenceless, dependent and, without male protection, in danger" (Solinger, 1994:287).

However, middle-class women who found themselves unmarried and pregnant needed somewhere to hide from their peers and families to conceal their shame, and since they could afford to pay for this service, the charitable organisations were more than ready and willing to meet their needs.

In a survey of Mother and Baby Homes in England and Wales, Nicholson (1968:41) found that "the overwhelming reason for coming into a Home was adoption" and recognised that social workers rather than mothers could be more correctly described as the users of these facilities. Among the residents was a prevalent belief that coming into a Home was the quickest, the best or the only way to effect an adoption, with evidence of widespread ignorance among the mothers of other forms of care such as fostering. The mothers' other main reasons for entering the Homes were related to social disgrace and ostracism either resulting in or exacerbated by family tensions and accommodation problems. The women wanted to avoid embarrassment and gossip, often for the sake of their families rather than for themselves.

Despite the original intention of their service, many Mother and Baby homes dropped 'Baby' from their titles, and in the 1950s, as the cost of maintaining these institutions became so prohibitive, they bowed to pressures to diversify into the adoption of babies. They had come full circle in one hundred years since the New Poor Law of 1834 (repealed in 1948) provided for the establishment of workhouses for unmarried mothers and paved the way for baby-farmers to relieve them of their children.

If, as Gill (1977:239) suggested, maternity homes in the 1950s were "daunting places" then little had changed when he visited every institution in Scotland in 1967. The homes operated within a strict religious framework: some had their own chapels on site where mothers were encouraged to attend the regular church services. All the homes had regular visits from a clergyman who "talked to the girls". Gill's assessment was that the general attitude within the homes was that "the girls had made an unfortunate 'mistake'...and they should prepare themselves for a return to the outside world equipped spiritually to avoid a repeat performance" (Gill, 1977:240) which frequently rendered them ineligible for readmission to a home. Despite an illusion of compassion, Gill found that the approach to unmarried mothers reflected the punitive attitude of the wider society:

"Outings were often strictly controlled, rigid rules for 'lights out', and the time by which the inhabitants had to return to the home were strictly enforced. Visits from boyfriends,

friends and relatives also tended to be closely supervised. Three of the homes were run with almost military like efficiency. Door knobs and floors shone..and the atmosphere seemed hushed, rather like that of a cathedral" (Gill, 1977: 240).

For the procurement of babies, the rescue of the mothers as "essentially respectable girls who made a mistake" (Rains, 1970:220) was crucial, and maternity homes traditionally provided an environment which gave

"seclusion and support to girls who wish to hide and whose intention to place their babies for adoption were taken as correct understanding of the moral order" (Rains, 1970:220).

Weinreb and Murphy (1988:30) called the maternity home "both asylum and prison" because

"it protects the woman from social ridicule, yet simultaneously conveys that she is immoral and that society should be protected from her" (Weinreb et al, 1988:30).

While many maternity homes were funded by charities and churches, others were attached to or operated by maternity hospitals: all had more or less formal arrangements with adoption agencies. The usual procedure was for the mother to have her admission to the home arranged by a social worker for the last few months of her pregnancy. Some homes provided for outside employment in domestic work or as a 'mother's help'; others depended on the resident mothers for the day-to-day running of the home in terms of house-keeping duties. All had rules and regulations of varying strictness, and some imposed other conditions on the mothers such as a foregone decision to have their babies adopted, or prohibition to return for a subsequent pregnancy.

When labour was imminent, the mother was transferred to an associated maternity hospital for confinement, but in some institutions, confinements took place on the premises. Occasionally the mothers cared for their babies, often returning with them to the home until arrangements for adoption were secured. When these arrangements were accomplished, the mother was advised to return home to re-establish her life. This process has been described succinctly by McRobbie (1991:221) as

"a cruel practice which was common right up to the late 1960s when pregnant girls would be shunted off to mother-and-baby homes, returning home some weeks later surrounded in secrecy but with their reputations intact".

Although many studies drew their samples from maternity homes, there has been little attention paid to the homes themselves: they have been treated as covertly and invisibly in research as their inhabitants were in society. One of the first authors to describe maternity homes in the United States, Rains examined them in terms of "the part institutions play wittingly or unwittingly underwriting deviant self-conceptions" (Rains, 1970:219), and the role they played in the "moral career of the unwed mother" (Rains, 1971). Rains

(1970:223) found that professional staff shared a view of the mothers which was based on earlier literature proposing that an out-of-wedlock pregnancy was due to psychological factors, and that, while resident at the home mothers could form a therapeutic relationship with social workers which would help them to develop some insight into their situation and lead to their rehabilitation.

Informed by the opinion of the "moral quality" of the mothers, rules and regulations at maternity homes were directed towards secrecy, respectability, responsibility and denial. Secrecy was assured through the use of first names and elaborate subterfuges for collecting and sending mail, answering the telephone and receiving visitors. Frequently mothers were not permitted to leave the home in case they were seen, and those who expressed such a wish, were often regarded as not adhering to one of the most important principles of moral restitution.

Provisions of secrecy were designed to protect the mothers' respectability since, as the policy of one of the homes described by Rains (1970:220), insisted:

"Most are college girls. They are screened before they get here. We do not have promiscuous girls. If they are not college girls, they are still very refined girls".

Other homes, however, did recruit "the sexually promiscuous girl" but only if she was suitable for the transformation into the "girl-in-trouble": not only did the maternity homes recruit such women as suitable residents, they were also the mothers who sought out maternity homes "finding themselves among people like themselves", a reminder of what they "really" were even if they did not anticipate or initially believe this. Without funding from government subsidies, maternity homes only admitted fee-paying mothers which "shifted the direction of the services toward a middle-class clientele" (Morton, 1988:76).

Respectability was also enforced through dress codes, in some instances homes providing uniforms, the provision of wedding rings and the creation of false histories to account for absent 'husbands'. Modesty in behaviour at all times was stressed, although staff relied on the "girls' own sense of jeopardized moral status" and their good family backgrounds to provide a sense of what constituted appropriate conduct.

Rains (1970:228) identified this "sense of ambivalent moral status" as rendering the mothers particularly vulnerable to suggestions about making a decision which was consistent with the values of the homes, namely to surrender their babies for adoption. This was also seen as the most responsible decision as it acknowledged the prior irresponsible behaviour of becoming pregnant and encouraged mothers to understand the

consequences of their actions. Adoption of their babies, dependent on denial and secrecy, allowed them a "second chance" to return to their former respectable status.

One home which Rains (1970; 1971) described shared some similarities with the mother and baby homes of earlier times in that the mothers were required to care for and feed their babies until an adoption was finalised, the mothers' admission to the home not being conditional upon such an agreement as it was in other homes. However, the ethos which underpinned keeping mother and baby together was that of "normalizing the girls' experience of becoming a mother", in spite of the contradictions inherent between that sentiment and adoption which, in turn, raised problems for both the staff and the mothers: acting as a mother normally does could well jeopardise the chance of securing an adoption. Despite the home insisting that "adoptive placement was an open issue rather than a foregone conclusion" (Rains, 1970:232), the majority of the mothers surrendered their babies and staff expressed concern about the mothers who kept.

In describing homes for unmarried mothers as "producers of legitimacy", Spensky (1992:112) noted that:

"The baby would be legitimised through adoption, the childless couple would acquire more legitimacy by having a child, and the mother would come out - apparently- as if nothing had happened, cured of her pathological unconscious urges".

Unmarried mothers' homes, according to Spensky (1992:114) also served as a 'clearing house' for babies since

"as there was a proliferation of adoptable babies, adoptive parents were able to be very 'choosy' as regards the quality of the child they wished to acquire. The homes, in conjunction with the redistribution of social status they performed, were able to provide prospective adoptive parents with 'good quality' babies".

Through the discriminating recruitment of mothers, as Rains's (1971) research showed, some of the hazards of selection in adoption could be eliminated because:

"Most adoptive parents not only wanted their adopted child to be healthy, but they also wanted it white and if possible from the same social class as themselves" (Spensky, 1992:115).

In spite of attempts at 'accurate matching', validated through personality assessment and intelligence testing of the mothers, adoptive parents found in favour of 'nature' rather than 'nurture' if their children did not meet their expectations later in life, supporting an implied 'bad blood' theory.

Techniques used in maternity homes to help "unmarried mothers prepare for return to the community" included role-playing and group therapy (Steinmetz, 1964) and group counselling (Finck et al, 1965). According to Steinmetz (1964:61), a maternity home,

because of its "controlled, structured and homogeneous" environment was an ideal setting for trying out group therapy techniques, the goal of which was to

"give the unmarried mother some insight into why she became pregnant, to help her to develop greater ego strength, to provide as much support as possible in facing up to her problems, and to help with her social readaptation".

This was achieved by the mothers acting out 'difficult situations' such as returning to school, meeting the baby's father, handling the suspicions of neighbours, friends and family, reacting to a friend's new baby, through which the author concluded that a mother understood how others felt about her behaviour as well as how to handle her own feelings and behaviour constructively (Steinmetz, 1964:64).

Finck et al (1965:225) used group discussion to explore issues such as plans for the baby, returning home, relationships with parents and telling future husbands about the pregnancy. Although the authors described the mothers as socially and economically middle-class, they were not averse to describing individual women in negative terms:

"Linda was an extremely unattractive girl. She was sloppy, used no make-up and was almost crude in appearance...She alternated between feeling depressed and obnoxious" (Finck et al, 1965:226).

However, 'Linda' redeemed herself after the birth of her baby and through group therapy when "it was obvious that there had been a definite increase in her self-esteem".

The Australian context

The Australian context was limited to information supplied by either the Child Welfare Department or prepared by social workers for their colleagues (Australian Association of Social Workers, c1950). This information, on which the following accounts are based, drew on prior research depicting 'the girl' as emotionally unstable but also in need of refuge and guidance to make a decision about her baby.

The maternity homes to which mothers could be referred included the Queen Victoria Maternity Hospital which accepted "patients officially from the fifth month of pregnancy but will accept girls who are not so advanced if circumstances warrant". The atmosphere at this home was described as 'permissive' where there were no set hours, girls were allowed 'out' and were allowed to smoke and receive visitors. There were no qualifications regarding age or religion, but the girls in residence were required to help with domestic duties. It was common knowledge among the nursing staff at the nearby Royal Prince Alfred Hospital that the Matron would organise for nurses who 'got into trouble' to be accommodated and confined at the 'Queen Vic' and return to their nursing training.

Religious organisations which operated maternity homes included the Catholic church, which oversaw St Anthony's Home and the Waitara Home. Both institutions were formerly known as foundling homes and accommodated babies waiting to be adopted as well as those considered unadoptable. Although they stated that there was no distinction made regarding religion, the majority of mothers were Catholic and had their babies at local Catholic maternity hospitals with which the homes had affiliations, and their babies were adopted through the Catholic Adoption Agency.

The Salvation Army operated two facilities. One, Bethesda, also operated as a private maternity hospital while another was an adjunct of the South Sydney Women's Hospital. At the former, mothers were required to remain in the home to care for their babies until they were adopted and in both, mothers worked in a domestic capacity, being paid for their services and paying for their accommodation.

Although the two major maternity hospitals in Sydney, the Royal Hospital for Women and The Women's Hospital (Crown Street) provided accommodation for unmarried mothers, neither regarded it as such but rather "as an expedient for housing girls in late pregnancy when it is difficult to make other arrangements for them". The mothers regarded their residency in these institutions in rather a different light, and the accounts of their experiences closely approximated those of mothers in maternity homes in the United States.

At "The Royal", mothers were restricted to their section of the hospital, only having freedom of the hospital grounds but not allowed 'out'. They lived in dormitories and were required to look after "their own section". Admitted for the euphemistically termed "social reason", they came under the supervision and administration of social workers.

Crown Street provided temporary accommodation at the "Waiting Patients" section as an adjunct to the hospital wards where "most of the patients are admitted for medical reasons. although some are admitted at the request of the social worker". Here the routine was described as "strict": there was little freedom as there were no hospital grounds and the emphasis was on medical care. Crown Street also operated what more closely approximated a maternity home "Lady Wakehurst", a home some distance from the hospital where mothers were admitted for some months before their confinement and returned following the births of their babies until preliminary adoption arrangements were made. The majority of women who lost their babies to adoption in New South Wales passed through the Crown Street institutions.

Although limited descriptions of maternity homes (summarised above) were reported in the academic literature, less formal but more graphic descriptions would appear in the media (see Chapter 11), and the personal experiences of living in these institutions would be recounted in the stories of the mothers themselves (see Chapter 16).

By the mid 1970s as the dearth of babies for adoption was felt but without a concomitant reduction in demand, maternity homes closed their doors. Other means were necessary to recruit mothers to provide healthy white infants for adoption and, along with advertising by intending adoptive parents (Lifton, 1988:9), baby brokers set up business, establishing homes for unmarried mothers along the same lines as those which they were replacing (McTaggart, 1980), offering not only secrecy but also financial inducements. Whereas babies in the 1890s were procured for their later usefulness, by the 1990s they had become a priceless commodity (Zelizer, 1994:195).

Making decisions: the 'keepers' versus the 'givers'

The unmarried mother was faced with three main options when she acknowledged her pregnancy. First, if her pregnancy was detected early enough, she could try to terminate it. Secondly, she could accept an offer of marriage if it was forthcoming, and consequently legitimate her baby's birth. Third, if she decided not to terminate her pregnancy, or if this decision was made for her, she had no choice but to continue to term. Once her baby was born, she could either keep it and endure the stigma of single motherhood, or she could surrender it for adoption and return to the respectability of single womanhood.

In 1961, Vincent released the results of a nine year study of more than one thousand unwed mothers in California, in which he researched socio-economic, psychological and familial factors in illegitimacy. Two main conclusions which he drew were, first, that illegitimacy could be eliminated or at least reduced through the promotion of "family values", which had deteriorated as a result of social and political emphasis on "multi-problem families" and "family failures" (Vincent, 1961:250). His second conclusion was that an adolescent girl's delinquent behaviour resulting in an illegitimate child was the result of her inability to resolve the developmental tasks related to identity and ego as expounded by Erikson (Vincent, 1961:255). However, Erikson's theory of ego development is inadequate when applied to unwed mothers who *will* surrender their babies for adoption: women identified by Vincent (1961:259) as experiencing identity crises were the very women who would be most vulnerable to pressure to relinquish their babies. These were the mothers for whom illegitimacy was a social and financial crisis, as

well as one which disturbed their self-identity. I contend that this disturbance in their self-identity which Vincent attributes as the cause of their unwed motherhood is an effect of the overwhelming disruption to their lives, not only by the pregnancy but also by the removal of their babies.

Yelloly (1965) in trying to identify the factors related to an adoption decision, studied a sample of 160 mothers in England of whom 72 surrendered their babies for adoption. Of the latter group only 25% was under the age of 18. Although Yelloly discounted the use of the term 'decision' because it "suggests a rational process in which pros and cons are weighed and considered and one course chosen as against another" (1965:6), her reason for discounting it was not because of any deficiency in the decision-making process itself, but because "the mother knew from very early on in her pregnancy what she intended to do" (Yelloly, 1965:7). This would suggest that the mothers were unambivalent about and resolute in their decision "despite the strong maternal feeling and intense desire to keep the child which often followed the birth" (Yelloly, 1965:7), leading the author to speculate that there must be other factors contributing to the mother's decision to surrender her child. Yelloly found that the attitude of the mother's family, including parents and grandparents, accounted for 51% of the mothers' decisions towards adoption, while in 43% of cases the putative father was married. Reflecting the findings of other research, on the basis of mothers' individual histories this study concluded that

"unstable mothers or emotionally disturbed mothers are more likely to keep their children despite the presence of characteristics which would ordinarily tend towards adoption" (Yelloly, 1965:10).

Lewis (1965), referring to the Australian context, supported Yelloly's (1965) conclusion whereby

"[t]he unmarried mother's decision to keep her baby can be from a real need to mother her child. The extremely deprived girl may hope to find in her baby the love that she herself has been denied as a child. For some, it is to comply with parents wishes. Often their own mothers are the determining factor in the decision."

The image, then, of the mother who surrendered her baby was that she was older and by imputation, more aware and responsible, and more mentally and emotionally stable than the mother who kept her baby.

In the same year, Reed (1965) studied 118 unmarried mothers who had kept their babies and painted a distressing picture of poverty and disadvantage owing to lack of child care, poor financial resources and little casework support. However, rather than situating these conditions within a social policy framework, Reed has apportioned the blame for the mothers' circumstance with the women themselves:

"Emotion, rather than realistic considerations for the welfare of the babies and themselves, seemed largely to determine the choice to keep the baby in those cases in which there was a choice" (Reed, 1965:119).

Nonetheless, the mothers stated that if they had to make the same choice over again, they would keep their babies in spite of hardship. Reed (1965:119) took this as a warning that unless single mothers received adequate financial assistance and community and social services, the future for them and their children would be likely to continue in poverty, a prediction which has begun to prove a reality (Mulroy, 1995; Musick, 1993; Phoenix, 1991).

In a study of 100 unwed mothers aged between 16 and 18 and of different ethnic backgrounds, Crumidy et al (1966) found that although the disadvantaged circumstances which prevailed at the time of the birth of their children had not improved, the majority of women wanted to complete their education and had aspirations of marriage. In support of the claim that women of lower socio-economic groups tend to keep their babies with them, only two of this group placed their babies for adoption and did so because of parental pressure (Crumidy et al, 1966:1248); two mothers indicated that their parents forced them to keep their babies "as a deterrent to recidivism", the rate of which the authors said was less than anticipated at 19%.

Among the main factors which Festinger (1971) suggested had influenced white American mothers' decision surrender their babies for adoption was the mother's "responsiveness to placement possibilities for her child": white babies were considered more easily adoptable than babies from women of colour or whose fathers were non-white as found in the study by Crumidy et al (1966). Festinger did not find any differences from previous studies between the characteristics of mothers who kept and those who surrendered their babies for adoption, but concluded that it was possible to predict mothers' decisions by combining a number of variables. In what seems to say more about adoption workers than the mothers, she advised that:

"We do not mean to imply that such predictions can or should replace the caseworker's clinical judgement when confronted with the unique situation of a given client" (Festinger, 1971:260).

In one of the few Australian studies of single mothers, Meredith and Brotherton (1974) also sought to identify the differences between mothers who kept their babies and those who surrendered them for adoption. From a sample of 124 mothers of whom 46 had spent three weeks or more in a single mothers' home, the authors found that the 'givers' had reached a higher educational standard and, on the basis of their fathers' occupations, were of higher socio-economic status than were the 'keepers' (Meredith et al, 1974:19). The higher socio-economic group were also over-represented in the single mothers' home

and, of those, 97.8% had attempted to conceal their pregnancies, with significantly more surrendering their babies for adoption than keeping them. Although concerned that the "relative importance of single mothers' homes in the community may be reduced" the authors called for more facilities such as adequate financial resources and child care to be made available for mothers who decided to keep their babies (Meredith et al, 1974:22).

One 1972 Australian study (Wilson & Smith, 1974) of unmarried mothers who kept their babies attempted to test some of the "practice wisdom" used by social workers when counselling single pregnant girls, although the authors did not elaborate on the nature of the wisdom or the advice. However they were surprised at the "relative material wellbeing of the majority of the girls" considering that it would be another twelve months after the study before the Supporting Mothers' Benefit would be introduced. The sample of 38 mothers "contained more skilled and semi-skilled girls over 21 and living away from home" with half of the sample still with the same partners in the fifteen months since confinement. In spite of the mothers' satisfactory arrangements overall, the authors drew attention to some mothers living in what they called

"less orthodox accommodation i.e. caravan, bedsitter, garage...which confirmed the social workers' prior working assumptions that a girl living alone in Sydney would have to put up with substandard accommodation if she were on a government allowance" (Wilson et al, 1974:16).

Such descriptions as this, derived from social workers' "practice wisdom" were frequently provided in counselling to deter women from keeping their babies and instead relinquishing them for adoption (Hale, 1988).

In response to the frequent question "Why are they keeping their babies?" (Friedman, 1975; Reed, 1965), one must ask, "Why do social workers keep asking the question?" According to Friedman (1975:322) social workers said that they knew the answer intuitively: "because the girls...want to", encapsulated in the statement: "I want to keep the baby because it is mine".

Acknowledging the "increasingly large number of childless couples who have become embittered as they find it harder and harder to adopt infants" as one group seeking an explanation for the above question, Friedman continued to describe the reasons for mothers keeping their babies in terms of the pathological behaviours attributed to women in earlier times: proving her worth, something to love, whom she can protect and who will not desert her, and other "more neurotic reasons" such as representing a passport to freedom and independence, an excuse to drop out of school or employment, to prove her

mothering ability to her own mother or to use the baby as "barter" for attention, material goods or to "beckon the indifferent father" (Friedman, 1975:323).

Although the authors did not describe the mothers' socio-economic or educational backgrounds, in a comparative study of nine 'givers' and ten 'keepers', Martin et al (1976:69) dispelled some of the myths and stereotypes about unwed mothers who had undergone personality testing before and after the births of their babies. Both groups of mothers demonstrated "equal self-adjustment" in terms of their self-concept, with the authors concluding that the decision to keep or surrender their babies being "based on a personal conviction of what is best rather than being indicative of one group being more disturbed than the other" (Martin et al, 1976:69).

In spite of the finding of Martin et al (1976:69) that "it is a myth that the unwed mother is emotionally disturbed or neurotic", this stereotype would continue to inform public opinion (Kiely, 1982:157), bolstering the argument for why such mothers should give their babies up for adoption instead of keeping them.

The mothers studied by Burnell et al (1979) reported that they were confused when they decided to place their children for adoption, leading the authors to propose that:

"The woman's decision depends largely on her emotional reactions to pregnancy and to impending motherhood, and on the psychosocial support she receives at the time she makes her decision" (Burnell et al, 1979:169).

That these authors saw fit to recommend that "extended counselling be made available to women who place an infant up for adoption" (Burnell et al, 1979:169) suggests that counselling was *not* provided for these mothers although adoption agencies insisted that it was. In 1979, Burnell et al concluded that there were fewer babies for adoption because of the greater availability of legal abortion, and that the main reason women decided not to surrender their children for adoption was the increased acceptance of single parenthood enforced by the high rate of divorce.

Grow (1979) also addressed the issue of choice for unmarried women who found themselves pregnant. For five years she had been studying a group of 210 white unmarried mothers aged between 14 and 24 years when they delivered their first babies. Comparing mothers who surrendered their babies with those who kept them, Grow (1979:365) found that 78% of the 'keepers' had considered abortion whereas only 54% of the 'givers' had entertained the idea. This variation was attributed to a stronger church affiliation among the 'givers' than the 'keepers' who also received more support from their families but were less aware of child rearing responsibilities. Grow (1979:367) also found

that 36% of the `givers' were aged over 21 compared with only 18% of the `keepers' who tended to be less educated. As might be expected, of the mothers who surrendered their babies for adoption, 96% subscribed to the two parent family ethos and 64% had a negative attitude towards their pregnancy (Grow, 1979:369). The picture replicated that of earlier research: the mothers who surrendered their babies for adoption were better educated, older, more religious and from higher socio-economic backgrounds.

Leynes (1980:111) also found in her study of 32 unmarried women aged between 14 and 20 years of different ethnic and socio-economic backgrounds who had been admitted to a Salvation Army maternity home, that the mothers who had been referred through the courts (34%) or had been identified as having problems at school were the ones intent on keeping their babies (65% of the total group). Leynes (1980:109) concluded that

"it can be predicted that mothers with higher levels of (psychological) functioning and less male partner involvement will release their babies for adoption...(and that)...like the level of functioning, the effect that socio-economic status has on choice has not changed with time".

Leynes decided that the reason for women of higher socio-economic status giving up their babies for adoption was because higher socio-economic groups had not been affected by the increase in the acceptance of illegitimate births but she acknowledged that, although mothers who "release their babies are healthier compared to those who keep them", the `givers' undergo "psychological upheaval...(and) feelings of grief, guilt and shame continue to affect the mothers for some time" Leynes, 1980: 112).

In attempting to elicit why pregnant adolescents were not giving up their babies for adoption as frequently as in previous years, Mech (1986) conducted a survey of 320 women who were enrolled in school or community programs for expectant mothers. Although this research claimed to study "the extent to which pregnant adolescents express interest in various aspects of adoption", it was a thinly veiled exercise in coercion, presenting adoption as the preferred option via a value laden and biased questionnaire. Entitling the article "Communicating the adoption option", Mech subverted the true nature of the research by suggesting that adoption promotes "participatory empowerment for young mothers".

Tennyson (1988) studied the decision-making process in a pregnant woman who closely approximated women in samples from some of the earlier research: white, 23 years old, had lived with her baby's father and their other child but now resided in a maternity home. The woman, Carol, had rejected terminating the pregnancy because "I didn't want to be put through that", and decided against keeping the baby because "it's kind of hard to raise

a child when you already have one" (Tennyson, 1988:147). As if to convince herself, Carol spoke of the advantages of surrendering her baby for adoption: having a loving father and another family who could provide for the baby better than she could. Correspondingly, Tennyson (1988:151) noted how Carol "failed to assume the maternal role" which could be construed as a defence against the pain of relinquishment. Carol stated, as did many mothers in the firsthand accounts which Tennyson (1988:139) cited but was unable to locate, that in the absence of professional counselling she had to try to find her own ways for dealing with the potential separation from her baby. These attempts were then viewed as pathological, and labelled "poor maternal identification" and "poor object relations": clearly such pathology militated against her keeping her baby and justified the relinquishment. In describing the instrument used to assess Carol's decision-making, Tennyson (1988:144) states that, following the enervating experience of labour and delivery,

"by the third day...planning the immediate future predominates...There may be a time lag before the woman feels the baby really belongs to her".

It was obviously expedient, then, to capitalise on the mother's vulnerability at this particular moment in the post-natal period to secure the consent to adoption.

In a study of 23 mothers who had reversed their decision to surrender their babies, Odams (1991:46) found that this 'change of heart' was mainly due to support from family members. Questioning the development of bonding between mother and baby, Odams found that "after the trauma of decision-making, the development of a bond with the child appeared straightforward" provided that the mother was given adequate time and support: only one mother, who had been refused a termination, regretted her decision to keep her child.

Recent studies (Hudson & Ineichen, 1991; Mulroy, 1995; Musick, 1993; Phoenix, 1991) have presented a different picture of single mothers and their children: poor and disadvantaged but attempting to improve their socioeconomic conditions. They have become a self-fulfilling prophecy of all those images about which unmarried mothers of the past were warned if they kept their babies. However, just as past unmarried mothers did not remain unskilled and impoverished forever adolescents, neither have many of the women in later studies.

Phoenix (1991: 11) interviewed fifty young women aged between 16 and 19 years during their pregnancy then six and 21 months after the births of their babies. She demonstrated

that the "social construction of mothers under 20 as pathological is unsatisfactory and inaccurate" (Phoenix, 1991:8) and concluded that:

"Although teenage women who become mothers are often believed to constitute a social problem, it may be more accurate to view them as a group of mothers with problems - often not of their own making - who are struggling against the odds. Most fare well under difficult circumstances" (Phoenix, 1991:253).

Hudson et al (1991) did not paint such a positive picture. Their language was reminiscent of earlier decades, and the authors had difficulty concealing their pro-adoption stance as they advocated that "it is the positive, indeed realistic vision of the future, together with continuous support from both professional and from the family, that allows the mother to take this generous course of action" (Hudson, 1991:96), that is, surrendering her baby for adoption.

As did Phoenix (1991), so Musick (1993) found that single mothers, in spite of adversity, attempted to overcome their disadvantaged circumstances with the result that they underwent personal "transformation". She suggested that the link between single motherhood and persistent poverty must be acknowledged, and that girls growing up in such poverty "need to possess not just average but above-average psychological resources and strengths, self-concepts and competencies" (Musick, 1991:13), or what the girls themselves might term "streetwise". In a group which, according to Musick, wanted to be mothers very much, adoption was not considered a solution to their single motherhood.

Mulroy (1995) interviewed and collected demographic data from 73 single mothers whose ages ranged from 16 to 70 years and who represented all socioeconomic levels. She concluded that, in view of the hardship endured by younger mothers, that their future and the life-chances of their children "will depend on a commitment to a caring society" (Mulroy, 1995:167). Unlike Hudson et al (1991), Mulroy has not proposed that such a caring society embrace adoption as a way of improving the life-chances children of single mothers.

The negative image of single motherhood, was promoted, first, as a deterrent to sexual activity and secondly, to encourage the mother to give up the baby for adoption. Single motherhood remains largely a working class issue (Hudson et al, 1991:3), much as it always has; middle class women who also engage in extramarital intercourse, have greater access to abortion, better understanding of contraception and greater life-chances which all contribute to their not carrying their pregnancies to term. Should they decide to continue with their pregnancies and keep their babies, they are better able to mobilise resources than their less advantaged sisters.

Discussion:

A middle class solution to a middle class problem

My aim in Chapters 9 and 10 has not been to present research findings which either support or refute a causal relationship between psychological and social factors and unmarried motherhood. Rather I have attempted to show how, through a critique of the literature, a profile of the mother who surrendered her baby was constructed to justify the practice of taking her baby in order to rehabilitate her and, in a buyer's market, to procure the best available babies for adoption. The mould was cast: all that remained was to fill it with the abundance of available clay so that the desirable mother could be reproduced and her equally desirable baby procured. The inverse model, the mother who kept her baby, was so negatively contrived that her baby was considered unwanted and unsuitable for adoption anyway, analogous to those whom the Canadian writer, Margaret Atwood, has called "the Unbabies" (Atwood, 1987:123).

In a study which attempted to develop a "theory of illegitimacy", Gill (1977:294) found that during the 1960s and early 1970s there was an increase in the number of exnuptial pregnancies to women in upper socio-economic groups. Notwithstanding this increase in illegitimacy in upper socio-economic groupings, the popular perception was that exnuptial pregnancy was still associated with the lower classes as it had in previous decades. Furthermore, Gill (1977:245) proposed that "were it not for the reform of abortion laws [and, I suggest, the contraceptive pill], the proportion of illegitimate births to women from the upper social classes would have increased even further."

It was less confronting for a society to be able to accept that middle-class girls became pregnant for any variety of reasons except that they were sexually active. As Gill (1977:301) noted perceptively:

"It was just too much for the middle-class commentators to accept that a substantial proportion of the population was operating with a code of sexual behaviour antithetical to, if not in direct opposition to that of the value system of the dominant middle class."

Because of their education and social status, social workers were particularly likely to take a psychological view of illegitimacy among middle-class mothers because it coincided with their casework or therapeutic approach to their management (Rains, 1979:223).

Drawing an historical link between unmarried mothers and their own mothers and grandmothers who were also possibly unmarried, Friedman (1975:322) declared:

"Surrendering their children for adoption may have been the saddest but surest way for these women to re-establish themselves in society".

Grow (1979) in attempting to replicate an earlier study by Festinger (1971) to investigate why some mothers kept and others surrendered their babies, concluded that "neither social deviancy nor the psychological explanations of previous eras adequately explain why some pregnant women of this decade decide to keep and others to surrender". She has missed a vital point: that the women who conformed to the previously established profile of 'giver', and one which she has reinforced, continued to be seen as the ideal producers of babies for adoption and were managed accordingly.

Unmarried mothers were silenced not only through stigma and shame but were also denied access to the hegemonic medical and social discourses unless through the filtered, objectified and pre-digested accounts of their experiences by psychiatrists, psychologists and social workers. Consequently only one side of the story was heard thereby conveying the impression that mothers surrendered their babies willingly: the stories of coercion and duplicity which would be heard in the 1980s and beyond were absent from previous medical and social discourses.

The literature on adoption and relinquishment for almost sixty years has drawn conclusions about women who kept and those who surrendered their babies for adoption and has presented two extremely clear, polarised stereotypes. However it has ignored or skimmed over one vital factor: the role of social workers, who were almost exclusively responsible for standards of practice in adoption, in decision-making process in unmarried pregnancy and their influence on the 'givers'. Whereas it has been assumed and implied that whether to keep or surrender her baby has been a decision which the mother reached independently, the mothers' accounts in Chapter 16 will refute this assumption.

The threat of social ostracism and stigma by the symbolic order is not some nebulous concept, but must be mediated by social actors. Social workers were more responsible for perpetuating the stigma than any other community members. That they were in a position where they could influence women who somewhat approximated their own social status to surrender their babies for adoption cannot be ignored; that they more closely represented the positions and values of adoptive parents must be considered significant (Spensky, 1992). As an explanation for the decline in white women surrendering their babies from the late 1960s onwards in the United States, and early 1970s in Australia, Grow (1979:365) suggested that "unwed women during this later period may have been subject to less social pressure", arbitrated by adoption agencies. If, as Grow(1979:371) claimed, that.

"neither social deviancy nor the psychological explanations of the previous era adequately explain why some of the pregnant unwed women of this decade decide to keep and others decide to surrender",

then some other explanation must be identified. I contend that mothers whose babies were considered more desirable were also able to be persuaded more easily of adoption's social cleansing effects. The "bad girl" could be morally reinstated in society without her baby as evidence of her misdemeanour.

In Chapter 11 I will present the role of the print media in the construction of adoption and show how the actors in adoption's metanarrative took on a status of authenticity.

Chapter 11

MEDIA DISCOURSE ON ADOPTION: Construction of / by the symbolic order

"Much of the public opinion about adoption is of course created by the press, radio and television, all of which have helped to crystallise myths and misunderstandings which have arisen over a long period." (Kornitzer, 1968:9)

Introduction

A prime source of information for the general public about adoption issues has been the print media, in particular tabloid newspapers and women's magazines. They provided a public forum where, through human interest stories and letters to the editor, the patriarchal ideal of the nuclear family was vaunted aphoristically as being "in the best interests of the child". Stories of abandoned babies, girls 'in trouble' and married couples' inability to have children appeared frequently as adoption was advanced as the salvation for all. Because of the secrecy surrounding adoption, the print media was the only avenue through which many people could receive information about (often anonymous) others in similar circumstances to their own. Consequently it provided a site for the construction of myths about relinquishment and adoption and as such, the print media effectively silenced mothers from challenging the symbolic order of which it was a vital part.

In this chapter I propose to analyse accounts of adoption as they were published in the popular press between 1954 and 1995, an era that parallels that of other hegemonic discourses and which also framed adoption practice until the 1970s. First, I will outline the theoretical background which underpins this analysis; then I will present the way in which I went about the analysis of print media discourse. Finally, I will discuss the implications of this analysis within the context of losing a baby to adoption.

Theoretical background

In postmodernism, language not only creates meaning but is itself created out of meaning. That is, language is created by the symbolic order through signifying systems (such as the print media) in order to articulate itself in the dialectic between the semiotic and the symbolic. Language, according to Julia Kristeva (1984), is the signifying process within which the semiotic, comprising drives and impulses, and the symbolic, being family and social structures, are inseparable, and between which is a dialectic which determines its discourses.

As a signifying system, the print media, then, not only uses language to determine or create meaning for the symbolic order, but also is itself created by the symbolic order. Language alone does not define the symbolic order, however the discourses it produces serve to either support or undermine the dominant ideology. Where a discourse supports and reflects the dominant view, a hegemonic reality is (re)presented. Thus a meaning of losing a baby to adoption is created by and through the language of the symbolic order, and articulated in print media discourses.

Discourse analysis

According to Valverde (1990:65), using discourse analysis which "emphasize(s) the plurality of competing discourses" is a "compelling reason" for this choice of analysis of the tropes surrounding adoption. It is postulated that an analysis of print media discourse would provide a cultural backdrop to the symbolic order of which it was a product and against which adoptions had taken place. The reasons for this were, first, that the print media were in a powerful position to shape opinion about adoption, and create and perpetuate the myths and stereotypes about those involved, particularly the mothers and children; secondly, the parties in adoption stories were not only the subjects of those stories but also the reading audience, or, as Foucault (1976:xiv) states, "The *object* of discourse may equally well be a *subject*". The reflexive nature of the relationship between the print media and its readership informed the symbolic order in which the evolution of adoption practice in both historical time and family time took place.

Kress (1983) has identified two functions of print media: an ideological function by which it "processes materials thrown up in social life...so as to integrate them into consistent logical systems", and a political function by which it "attempts to make sense of the world for others". In other words, "the media attempt to shape and influence the ideological structure of the society in which they act" (Kress, 1983)

Not only was the hegemonic discourse of the print media constructed by the symbolic order, it also constructed, reflected and promoted the values of the symbolic order in order to maintain the illusionary sanctity of the nuclear family and to contain women in a prescribed moral code. This was achieved through two main devices: first, the "human interest story" which depended on the projection of images of happiness due to the freedom from stigma: for the child from illegitimacy, the adoptive parents from infertility, and women from unmarried motherhood. Secondly, the dissemination of "scientific

findings" by the voices of authority which belonged to a medical practitioner, nurse, psychologist, social worker or "agony aunt", provided advice for the relief of that stigma. As an instrument of influence and social control, the print media also created moral panics around the issues of unmarried mothers and child abandonment, and, more recently, surrogacy and reproductive technologies in order to advance solutions for the problem of the dwindling numbers of babies for adoption.

Discourse praxis

A selection of 37 "human interest" articles was analysed from newspapers and women's magazines over a 50 year span from a total of 122 acquired at random from a newspaper library and by personal collection. A representative selection of headlines from these stories is contained in Appendix 4.

As "a corpus of discourse samples" (Fairclough, 1992:227), the articles were selected on the basis of their representativeness of populist opinion, their significance of the paradigmatic shifts in adoption discourse and their depictions of the actors in relinquishment and adoption to ensure that

"the corpus adequately reflects the diversity of practice and changes of practice across different types of situation...and includes cruces and moments of crisis" (Fairclough, 1992:227).

The articles were arranged according to decade in which they were written so that the development of attitudes to and practices in adoption, that is, discursive shifts, could be tracked. The `cruces' and `moments of crisis' to which Fairclough (1992:230) refers and which he has defined as

"moments in the discourse where there is evidence that things are going wrong...which make visible aspects of practices which might normally be naturalized, and therefore difficult to notice; but (which) also show change in process, the actual ways in which people deal with the problematization of practices"

were identified and used as organising themes for the analysis.

Four main discursive formations or cruces were identified, analysed across each of the five decades and the corpus enhanced by judgements from, as Fairclough suggested, "a panel of people who are in some significant relation to the social practice in focus", that is, the mothers and midwives. The purpose of this strategy was not only to validate the analysis but also to "probe into issues which go beyond the sample as such...to open ongoing enhancement in response to questions which arise in analysis" (Fairclough, 1992: 228). Through discursive formations, or articulations and enunciations related to statements about social practices (Cousins & Hussain, 1984),

the print media constructed narratives of the rescue of children, of the creation of happy families through the "naturalness" of adoption, of the moral reinstatement of unmarried mothers and of reunions between mothers and their adopted-away children - "happy ever after" stories which appeared as a feeble attempt to vindicate past adoption practices. The stories seemed to 'self-select' themselves into categories in line with the themes identified by Vincent (1961:199) in his prophetic dictum about future adoption practice, including but not exclusive of, "the best interests of the child"; "rehabilitation of the unwed mother"; "the stability of the family and society". Accordingly, these are among the headings under which this analysis of print media discourse has been organised.

Foucault (1990:11) has suggested that in analysing discourses we must

"discover who does the speaking, the positions and viewpoint from which they speak, the institutions which prompt people to speak about it and which store and distribute the things that are said."

In this analysis the speakers have been identified as the adoptive parents speaking through journalists, as well as "professionals" such as medical practitioners, nurses and social workers speaking from positions of privilege, prompted by the creation and maintenance of the institution of the family. The mothers as speakers are invisible or silent until the paradigm shift in print media discourse, when, in adoption reunion, their voices began to be heard. The institutions which "store and distribute the things that are said" are magazines, which speak directly to women, and newspapers which have a more diverse readership

In the citations and quotations below, the following abbreviations for print media sources have been used: Sydney Morning Herald (SMH), New Idea (NI), Woman's Day (WD), Woman's Day with Woman (WDW), Australian Women's Weekly (AWW). Where an author has been identified, the citation is according to author's name, with the print media source also cited in the reference list.

In the best interests of the child: "A suitable child is available...":

During the 1940s and 1950s references to illegitimacy and illegitimate children (called foundlings, orphans or wards), were prominent with an emphasis on the child's undeserving of the label (Terris, 1947a; Woman, 1947). In later years they were referred to as "lost", "unwanted" or "lonely children", and, in some accounts, "abandoned". In order to satisfy the rescue fantasy, a stereotype of the child emerged, his speech given a working class accent to reinforce his inferior social position:

"How forlorn the little chap looked, with snowy hair upright, mouth tightly closed and eyelids drooping nervously over blue eyes. His thin little wrists hung inches below his skimpy coat, and his hands were clenched...'My name ain't Clarence - it's Rob, that's my name see? He ended on a sob, then quickly ran across the room to us, and we dropped on our knees and comforted him, and I cried myself then because I knew that everything was going to be all right" (Walpole, 1948) and

"Timmy is a rather ugly, gravel-voiced, five year-old boy with blue, intelligent eyes. He is a sad boy." (AWW, 1962: 33)

Where pity was the main motive for adopting a child, even when sincere, the relationship with the adoptive parents was not always satisfactory (Kornitzer, 1968:74).

Other couples preferred to adopt

"a new-born child, untouched by any other home environment, something that would be ours to mould and guide right from the very beginning. Not the same thing as having a child of our own, but very much near the real thing" (Austen, 1949),

who gave meaning "to the useless, purposeless life we had been leading" (Ingham, 1947), "transformed (the adoptive mother) from a morose person into an ideally happy mother" ("Grannie", 1951), "saved me from becoming an embittered woman, preserved our marriage, and brought great happiness into our home" (WW, 1957) and caused "the loneliness of years slip swiftly away" (Egan, 1958).

Although subsequently denied by social workers, children were adopted to create families for infertile couples, rather than provide families for needy children as exemplified in stories where an unexpected telephone call from an adoption agency announced, "We have a baby girl we think would suit you" (WD, 1969:75) or

"It was Miss Jenkins phoning to tell me there was a baby boy, just 10 days old who might be suitable and would we like to contact the hospital to arrange to see him?" (WDW, 1967:107)

and

"At last we were notified that a suitable child was available...forgetting that we had asked for a girl and that this was a boy" (AWW, 1967:52)

In the immediate post-Second World War period, female children were more in demand for adoption, not only because they were reputed to be healthier, more intelligent, better behaved and more affectionate, but also because they could not be taken as "work fodder" (Dunn, 1949). At a time when extra-marital sex was taboo and the major cause of out-of-wedlock pregnancy, one writer (McKerihan, 1950), in an article punctuated with innuendo, described the "Other Woman in my husband's life" who, in the final paragraph, was revealed to be "our new Australian baby daughter".

Whereas adoptive parents were advised to tell the child that she (or he) had been "chosen by Mummy and Daddy from all the others because she was the nicest one

there" (AWW, 1964a:53), they were also informed of a rather elaborate system of "matching":

"We...left it to (the adoption agency) to try to find a child to suit our way of life and our standard of intelligence - a basis which they regard as most important, for they do not place a baby with a limited amount of intelligence with a brilliantly clever couple, or vice versa" (AWW, 1963:41).

In reality, matching a baby to the adoptive parents by an 'allotment officer' was at best approximate, and more likely to depend on the coincidental availability of a suitable baby for those applicants at the top of the list (AWW, 1964:29). Prior the implementation of the Adoption of Children Act (1965) in 1967, private adoptions could be arranged which involved no matching at all.

Although disclosing children's adoptive status to them, in some cases reinforced the altruism underpinning the rescue fantasy, other adoptive parents were adamant in their resolve that children should not be told of their adoption because

"(t)he children were ours absolutely from the moment they came to us...When you have your own child you take what you get. We picked ours" (Sun, 1975).

Adoptive family = natural family

Populist opinion in favour of adoption gathered momentum in the 1950s when images of destitute pregnant women were juxtaposed with happily married mothers and babies, either their own or someone else's (Pragnell, 1957). Accounts of acquiring the new baby abounded, each carrying its own humorous anecdote in the tradition of popular cultural representations of parenthood found in "I Love Lucy", "Bringing Up Father" and "Dagwood" as demonstrated below:

"I didn't get much encouragement from my beloved... If he saw me knitting I'd be told, 'It'd suit you better to knit me a jumper than that rubbish.' This attitude continued outwardly until one day the brute sneaked home with a kiddies' car seat which he'd bought at a sale..." (Egan, 1958);

"Peter bustled around the house singing nursery rhymes" (AWW, 1963);

"Bob was a dab hand with the nappies..And now Lorna had the perennial problem of mothers, how to get the nappies dry. On Bob's day off he shoved a bundle of nappies in the car and took them off to the laundromat. Nearly five hours went by and Lorna was beside herself (but) Bob came back, alive and well and sheepish. He'd queued up in the laundromat with all the women and it cost him 75 cents" (Keavney, 1968);

Even the initial animosity of one adoptive father towards "bringing up another man's brat" vanished as his wife described how he

"has changed her nappy, lain on the floor and talked to her, held her for me, given her a bottle, minded her. He has become, in other words, the extremely happy father of the child whose advent he resisted for three years" (WD, 1969:76).

In some instances babies were adopted following the death of a natural born child - the mother "looking forward to someone to replace the baby I'd lost" (AWW, 1966:47) - or to provide company for another child - "We have an only child who often complains of not having a brother or sister" (AWW, 1962:33) While the overwhelming desire of a married woman to have a child was regarded with compassion, the same desire, "an inner need to become a mother, the longing of the deprived and immature girl for something of her own to love" (Roberts, 1968:2) was considered pathological in the unmarried woman.

Adoptive motherhood as natural motherhood was expressed in Elizabethan times in words which have a chilling contemporary familiarity:

"I say, I am your mother;
And put you in the catalogue of those
That were enwomb'd mine: 'tis often seen
Adoption strives with nature, and choice breeds
A native slip to us from foreign seeds;
You ne'er oppress'd me with a mother's groan,
Yet I express to you a mother's care."
(Shakespeare, 1957:274)

In women's magazines the naturalness of adoptive motherhood was emphasised through accounts of breastfeeding adopted babies (WD, 1972), encapsulated in the words of one adoptive mother that

"knowing I alone could feed her would make me feel that she was truly mine. I wanted and needed the opportunity to prove that I was as womanly as any other woman" (Adcock, 1973:79).

Reiterations that the child was "all hers" reinforced the belief that the baby was "as if born to her" which adoption law proclaimed. The effect was to reassign the terms "natural mother" and "real mother" (by which the mothers of surrendered children had been previously known) to adoptive mothers who had objected that adoption had been misrepresented as "unnatural". Naturalness was also highlighted by the placement of a child who met the adoptive parents' specification for white, preferably female, children with blue eyes, so that it "can often be predicted with remarkable accuracy how the child will develop physically and mentally" (AWW, 1964:29).

Frequently adoptive mothers expressed apprehension or ambivalence about motherhood, as in

"I had expected to feel a great surge of motherly love..and felt nothing" (AWW, 1963:41),

"I'm all mixed up. Until yesterday, the baby was the most wonderful thing in the world. But now I've got her, it's not a bit as I imagined. She's a stranger to me. She cries and I don't know what to do for her" (AWW, 1964a:53),

"I resented my first baby a little in the first few months because of the sudden curtailing of my freedom" (Adcock, 1973:79).

One woman described her feelings of ambivalence towards the child she conceived shortly after having decided to adopt a baby:

"I was bewildered, unhappy, and sick. Now I didn't want to have a baby. I wanted one I could see and had already grown to love, not the unknown thing that was making me so ill" (AWW, 1967:52)

While these emotions were justifiably expected by and consequently acceptable for adoptive mothers, permission for such feelings was denied for the mothers of the babies taken for adoption. In some instances such ambivalence was even considered as evidence of the mothers' instability and unsuitability to keep their babies, and offered as a reason for them to surrender, as if "the presence of neurotic conflict automatically cancels out the validity of an impulse which is biologically determined" (Bernstein, 1960).

Descriptions of respectable, middle-class life-styles accompanied by pictures of middle-class mothers further reinforced the legitimate reality of the two parent adoptive family:

"We have a nice big home, a cow, a horse, dogs and fowls" (Seager, 1962a:5).

Happiness was a dominant theme: the happiness of the child, which would not be possible if she or he did not grow up in a two parent family; the happiness of the adoptive parents who were desperate for a baby "to love"; and the happiness of the mother which could only be realised if she relinquished her baby and pretended the event had never occurred, as one single mother recounted:

"People say to me, 'The baby needs a father, and you must think of yourself.' Everyone advises me to give the baby away" (AWW, 1965:5)

The happy family theme was reiterated through stories of "the chosen child" who "occupied an elevated position in the romper set" (WDW, 1960:80) , and in which the adoptive parents selected the baby from "all the others":

"Once inside the hospital...a nurse took them into a room where a tinybaby with lots of curly black hair, blue eyes and long eyelashes was waiting for them. He looked so tiny they were afraid and very excited" (McKenzie, 1974).

A fervour of excitement prevailed in stories such as these, rendering the baby's mother conspicuously absent and reinforcing her mandatory invisibility. An adoptive mother, who wished to remain anonymous, wrote in a national women's magazine about the "secret of happy adoption" in which an adopted girl's emotional problems of adolescence - the "ordinary, banal and overwhelming realisation that (s)he entered the world an unwanted being" - are resolved through laughter which

" began as ordinary laughter, but it grew and then, after long years, the metamorphosis that makes a group a family took place" (WDW, 1960:80).

When a threat was posed to the creation of happy families through adoption which

"could well cause sadness among childless couples because the number of children becoming available in Australia is becoming less and less..because of organisations such as the Single Mother Council which encourage unmarried mothers to keep their children" (Franks, 1973:7),

it was taken up as a challenge to be investigated by the "Woman's Day" magazine.

"Those unwed mothers!"

When Greer Garson, as relinquishing mother and adoption worker, Edna Gladney, announced to the Texas parliament in the 1941 film, *"Blossoms in the Dust"* that "Bad girls don't have babies!" she pre-empted a theme which was to prevail in print media discourse for the next fifty years, in which the unmarried mother progressed through representations of "good/ bad girl" to "bad / good mother", as she surrendered her child and disappeared. With her disappearance she became an invisible threat to the security of the adoptive family, only to reappear many years later to be forgiven in a non-threatening reunion. In the post-war era, women's magazines recounted "stories with a moral" (Terris, 1947b) where the dangers of illegal abortion were contrasted with benefits of continuing with the pregnancy: death versus a "slight inconvenience to (the women's) social life" and exhortation to have the child adopted "to add a fine young Australian to our population" (Babbage, 1951).

Throughout the 1940s, 1950s and early 1960s, the child's mother was absent from most accounts of stories about adoptive families as in

"Loving rewards of a family by adoption: a baby needing parents and a couple wanting a child, together they make a family" (Edwards, 1967: 78)

and

"...you watch your man holding his son, the flood of joy when you glimpse your child's first smile. But for adoption, this miracle would have passed us by, leaving me to go through life not knowing the joys and heartaches of motherhood" (WDW, 1967:107).

When the mother received occasional recognition by the adoptive parents it was either with pity:

"(We) felt deeply sorry for the mother who most probably surrendered her baby only because of the intolerance of society and the lack of understanding of her parents" (Ingham, 1947),

or guilt, as they pondered "the unseen girl who gave us so much, and got nothing return" (Egan, 1958),

and

"prayed (that the mother would not change her mind), although I felt that it was the wrong thing to pray for." (AWW, 1967:52),

or viewed her with suspicion:

"But this (paper) says that we must give her back if her mother claims her. I know I couldn't do that. I'd die! The official allayed our new fears, pointing out that the mother hardly ever wanted the baby back -...that it was only for the record" (AWW, 1964a:53).

If on the one hand there was disapproving bewilderment about "how can these mothers forsake their babies", on the other there was forgiveness for the mothers who "must have great courage and real love for their babies, plus the gift of unselfishness" (AWW, 1963:41).

Unable to challenge her representations in the print media owing to the powerlessness of her invisibility, a stereotype of the unmarried mother had begun to emerge (Dye, 1949; Pragnell, 1957; Woman, 1950). Forever "the girl", although in many accounts she was over 20 years of age, she was depicted as the "good" girl who had "got into trouble". Her pregnancy was a minor aberration of character, which could be erased with the stroke of her signature on a consent to adoption, removing the stigma of unmarried motherhood and allowing her to resume her former life. These images pre-empted and echoed the opening description of the stereotypical unmarried mother in Leontine Young's influential work, "Out of Wedlock" (1954:1).

An article entitled "How we treat unmarried mothers" (Dye, 1949) with an emphasis on humane rather than punitive treatment, opened with the following anecdote:

"Betty, an 18 year old waitress, pushed her way through the crowds on Central Station, Sydney, to a telephone box. She was shaking as she pulled a piece of crumpled paper from her bag, smoothed it out, found her two pennies and dialled the number on the paper. She waited tensely for the voice to answer, then said: 'Can I speak to Matron, please? No, she doesn't know me, but she must help me...she's just got to...'"

The image of Betty was contrasted with that of Joan, an 18 year old factory worker who concealed her pregnancy and consequently died, along with her baby. Much of the information in this article was communicated through the words of "kindly, sweet-faced Matron Shaw, head of Sydney's Crown Street Women's Hospital" who provided expert validation of Edna Gladney's pronouncement: "Only good girls have babies. The bad ones know how to get rid of them'."

Matron Shaw supported her assertion with the following explanation:

"Girls who come here [to Crown Street] are not the wild party type, not the promiscuous girls who are headed for delinquency or prostitution. This type of girl knows how to avoid pregnancy, or, if she should fall, usually knows where to find an abortionist. The girl who goes ahead and has her baby has to have a lot of

courage. She is usually a good girl who, because of her innocence, has got into trouble."

Mothers' invisibility was maintained at Crown Street through their admission to a "pre-maternity unit" where they were referred to as "Mrs" and given a wedding ring by Matron Shaw. Notwithstanding, Matron Shaw, who "frankly admits that she always advises unmarried girls to have their babies adopted" was not averse to pointing out "our unmarried girls" to the author of the article.

One mother, in 1954, who refused to remain invisible because her child had been illegally adopted against her wishes, lost her Equity Court appeal for the return of her son (*Mace v. Murray* (1955) 92 CLR 370). Joan Murray, described as a "21 year-old bus conductress with bleached blond hair" (Baker, 1954)

"presented a pathetic figure. The hollows in the cheeks of her little pink-and-white face were veiled with shadow, her hands in their pink nylon gloves clenched and unclenched ceaselessly and uncontrollably" (Baker, 1955).

This image was contrasted with that of the adoptive family:

"Gloria, slim, 32 years old with grey eyes and thick dark wavy hair, and her chunky, quiet 35 year-old husband, Norman", and the adoptive grandmother, "an energetic, bustling little woman who has lived in the same house for 30 years" (Baker, 1955).

Such positioning of the 'fit' versus the 'unfit' mother would echo in media accounts of the Baby M case in 1988 and, more recently, the Baby Richard case of 1995 in which the social parents were represented in the press as the more worthy.

Writing in 1967, when 17,554 illegitimate births were recorded, and when one in sixteen babies was born illegitimate but one in three single mothers kept her child, Kiely noted that "most of the discussion (in the Press) centres on the decline of Christian morality, the growing wickedness of the young, and abortion". A recurring image of the unmarried mother was one of abandonment - by parents, boyfriends and society:

"Many of these girls have been virtually ostracised by their parents, friends and employers. They arrive at Central Station from country towns and from interstate, clutching pathetic suitcases of clothes, with nowhere to work and nowhere to go. Some of them are only 13 or 14 years old. Others come from the suburbs, fleeing any contact with anyone they know, attempting to have their babies in secrecy and away from the prying eyes of those who are only ready to condemn any girl who "gets into trouble" (McGregor, 1965)

In response to the rhetorical question, "Should she surrender her baby?" (AWW, 1954:26), a social worker presented some illustrative case examples of middle girls who should:

"Pat, a private secretary, who became pregnant at the age of 35 to a married man,...Mary, 16, the child of a broken home who worked in a milk bar...Betty, aged 22, a stenographer in a city firm, engaged to the baby's father".

All gave up their babies for adoption under the approving gaze of the social worker. Other descriptions of "*those* unwed mothers" came from an article headed by that contemptuous eponym in a Sydney evening tabloid newspaper, *The Daily Mirror* (1967):

"Margaret, 20, has long brown hair that falls down her back from a satin band. She is single, a small slim and quietly attractive girl with a low voice."

"Pam, 21, is a secretary to an advertising executive. She is a tall blonde with startling brown eyes."

"Julie, 19, has short black hair and is slightly plump and is attractive in her own sort of way. She is a third year nurse."

Recognising the class distinction which now defined representations of unmarried mothers, Douglas (1995:66) quoted a writer who described them as

"not girls from lower income levels [but] girls from our so-called 'best' families who were shocking adults by their sexual behaviour."

In spite of the adult status of the majority of the women, there was an insistence by the print media to refer to unmarried mothers as "the girls". They were often described as "attractive" or "clean and neat", neither too attractive nor too dowdy: who were employed before their pregnancy in traditional female white-collar occupations. Underlying these depictions was the subliminal message that the dividing line between deviance and normality was a fine one: any single woman could become an unmarried mother if she engaged in sexual activity. One mother, a university student residing on Sydney's affluent North Shore, rationalised the message thus:

"Almost all of (the students) regarded premarital intercourse as normal. But a pregnant unmarried girl who chooses to have a baby rather than an abortion, is considered peculiar and an outcast. It seems the sin is not so much in the sexual act itself, but in being found out!" (McGregor, 1965:2).

The effect of these normalising descriptions was not only to restate the moral imperative, but also to reinforce a stereotype which would invoke a range of disempowering public responses from pity to condemnation. Overwhelmingly, the women who would have their babies taken for adoption were now typified as middle-class; working-class mothers, for whom the stigma of single motherhood was less pronounced, would keep their babies within their extended families, a practice which was believed to contribute to the dearth of babies for adoption (Hudson & Ineichen, 1991:3).

An additional effect of promoting such an image was the flow-on of respectability for the baby, thus partially ameliorating the stigma of illegitimacy. For the unmarried mother, an effect was to emphasise the essential ideal of the nuclear family: by giving up her baby for adoption, the mother would have a chance to re-enter the ranks of respectability, be "happily married and have a baby to call her own" (Egan, 1958). The underlying tone was frequently patronising, with an emphasis on the unselfishness of giving up her baby for adoption.

"Charity and cheap labour?"

Women could achieve "moral reinstatement" through voluntary admission for the duration of the pregnancy to maternity homes described as "comfortable but spartan", or "a haven of hope" (Frizell, 1965), or "solidly middle-class... (i)t could be the home of a lawyer or businessman" (Craig, 1975). Swain and Howe (1995:79) found from their study of single mothers that 62.9% of the research participants had spent some part of their pregnancy in a maternity home between the years 1940 and 1975. Operating under the auspices of either the State or church, the homes were direct descendants of the founding homes established after the first world war as an attempt to combat baby-farming and the ensuing infant mortality. Some of the homes accommodated the babies waiting to be adopted as well as their mothers, while those controlled by maternity hospitals maintained mothers and babies in geographical isolation from each other.

At the Waitara Babies Home, Frizell (1965) described the 35 unmarried residents as "girls of every colour, race and creed...aged between 14 and 28...religions differ...education varies, but now they share the same life". This depiction was juxtaposed with that of the 30 members of the fund-raising committee, "young women between 20 and 30...(of whom) many are married and mothers of little children...others are single." But the fund-raisers also performed another role,

"(to) conduct rehabilitation classes there for the unmarried mothers, teaching shorthand, typing, office routine, art, deportment and make-up" (Frizell, 1965).

As presented in detail in Chapter 10, moral reinstatement was at hand in maternity homes, providing the opportunities necessary for the 'girls' to be able to resume their former life. Nonetheless, the media presented stories which provided readers with a "look behind the walls". In church-run maternity homes the mothers provided a captive audience:

"When they start getting their first few pains they're often scared stiff. It's generally not until then that I can talk to them about God and ask if they want me to pray with them" (Craig, 1975).

In another account (WDW, 1962:45), a "typical unmarried mother, Shirley", was described as "deserving" of the care she received at St Anthony's home, Ashfield - "up the gravel path bordered by wide lawns to the front door of the rambling old home" - where she found refuge. This image was contrasted with another not so deserving mother who, because she had not returned to see her children, was described as a "professional dumper" by the secretary of the home.

As an alternative to entering a maternity home, a woman could work as a "mother's help" in a private home, a reincarnation of the domestic servant of the past, providing housekeeping and childminding in return for her board and keep. In a system in which there was no regulation of working conditions, complaints by the women of punitive and vindictive treatment masquerading as kindness were difficult to prove. Although Swain and Howe (1995:68) claim that the

"assumption that a single mother should be prepared to trade her labour and perhaps also her child in exchange for shelter during her pregnancy was largely unchallenged",

McGregor (1965) questioned whether this was charity or cheap labour: exploitation was the price for secrecy. The irony in this arrangement was that the mother deemed unfit to care for her own child was considered suitable to look after others' children:

"I began work at six in the morning when I had to wake, bath and dress the four children of the family, and cook the breakfast. The morning was spent cleaning the house, washing dishes and laundry... the afternoon was spent in similar fashion. After dinner I was required to 'amuse' the children, put them to bed and wash more dishes...I spent the full seven days working like this and was paid £3 (\$6)".

Whereas most professional voices endorsed "live-in jobs" to provide security and secrecy, one clinical psychologist was reported as saying that

"the last place where (unmarried mothers) should be is a place where the babies have been born in socially accepted ways. That's twisting the knife in the wound" (McGregor, 1965).

Writing in 1967, when 17,554 illegitimate births were recorded, and when one in sixteen babies was born illegitimate but one in three mothers kept her child, Kiely (1967) noted that "most of the discussion centres on the decline of Christian morality, the growing wickedness of the young, and abortion". A recurring image for almost twenty years had been one of the unmarried mother's abandonment - by parents, boyfriends and society:

"Many of these girls have been virtually ostracised by their parents, friends and employers. They arrive at Central Station from country towns and from interstate, clutching pathetic suitcases of clothes, with nowhere to work and nowhere to go. Some of them are only 13 or 14 years old. Others come from the suburbs, fleeing any contact with anyone they know, attempting to have their babies in secrecy and away from the prying eyes of those who are only ready to condemn any girl who "gets into trouble". (McGregor, 1965)

In many institutions women were not permitted to leave and visitors were restricted to parents. There was a prevailing theme that unmarried mothers should be grateful for this charity, and should see their time of incarceration as a period for reflection and even penance. Although some women expressed contrition in that "having to give up my baby is my punishment for the sin I have committed" (AWW, 1965:4-5), others "mostly seem to feel that what they've done is wrong, even if they say they don't" (Craig, 1975). At one Salvation Army Home, Bethany,

"Chores like dusting, vacuum cleaning and window cleaning are divided into work sections and taken in turn by the girls (sic), They also help clean the ward upstairs and prepare food in the kitchen. Work sections are regarded more as occupational therapy than anything else" (Tully, 1970).

Mother and child reunion

In 1967, in response to the panic of adoptive parents that they might "lose their children", the Adoption of Children Act (1965) replaced the earlier Child Welfare Act (1937), thereby removing the stigma of illegitimacy through an amended birth certificate and outlawing private adoptions. The intended effect was to widen the gap between the mother and her child through a strict secrecy provision.

At the end of the 1960s, as an "adoption boom" occurred (Barrow, 1969). With the peak in 1971-1972 at 9,798 Australia wide, women began to speak out about the lack of social support for single mothers. As a direct result, the Council for the Single Mother and her Child was formed in Victoria in 1970, and, in 1973, the Whitlam Labor Government introduced the Supporting Mother's Benefit. In 1972, the Levine ruling in New South Wales, following the 1969 Menhennit ruling in Victoria, provided the climate for legal abortions; and in 1971, on the recommendation of the Australian Medical Association, medical practitioners were directed to follow their consciences regarding the prescription of the oral contraceptive Pill, thereby increasing its availability to single women.

The cumulative effect of these three factors - financial support for single mothers, the provision of legal abortion, and the greater availability of the Pill - was to reduce the supply of babies for adoption. By 1975 the figure for adoptions in Australia had halved in four years and would continue to steadily decline. This decline brought cries in the press of "Where have all the babies gone?" (Johnson, 1975:57; Smith, 1976) from prospective adopters, and "Where has my baby gone?" from mothers, and "Has anybody seen my mother?" from adoptees (Kennedy, 1975).

The dearth of babies for adoption forced infertile couples to seek other means of family creation through overseas adoption, and paved the way for stories about the rescue of orphans from Vietnam and other Asian countries as well as South America. Debate about the merits, or otherwise, of surrogacy and reproductive technologies ensured that the topic of the creation of families through the use of other women's bodies continued in the print media

In 1982, following the Second National Adoption Conference, the Association of Relinquishing Mothers was formed by women who had formerly been referred to, successively, as "unmarried mothers" and "biological mothers" in the press rejected these epithets. Now calling themselves "relinquishing mothers", women began to tell their own stories instead of being portrayed through journalists' fictitious accounts and without resorting to pseudonyms and masked photographs.

The debate on whether adopted people and mothers should have access to the previously secret records was opened in women's magazines, and brought polarised responses (Keavney, 1976). In 1986 in Victoria and 1991 in New South Wales and later in other states, legislation was introduced whereby adopted people could have access to their original birth certificates which contained their mothers' names, and mothers could apply for their children's amended birth certificates which revealed the names to which their children's had been changed. The print media both pre-empted and followed this legislative change with stories of reunions, and as families were reunited and reconstructed, print media discourse changed from one of a mother's oppression to one of her emancipation. No longer 'the girl', the mother gained the new title of 'birthmother' at this time, as she lobbied for the right for information about her now adult child.

Not only were stories of adoption reunions heard, but accounts of malpractice in adoption services were given greater publicity and accorded more credibility than they had been previously, when Joan Murray tried to retrieve her son in 1955.

The private discourses of the mothers became public discourses as they emerged from anonymity to share their stories with an unknown audience in a way that Fairclough (1992:113) has described:

" the public and private life are reduced to a model of individual action and motivation and of relationships based on presumed popular experience of private life."

Since the 1960s, print media discourse related to adoption and relinquishment has changed from a discourse of oppression to a discourse of emancipation in the 1990s, as I have claimed, when media accounts began to refer to reunions between mothers and their adopted-away, now-adult children. With the introduction of legislation (such as the New South Wales Adoption Information Act, 1990) which provided for adopted people and mothers to apply for original and amended birth certificates respectively, the media focussed on stories of reunions, giving rise to a discourse of emancipation rather than the discourse of oppression of previous eras.

The voices of experts and authority

The voices of experts and authority in print media discourse have been, on the one hand, the voices emanating from professionals, and on the other, the voices of ascribed wisdom. With fewer kinship bonds owing to the decline of the extended family, as well as the secrecy imperative surrounding exnuptial pregnancy, women relied heavily on the voices of authority in women's magazines for advice and guidance on otherwise taboo subjects (Matthews, 1984:192). The experts' messages not only influenced the changing populist opinions about adoption but also reflected the changes in social mores and legislation. They were also responsible for the promotion and perpetuation of stereotypes, particularly of the unmarried mother whose pregnancy "is a symptom of underlying emotional difficulty...(and)...the result of an attempt to solve certain emotional conflict" (Bernstein, 1960).

Adoption was designed to give children who might not otherwise have one, a home and family. Fostering, which should serve the same purpose, was argued not to offer the same degree of security as adoption, since the parents could reclaim their child at any time. The factor differentiating fostering from adoption was that the latter purported to offer security through the absolute change in the child's identity by the creation of a legal fiction and new name, via an amended birth certificate, thereby preventing the birthparents from tracing the child. However, the terms 'adoption' and 'fostering' were used synonymously and interchangeably in print media discourse (for example Hocking, 1970:67; Strange, 1975:27), thereby contributing to confusion and misconceptions about the availability of and entitlement to children. In 1962, one magazine embarked on a campaign

"for laws to give family life to children abandoned in institutions by parents who will not visit them yet refuse to allow them to be adopted by the long waiting lists of hopeful foster (sic) parents" (Seager, 1962b:5)

Although this magazine was unclear about the distinction between adoption and fostering, or that Child Welfare legislation was a State's responsibility, it claimed that it had approached the then Federal Attorney-General to introduce a law that would terminate parental rights after two years so that a child could be available for adoption. The magazine's intended role was not to educate its readers about adoption law, but to create a moral panic about children in institutions whose problems could be resolved by adoption into a "kindly home" by two parents.

The professional voices of authority - those of social workers, nurses and midwives, and medical practitioners - established a dominant position from which the adoption of children as a means of family creation was not only promoted but passed unchallenged. Other professional voices, of academics in law and psychology, were not heard at that time

Social workers

There were many contradictions between the information imparted through women's magazines and newspapers and the reality of adoption procedures practised by social workers. In 1964, a "Baby Book" supplement to the Australian Women's Weekly was keen to reassure readers that

"the (Child Welfare) Department is scrupulous in ensuring that the decision to surrender the baby is made by the mother herself, and that she is fully aware of all facilities open to her should she decide to keep her child" (AWW, 1964:29).

However, the mothers' accounts have repeatedly contradicted this claim:

"(T)he social worker at the hospital...assured me that I would be selfish to keep my child. That it was unfair of me to deprive it of the two loving adoptive parents who would take it. They stressed the fact that I would marry and have more children. In time I would forget" (Parsons, 1972:5)

One social worker, "a naturally cheerful, happy woman with a manner that inspires confidence and confidences" was quoted as saying that

"although it is hard for the mother to give her child up, it may be better in the long run for a baby to be adopted into a family" (AWW, 1954:26).

Social workers saw their responsibilities in adoption practice as "first to channel possible adoptive parents to adoption agencies" (Mackay, 1966).

Information such as the availability of Commonwealth Social Security benefits which appeared in the press (WD, 1970a:34-37; Dupree, 1970b:4-5) was withheld from mothers by social workers who, claim Swain and Howe (1995:200), "did not accurately advise single mothers of their eligibility for income support." Counselling, if it occurred,

consisted of emphasising the overwhelming difficulties of keeping the baby versus the ease of relinquishment, rather than providing helpful advice about viable options.

Stories of hardship by women who had kept their babies (Hickman, 1972:1-2) served to heighten the untenable position of single motherhood rather than to imbue women with the courage to succeed, and they were often juxtaposed with accounts of women who had relinquished their babies (AWW, 1965, 4-5).

Nurses and midwives

As an extension of their midwifery role, nurses were responsible for delivering newborn babies to the adoptive parents:

"a beaming sister wheeled in a little trolley, bearing a little bundle of hospital clothes...She adroitly gathered up the bundle, showing me how to support her back and the alarmingly unstable head. With a hint of a smile Sister tucked the baby back into the basket" (AWW, 1964:53)

and

"the sister-in-charge burst through the door and deposited a tiny scrap of humanity into my ramrod-stiff arms" (WDW, 1967:107)

The nurse's voice of authority also provided rationales for exnuptial pregnancies: carelessness, ignorance and misuse of the Pill. In 1975, when 1,799 adoptions were recorded - a 46% decrease in the 1973 figure - the Sister-in-Charge of Carramar Hostel, a Church of England maternity home in Sydney, claimed that

"the increase (sic) in extramarital pregnancies...is bound up with the over-exposure of sex in the permissive society" (Craig, 1975:59).

Statistical "facts" often supported professional views to provide a sense of accuracy and thus gain readers' confidence in the authenticity of the story. For example, in 1965, the "tragic facts" about the "plight of the unmarried mother" (AWW, 1965:4-5) were that one in every three first-born children in Australia, or 6.5% of total live births, was conceived out-of-wedlock. In spite of the absence of evidence, the reason for the tragedy was mooted as "a world trend in changed moral attitudes, particularly a changed attitude to sex".

In some articles statistical information was either incorrect or inconsistent with other sources of data. An article in the Daily Mirror (1969) which, while creating a moral panic about adolescent pregnancy, quoted a figure of 101 mothers under the age of 15, from a total of 6,847 unmarried mothers (less than 1.5% of the total). Although, according to Schlesinger (1973) the largest single group of unmarried mothers at this time was in the 15-19 year old group, representing 37.7% of all exnuptial births in Australia, 46.6% of unmarried mothers were aged between 20 and 29 years. It can be presumed that these

figures, which do not support the media claims about adolescent pregnancy, were due to the fertility and mobility of single women in the higher age group.

Medical practitioners

"Medical rationality plunges into the marvellous density of perception, offering the grain of things as the first face of truth" (Foucault, 1976:xiii). The rational voice of the medical practitioner offered solutions in women's magazines to the problems of infertility, on the one hand, and exnuptial pregnancy on the other. Adoption was promoted as the panacea for both. In the style of a modern parable, Dr Wykeham Terris (the pseudonym for Dr Norman Haire, a prominent Australian gynaecologist) drew comparisons between the morality of two women who had consulted him for advice about their unwanted pregnancies (Terris, 1947b:38). The first woman died as a result of an abortion performed by a "sort of unqualified nurse" which the woman had sought as a consequence of the doctor's not being able to "find any grounds that...would satisfy the legal requirements for a therapeutic interruption". The second case, "a girl of 23, of very good family...five months pregnant and suicidal" was advised in the same article that

"it would be better to go on with the pregnancy, and have the baby adopted immediately after the birth (as) there are long waiting lists of good foster parents (sic) anxiously waiting for babies to adopt" (Terris, 1947b).

Variations on this fabrication for explaining away her pregnancy, and the absence from her everyday life which it would entail, would be observed by women in similar circumstances for the next twenty-five years:

"She could go away to a part of the country where she is unknown, that she could wear a wedding ring and represent herself as a wife whose husband was abroad..or the widow of a husband who had recently been killed..that nobody but the doctor attending at her confinement need see the birth certificate or know that she was really unmarried, and that the baby could be legally adopted with the help of a reliable and discreet solicitor."

Terris (1948) concluded that once the woman had made up her mind to have her baby adopted, "her psychological condition cleared up" as she "returned to her ordinary routine of life, possibly a sadder, but certainly much wiser, woman". The message of this parable resounded throughout the admonishment given to women thereafter: to put the adoption experience behind them and get on with their lives.

In a later column, Terris (1948:38) recounted another version of this parable as he described the case of a woman who sought to recover a child whom she had given up for adoption, again as the result of his refusal to terminate her pregnancy. Emphasising the legal implications of adoption, Terris told of his remonstrations to the woman about how he had explained fully to her

"that, with full secrecy on both sides...in giving the child up for adoption she would permanently surrender all parental rights...that she had made the arrangements with her eyes open...and that she must consider the rights and feelings of the adoptive couple."

This was a line of reproach which would be advanced under the disguise of 'counselling' in future adoption practice. "Medico" (1947:40), writing in the same period and giving advice to prospective adoptive parents, advocated that, to ensure success, a baby should be adopted "as early as possible". In accordance with the secrecy provision demanded by adoptive parenthood he continued that, "The less you know of the child's biological parents the better. For your own piece of mind they should know nothing of you".

Advice columns

The voices of ascribed wisdom found an audience through the advice columns and letters pages of women's magazines:

"Six months ago I had a baby girl and thought it would be best if I had her adopted. I didn't see her when she was born...Now I'm going mad with wanting to see my baby. I regret my decision to have her adopted and I know I'll spend the rest of my life in sadness because of it. Is there any way I could have my baby signed back to me?" - Heartbroken (WD, 1974)

"Tell yourself over and over that you did the best thing for your baby - you gave her the chance of a happy life with two parents, and of emotional and material security...In time you will marry and have other children, and your present sadness will fade."

"Just over twenty years ago my only daughter became an unmarried mother and had a baby girl which she had adopted...Is there any way I can get in touch with her?"
- Sad Grandmother (WD, 1975)

"I advise you to forget all about it. I promise you that it's for the best. That baby your daughter parted with is now a woman with parents, family, friends of her own. What grief would you bring into her life if you suddenly introduced a mother and a grandmother she has never known? At the very least you would unsettle and complicate her life."

"I am 18 years old and six months pregnant to a boy I love very much. We were going to be married but he called it off at last minute...I just feel I couldn't manage on my own with a baby...Do you think I'd be doing the wrong thing having it adopted when the idea fels me with so much dread? I'm so confused." - Sandy (WD, 1976)

"Go to see the social worker at one of the large maternity hospitals. She will help you and support you whichever way you decide."

'Agony aunts' spoke with the wisdom of experience and maturity; readers corresponded back and forth often in response to opinion seeking, thereby contributing to a body of pooled knowledge and the notion that, through collective representation, the voice of the majority was speaking. The letters to advice columns, often written by staff

journalists, were frequently conglomerates of several letters to reflect a "typical" problem to which the morally correct solution could be provided, hence the term "Dorothy Dixier" applied to questions for which there is a predetermined answer.

Discussion

The role of women's magazines and newspapers has been to process the adoption of children as a natural phenomenon positioned between the ideologies of Christian morality and capitalist patriarchy. Their political function has been an attempt to justify and make sense of adoption practice through stories of the abandonment of children, the dangers of abortion, the worthy entitlement to children of infertile married couples and the difficulties of single parenthood. Not only did the print media affect the broader society, but it also exerted a profound influence on the principal players in adoption who were also the consumers of media. Although as Rachlin (1988:12) notes, "journalists have been socialised, like most of us, within our culture...(and thus)... the press is unavoidably *of reality, of our social context, not removed or detached from it*", the reality of adoption, for the most part, was hidden owing to the triple stigma of illegitimacy, infertility and unmarried motherhood and many accounts were fabrications from different sources to create moral fables.

The majority of mothers who had never spoken about the loss of their children to adoption were able, through fictionalised accounts in the press, to presume that they had a voice and that their stories were being heard even if they themselves were silent. Discourses, as Fairclough (1992) says, "do not just reflect or represent social entities and relations, they construct or 'constitute' them". Consequently, print media discourse was the site for the construction of myths about relinquishment and adoption relationships which effectively silenced mothers from challenging the symbolic order in both public and private discourses until 1990. Following the introduction of the Adoption Information Act (1990) stories of reunions in which mothers were now clearly identified began to emerge in a transformation from a private to public discourse (see Appendix 5).

Over a period of 50 years print media discourse rendered mothers invisible and powerless, only to resurrect them in the human interest stories of reunion appearing to change adoption discourse from one of oppression to one of emancipation, reflecting the hegemonic struggle of the relinquishing mother. Despite paradigmatic shifts in the print media and the legislative changes which they have accompanied, Siedlecky and Wyndham (1990:134) claimed that

"[p]unitive attitudes still exist: that teenage girls should not have contraception in case it promotes promiscuity; that if they get pregnant it is the price they should pay and they should not have access to abortion; that once they have the baby, it should be given up for adoption by someone better able to love and care for it; that if they keep their baby it is a drain on the taxpayer and they should not have access to social security benefits."

These words encapsulate the morality of the symbolic order in which mothers lost their babies to adoption and in which they continue to try to make meaning of that experience.

Postscript:

Construction / deconstruction / reconstruction of the personal

It was the Queen's Birthday holiday weekend in Australia, a time noted as a generally "no news" or "slow news" time when a story broke about 50 women who had been told that their babies had died in infancy many years ago and who had recently discovered that their babies were actually taken for adoption. The discoveries were made because the mothers' now-adult `children' had contacted them to effect reunions. The mothers' reactions were of shock and disbelief, then anger when they realised that they had been deceived.

Because it was known that I was conducting research in the area of losing a baby to adoption I was contacted by the Sydney Morning Herald to ask if I knew about this practice. Following the publication of my interview in that newspaper, I was contacted by radio and television programmes with the result that I made seven media appearances in three days. This media coverage was not without difficulty. Renzitti et al (1993:232) warned that "(s)ome of those who study sensitive topics may...need to be cautious in their dealings with journalists", a warning which would have alerted me to the possibility of being misconstrued and misquoted as I was. By the end of the week, I was desperate for the 'Herald' to publish my letter of clarification which was interpreted in some sectors as a hollow apology and in others as a recanting of my formerly courageous position.

When I was contacted in the first instance by the journalist from the 'Herald', I recalled being told by two mothers that they had been advised that their babies, for whom they had made arrangements to be adopted, had died. At the time I accepted this information at face value, not suspecting a connection between their stories and malpractice. Although I advised the media of this, they were intent on following through the stories of other women's experience, mine in particular, of losing a baby to adoption. After a lengthy interview by telephone, my story was published on the following day. Having appeared in the press on two previous occasions, and been interviewed on a commercial news bulletin two weeks earlier, I was not unduly concerned about my name and private details being published. I had spoken publicly so often about my experience that I had almost become detached from it as it became absorbed into the public domain. Indeed, I had begun to see myself as speaking up and out for mothers who had shared the experience of losing babies to adoption: I was

in a privileged position as an academic, and as a feminist had a responsibility to my sisters to use this position to help them to become empowered to speak.

I could never have imagined how it would feel to be at once reader and the read-about, subject and object. My words were not my words: they had been reinterpreted and as I read them I was reading someone else's words with my voice. The woman in the photograph was me but it was not me. This is not how I see me when I try to imagine my face, and yet I critiqued the image as me. My hair was too stringy (because I had been caught in the rain earlier in the day). But who would know? Only I knew that the woman in the photo had been caught in the rain.

The photograph shows a woman with her daughter, but her daughter is not her daughter: her daughter has a different name from the one which she gave her. Her daughter is a woman, not the baby she last saw at a few days old, not the child on a tricycle which her daughter used on her 21st birthday invitations. Her daughter is another person, reconstructed just as the mother is another reconstructed person. These two people only have meaning within that photograph, smiling, laughing, holding hands. Their photographic relationship does not reveal the relationship that both underlies and underscores the image. The photographer has shot several reels of film - "now could we have one serious, now one smiling. Put your hands away otherwise they will look like claws." Perhaps they are claws - claws clutching at straws. We laugh about women who have long acrylic nails like talons, we share a sexist, elitist joke which fits with the designer clothes we wear. We share a social space but it is not a social space. She is my illegitimate daughter, I am her unmarried mother, this is not a real relationship. It is a relationship constructed by and within a photograph. Is this the joke that we were sharing when this photo was taken, or were we merely laughing because the photographer wanted a range of emotions from which he could choose to support the story beneath? We move across to a disused petrol bowser in the kindergarten playground and we both laugh because it has the name "Wayne" written on it. Why do we laugh, snigger? Because she knows that I would never have called her "Wayne" if she were a boy. I say "Wayne, the petrol head." The photographer laughs. He gets the joke because his name is George. We resume laughing, holding hands, more seriousness, more posing.

We both know that only a week ago our relationship was very fragile after I had said that I would not phone her at home where she lived with her adoptive mother, because I felt rebuffed when I called. I knew that she had moved into her own place with her partner and waited until she felt comfortable to contact me. Always waiting for the right time. 'Don't intrude'. 'You have no right to interfere'. 'This is not your daughter'. The photographer does not know this. He only knows that here is a young woman who is with the woman who gave birth to her at the same age she is now. Their relationship must remain within the photograph, sanitised, protected by the camera's lens, from the reality of the pain of what it is like to be separated. The camera only sees what the film process develops; the photo in the newspaper is the one which the journalist chooses.

Do they choose the photo that represents us in our best light? I am concerned about my smile, about my wrinkles, about my "best side". My daughter and I exchange places so that my best side is the one on view. What is my best side? I lost that a long time ago. My best side disappeared when I became an unmarried mother. My best side has disappeared again, as an academic trying to provide some credibility for the story which I am trying to tell as honestly and with as much impartiality I can muster through the pain of sitting with my daughter who is not my daughter.

My daughter says "Don't get my double chin." She is beautiful, she has no flaws. I look at her and I try to see myself in her. Everyone says that she is so like me. I look at her and wonder if she would still have looked like this if she had remained with me, with my

imprint on her. The parts of her which are so like me are the parts which are not visible in the photograph, and yet they are the parts about which other people comment. Is this because we are alike in the photograph but not in life? Is the only resemblance that we have together, one which is constructed through a camera lens? Is this an image that will sell lots of newspapers because it is a palatable image, a sanitised image which reeks of uncomplicated happiness that transcends the pain of having been parted for her childhood and the early years of her adult life? I play the part of happiness, of being with my daughter because this is what is demanded by the publicity. A happy photo to mask the pain of what we both know but dare not speak about. The beautiful photo for which we shall be remembered because it continues to belie the reality.

We are reconstructed through the camera lens, through a computer program called "Photoshop" which has the ability to make us whatever it wants. But it has no need to. We have done this ourselves. I have been reconstructed as a mother through the photograph, happy, smiling with my daughter who is not my daughter. The people in the photograph in the newspaper are not me and my daughter. This is a photo of two women smiling and laughing. They could be anyone.

The next day I delay looking at the photograph and the article, the words of which will support the image. There is a page of text to which I give a cursory check to see if all the right words are there. They appear to be. I am rushing off to a television studio for a "live to air" interview. This is challenging because there is no editing. One has to understand what one means and mean what one says. There are no autocues for the interviewees, only for the presenter. I am aware of what I am saying; I am careful that what I say is coherent, impartial. I need to play the role of the expert witness because what I say may be used in evidence.

When I return home I am excited about the newspaper article and cannot wait to read it. I make some coffee and decide that I will read the article uninterrupted so that I can give it the attention it deserves. Here is a mother talking about her relationship with her children. She should give them the attention which she has been unable to give them in life. But first I should check my phone messages.

"We are not the enemy," the threatening voice says. I do not understand the message. I am perplexed. I open the newspaper and read the text underneath the photo of the two laughing women. There are four lines which I do not understand and my name is the first word. The context becomes slowly clear but the words are obscure. It takes some time before the impact of the words has an effect. Is this my photo? Are these my words? To whom do they refer?

Later that night I realise that I should phone my daughter. She daughter would not worry about these comments. But she is not my daughter, she would be concerned for the hurt that these words would cause someone else, someone whom she calls her mother and who recognises her as a daughter.

I am only conscious of her pain, I defer phoning her because I do not want to confront it. I rehearse what I will say and when I am sure that it is right, I phone and I say the rehearsed words to circumvent a chastisement. Why am I afraid? I am her mother and mothers are not afraid of their daughters. She has also rehearsed something to say to me but she cannot: she can only cry. I want her to cry but I don't want her to cry. I want to protect her from crying. If she were my daughter she would be able to cry and I would be able to console her. She would feel consoled. I cannot console her because that is not my space. I am the mother in the photograph, I am the mother in the words. She is only my daughter as long as she does not cry. We must be happy and laughing because that is what the photograph says.

I have been deconstructed and reconstructed. Julia Kristeva's words resonate within me:

"This is a body that invites me to identify with it...and immediately forbids any identification; it is not me, it is a non-me in me, beside me, out of me, where the me becomes lost." (Kristeva, 1980:163)

I feel as if I have been thorough the printing press as has my image. Here is a black and white person, a flat person. It is not me but it says it is me. It has my name on it and it says that the other woman is my daughter. Is this the only evidence?

The private person has become the public image. Now it can be construed in whatever way is required of it and the text can support the image, or the image can refute the text. That is for the reader to decide and respond to. I am both the reader and the topic. A human interest story. What should I decide and how should I respond? Do I respond as reader or should I defend as speaker? I decide to do neither. I reify the comments which have been attributed to me and respond to those. These are mere words which have no speaker because they have passed through many lips and through many pens. They have been words on a screen which could disappear with a misplaced digit. Nonetheless they are spoken as if they are real. They are the words of the woman in the photograph who is with the other woman in the photograph.

Meaning for both no longer exists.

Chapter 12

GOOD GIRLS, BAD GIRLS:

Discourses of popular culture in the c1960s

"Individual lives can never be contained or wholly explained by the social and economic realities that circumscribe them". (Heron, 1985:1)

"Women's absence, both actual and perceived, from so much of what was going on may indeed explain why women have difficulty remembering events, and insist that they weren't really 'where it was at'". (Maitland, 1988:14)

"Surely no other type of society has ever accumulated - and in such a relatively short span of time - a similar quantity of discourses concerned with sex." (Foucault, 1979:33)

Whereas the politicolegal, medical and social discourses of the symbolic order constructed adoption, the family and the unmarried mother within an academic framework, popular culture was influential in constructing and promoting socially palatable images of young women and acceptable feminine behaviour. The necessity of paying attention to discourses of popular culture as well as theoretical discourses has been recognised by Julia Kristeva (1980:ix) in order to "impel us not toward the absolute but toward a quest for a little more truth."

Although "popular culture" has been said to resist definition (Berger, 1995:161), I am taking it to mean those "cultural texts which are part of a network of meanings which constitute the social world and which may be viewed as sites of struggle over meaning" (Gilbert & Taylor, 1991:8). The cultural texts which I have chosen as representative of the popular culture of the era include film, literature, song lyrics and the female body which is itself a text inscribed with the cultural markings of constructed femininity. My reasons for these choices are because it was within and from these texts that messages prescribing women's feminine sexuality were communicated. The texts were also the sites of contested meanings about sexuality where women resisted feminine prescriptions. Finally, they were sites of knowledge and power. Reflections on adolescence from women's adult lives further illuminate the power of and women's resistance to the discourses of popular culture.

Jameson (in Kaplan, 1988:15) has aligned popular culture with "a new type of social life and a new economic order" which dated from the late 1940s and early 1950s in the United States. However, it is the 1960s that are

“in many ways the key transitional period, a period in which the new international order...is at one and the same time set in place and is swept and shaken by its own internal contradictions and by external resistance” (Jameson cited in Kaplan, 1988:15).

During the era itself there was little publication of contemporary cultural critique. Several possible reasons for this lack can be advanced. Following the grim years associated with the Second World War, western societies began to consider themselves fortunate as they entered a time of economic prosperity. An emphasis on “family values” coincided with increased employment opportunities (for men), greater accessibility to home ownership and fewer children whose best interests could be served by having a mother “at home” in spite of a post-War labour shortage. The result was the creation of the suburban lifestyle with an emphasis on the importance of the domestic sphere. Such social change demanded a sense of gratitude: to question this could be interpreted as ungrateful.

One exception was the Grace Metalious novel “Peyton Place” (1957) which plumbed below the surface of small-town middle America to expose its hypocrisies. Although, as I recall, this work caused widespread indignation at the time of publication and on the subsequent release of its film adaptation, it survived because its contents could be dismissed as fiction and therefore not representative of reality. Within the sanitised lifestyle model of the 1950s and 1960s, heavily promoted through television in the family “sit-com”, there was no place for portrayals of sexual activity except as salutary lessons in immorality in films such as “Peyton Place” (1957), “Blue Denim” (1959) and “Where the Boys Are” (1960), or in later stories such as “Where are you going, Where have you been?” (Oates, 1968 in Showalter, 1994).

Telling it like it was

In the 1990s popular culture has often glamorised the 1950s and 1960s: a current wave of cinematic nostalgia ignores those women whose lives were disrupted by an unplanned pregnancy. Conversely, in the past two decades a body of literature devoted to a critical retrospective analysis of the 1950s and 1960s has also emerged (Breines, 1992; Douglas, 1995; Gerster & Bassett, 1991; Heron, 1985; Maitland, 1988; McRobbie, 1991; McRobbie, 1994; McRobbie & Nava, 1984; Melly, 1989; Oates, 1994; Solinger, 1992; Townsend, 1988). I suggest that there are numerous reasons for this emergence: first, the academic respectability afforded to cultural studies and critique; second, the privileged positions from which “baby boomers”, those critics born during the 1940s, could now speak with authority without being accused of ingratitude; and

finally, because, in review, the 1950s and 1960s were not the unproblematic halcyon days depicted in the popular culture of the times.

Heron (1985:1) observed that the 1950s “does not match the exact, rounded chronology of the decade” and any “neatly encapsulated version of the period doesn’t take account of the untidy contradictions in how it was experienced...nor of the complexities of change” (Heron, 1985:4). Breines (1992) supported this view in that “eras do not commence and close in neat, round decade numbers” (Breines, 1992:xii). Instead, Breines suggests, ‘the fifties’ lasted into the 1960s, when girls born in the mid-forties were teenagers, even going so far as to nominate the assassination of John F Kennedy as “accurate a dividing line as any other” (Breines, 1992:xii).

Remembering the times and re-reading the myths

In this section I have purposely chosen the work of two women Wini Breines (1992) and Susan Douglas (1995) for two reasons. First, their critical representations of the 1950s and 1960s resonate most closely with my own experiences and memories, and, secondly, despite the origin of their work from the United States, the social climate parallels that in Australia owing to the influence of the former. Both authors acknowledge speaking, as I do, from their positions as white middle-class women who were born in the 1940s and consequently their childhood and adolescence were affected by the popular culture of the 1950s and 1960s. The comparable effects of an imported American popular culture on the lives of Australians during that period cannot be denied nor ignored.

The first author, Wini Breines (1992) has dismissed memories of that era as “nostalgic and rosy”, painting instead “a more complicated and painful picture”. Although Breines locates her work, “Young, White and Miserable” within the 1950s, she concedes that a more accurate measure of the era might be to think of it as lasting into the mid 1960s “when girls born in the mid-forties were teenagers” (Breines, 1992:xii). A white, middle-class woman herself, born in 1945, Breines has written what she calls a “sociological memoir” in which she used as primary sources the writings of women such as she who, like the memory-work collective in Chapter 17, looked back on that era to view their “gendered past”. This is not to suggest that white middle-class teenage girls were unreservedly accepting of the prevailing morality, but rather that they were resisting it from a tentative position where they “were engaged in changing the terms of feminine lives in the midst of what seems a most conservative time” (Breines, 1992:xi).

The second author, Susan Douglas (1995) describes herself as “a woman of the baby boom, which means my history is filled with embarrassment, littered with images I’d just as soon forget” (Douglas, 1995:3). In her book, “Where the Girls Are”, Douglas (1995:4) has admitted that “as a grown-up baby-boomer with a family, a job etc” she has been watching the “nostalgic and often embarrassing images” of the past with “an increasingly and jaundiced eye”.

It is no accident that Wini Breines and Susan Douglas have taken the titles for their books from popular cultural texts: the words which emanated from discourses of popular culture conveyed powerful messages to teenage girls about sex and sexuality.

Teaching morals: learning sex

In a study of “feminism as femininity in the nineteen-fifties”, the Birmingham Feminist History Group (1979) discovered that the primacy of women’s domestic roles as wife and mother dominated popular culture as well as public policies, for example, on girls’ education. In particular they found that “(t)he ideology of sex education reflected this narrow preoccupation with the woman’s future role within the family” (Birmingham Feminist History Group, 1979:52). The implication of this ideology was that “if you desired where you could not marry it was because you were sexually immature”, an ideology that “reinforced the view that adolescent sexuality was a social problem rather than a valid expression of sexuality.” Sex education for girls in the 1950s, which was frequently delivered by a biology teacher using an analogy with rabbits, emphasised that “true sexuality” was possible only within the context of marriage and for the purpose of childbearing. When the topics of conception and childbirth had been addressed, the authors found, sex education had met its objectives.

Because women’s sexuality in the 1950s was closely aligned with reproduction, birth control could only be justified in terms of “family planning”. The Birmingham Feminist History Group (1979:58) found that contraceptive advice would be given only to married women or “brides-to-be”, but that many women rejected the methods of contraception (for example, the diaphragm) on the grounds of inconvenience. Ehrenreich et al (1986:21) noted that at this time no sex education literature “dared to offer birth control information”, thereby reinforcing the danger of pregnancy.

In the wake of the Kinsey report of 1953 which challenged the myth that women could not or did not enjoy sex, “adolescence and various marriage manuals all stressed the possibility and desirability of sex within marriage being pleasurable and guilt-free” (Breines, 1992:39), provided that such sexual activity was ordained by marital love.

Sex was beginning to be promoted as an expression of marital love and the “cement” which bound husband and wife together. According to Breines (1992:40), “appropriate sexual attraction” was “the instrumental glue” that held the nuclear family (which I described in Chapter 12) together. A marriage guidance industry to ensure the endurance of marriages based on a satisfactory sex life was thriving. In an era which was responsible for the acceleration of commercialised sex, for example, in the construction of the female “sex symbol” such as Marilyn Monroe and Brigitte Bardot, women’s sexuality outside marriage continued to be either denied or condemned.

The Birmingham Feminist History Group (1979:61) has noted that if popular culture remained silent regarding the sexuality of unmarried women, then so did feminist writers who continued to see women in terms of their role as mothers. It would appear that Simone de Beauvoir’s seminal work, “The Second Sex”, first published in 1949, had made little impact on feminist thought in the following decade. Feminism in the 1950s, the authors argued, was constructed through dominant discourses of femininity related to motherhood and sexuality defined by and within marriage.

Heron (1985), in a collection of essays written by women who grew up in Britain in the 1950s, has suggested that while middle-class girls may have had more options - and those options needed to be protected - they were mainly working-class girls, “specifically those who were not academic achievers...for whom motherhood was seen as the only job for which it was worth preparing” (Heron, 1985:7). One contributor described how she avoided a precarious sexual encounter:

“On the way home he stops the landrover. He’s six foot three, and in the moonlight a white tower of flesh erupts from his cavalry twills, and he’s whining for her to do something for him. She can’t believe it. She can hardly get a Tampax up, and who does he think he is anyway? She’s going to be a college girl, not just another village girl, another teenage shot-gun bride. Contraception? What’s that?” (Fell in Heron, 1985:24)

By the 1960s the sexual prohibition of the previous decade required some sort of justification (Ehrenreich et al; 1986:21). Sex education now began to stress “the calamitous results of premarital sex”. These included not only the obvious danger of pregnancy, “the terror shared by all girls who considered or engaged in sexual intercourse” (Breines, 1992:115), but also the “psychological effects of intercourse” which could damage present relationships and future marriage. “The idea of sex as intercourse, with the possibility of pregnancy or a ruined reputation was indeed frightening” (Ehrenreich et al: 1986:35). Breines (1992:113-114) affirmed the importance of an unblemished reputation:

“The fear of being known as a ‘bad girl’ loomed as terrible punishment for girls who were not careful and served to control and create distinctions between them....The

fear of being found out, of being judged promiscuous, was deep and internalized by many girls.”

Sex as breasts

Sex in the “inflated mammary era” (Brownmiller, 1986:10) of the 1950s and early 1960s seemed to be synonymous with female breasts. Breines (1992:101) has described the “fetishization of breasts” displayed in advertising and on the covers of men-only magazines as a “gross parody of women, even more bizarre in the light of prudishness about sexual intercourse and of dreamy romantic representations of heterosexual relations.”

Breasts figured large -or more to the point, small - in the memoirs of many women (of whom some became prominent feminist writers) who came to adolescence in that era. My personal recall is in 1961 of being taken by my mother to visit the “experienced Berlei fitter”, a burly woman whose bountiful bosom was accentuated by the drape of her tape measure with which she measured my non-existent breasts. My rewards for enduring this humiliating ordeal were two “training” brassieres (“one to wear and one in the wash”) in sensible white cotton and a size 32 A.. The fitter informed me that I had reached that figure on her tape measure because I had “a broad back”. For what my breasts were being trained I was unsure: it would be another four years before I would find out. Helen Townsend (1988:168) found herself in a similar dilemma:

“Everybody was getting breasts. Of course nobody ever put it like that. They just let you know they were wearing a bra...Trainer bras they were called. I don’t know who or what they trained.”

Liz Fell (in Heron, 1985:19) recounted her experience of how

“she gets a red dress with a junior bustline which predates the bust by six months, so she gets a junior bra to fill the gap.”

In spite of her mother’s opinion that she “didn’t really need a one”, Susan Brownmiller (1986:21) recalled how she

“campaigned hard for my first brassiere. The need was in my head not in my bosom. Half the girls in my class were proudly showing off their bra lines under their Sloppy Joe sweaters. Despite my mother’s reassurance that I would soon fill out, the only enlarging I did was from 34A to 34A padded. This was rotten luck in an era when the boys said they could tell a C cup from a D cup.”

Iris Young (1990) also recalled how she

"used to stand before the mirror with two Spalding [tennis] balls under my shirt, longing to be a grown woman with the big tits of Marilyn Monroe and Elizabeth Taylor."

The brassiere of this period was a contradiction: while on the one hand it was supposed to enhance women's breasts, on the other it encased them in a protective covering described by the novelist, Marge Piercy (cited in Breines, 1992:100), as "high conical breasts' and bras that raised `rigid' breasts `till their padded peaks brushed the chin'." Similarly Iris Young (1990) recounted how

"Thirty years ago it was de rigeur to encase [breasts] in wire, rubber, and elastic armor that lifted them and pointed them straight out."

Susan Brownmiller (1986:23) has suggested that such "containerizing of breasts is a significant question" since it allowed women to feel "better-armoured". On the one hand, breast size was equated during the 1950s and early 1960s with a "ready-to-go sexual nature" (Brownmiller, 1986:25), when a woman's value as a sexual being was determined by the measurement of a brassiere cup (Young, 1990); on the other hand the importance of breast size coincided with an increased emphasis on the importance of women's domestic and maternal roles.

Stratton (1992:106) has quoted one woman's experience which predates the padded brassieres of the late 1960s:

"You starched and ironed [it] to a point. And when you weren't overendowed in the top section actually there'd be more bra than anything else. One of my girlfriends gave me a poke one day and the rotten thing stayed in. It was terribly embarrassing."

Although breasts have been called "jugs", "titties", "boobs", "knockers" and "knobs", and, according to Young (1990) "toys to be grabbed, squeezed and handled", the challenge was clear: "Look - and touch if you dare."

Looking good: being "good"

Consistent with 1950s middle class consumerism which created the category "teenager", arose a demand for teenage girls to spend and buy in order look good and look "good". The emphasis on appearance for a woman was to avoid, at all costs, looking "cheap" since such an appearance was presumed to be indicative of sexual promiscuity: "cheap" equalled "easy". Popularity, that elusive quality sought by girls, was dependent on appearance. As Ehrenreich et al (1986:19) note, to be popular with both boys and girls demanded that a young woman be "universally attractive" and have an unblemished reputation. According to Breines (1992:111)

"[g]irls' popularity was based on attractiveness and `good clothes' and a certain kind of poise more characteristic of middle-class rather than lower-class girls."

The latter tended to be girls such as those described by Stratton (1992) as “widgies” who were predominantly working-class. Douglas (1995:66) also identified the “bad” girl in terms of ethnicity as well as class:

“She came from the ‘wrong side of the tracks’, had dark hair and was not fair-skinned, wore spit curls and skirts with slits, and was the kind of girl boys were urged to sow their ‘wild oats’ with before marrying the [‘good’] girl.”

For girls, looking “good” as “universal attractiveness” was defined by very narrow, specific criteria, the most important being white. The whiteness-as-purity metaphor extended to hair which should ideally be blonde and preferably long: “hegemonic cultural representations were a defense of whiteness and domesticity” (Breines, 1992:96). Adjectives such as “pretty” and “cute”, and sobriquets such as “babe” and “doll” indicative of pre-pubescence, were applied by boys and by girls to those girls deemed attractive and popular. In addition to these characteristics, Breines (1992:112) suggested that “being middle-class was also important. Clothes, money and coming from the right neighbourhood weighed heavily.” This was the norm against which other girls were constructed as bad.

Lesko (in Roman, Christian-Smith & Ellsworth, 1988) studied the norms which high school girls used in order to classify girls in terms of their “proper sexual and bodily expressions”. Girls ranked each other's status according to language use, dress, make-up, hair styles and leisure activities, with the lower status girls being described as “loose, wild or hard” and the higher status girls as “rich and popular” (Lesko in Roman et al, 1988: 124) who “acquiesced with decorous behaviour, ‘niceness’, and little-girl looks” (Lesko in Roman, 1988:133). Many of the rich and popular girls were neither, but they were classified as such by the other girls on the basis of their “‘Seventeen’ magazine looks...accompanied by ‘nice’, modulated temperaments as expressed in voice and actions”. Nonetheless, as Lesko (in Roman et al, 1988:132) pointed out, being rated as rich and popular did not protect a girl's reputation if it were known that she were sexually active. The one feature common to both groups of girls was the acknowledgment that having a steady boyfriend (which implied being in love) suggested sexual involvement (Lesko in Roman et al, 1988:135) in the same way that romantic love was a pre-condition for a sexual relationship with a boy (Wilson in Smart & Smart, 1978:70).

Contrary to Lesko's findings (in Roman et al, 1988), “looking good” actually exonerated some girls from pushing the boundaries of proper behaviour (Breines, 1992). Breines (1992:114) cites the example of girls who always “looked like Nice girls who Didn’t (But

Who Really Did)", while Stratton (1992:172) quotes a saying popular with boys in the 1950s:

"I like the girls who do, and I like the girls who don't,
And I hate the girl who says she will and then she says she won't.
But the girl I like the most - and I think you'll say I'm right -
Is the girl who says she never does but looks as though she might."

Canaan (in Varenne, 1986:208) has also cited the words of a popular song, "Good girls don't, but I do" as an example of girls' ambivalence regarding morality and sexual behaviour.

In these examples, girls were also operating their own double standards and could be seen to be reflecting back the ambiguous messages with which they were bombarded by the mass media. Even if "in real life the American girl may want to be bad, she must at all costs give the appearance of being good" declared Breines (1992:125) who longed to get her ears pierced but refrained because the practice was unheard of in her suburban school (Breines, 1992:137). The right feminine appearance was one which implied a denial of agency while simultaneously projecting an image of a desirable sex object: it was associated with "passive sexuality, with being touched and being looked at" (Gilbert & Taylor, 1991:13).

Liz Fell in Heron, 1985:22) described how she resisted the traditional "good" girl appearance:

"At seventeen, school dances are full of Sandra Dees, sweetheart dresses, flatties, rustling petticoats. She opts for the Bad Girl look in tight red or luminously striped dresses which she runs up at home, and stilettos with long pointed toes which turn up and look at you."

Implicit in the "good girl - bad girl" dichotomy was the notion that the former took the trouble to project the right image through submitting to the dictates of teenage magazines such as *Seventeen* and *Honey*, to buy and to consume. The "bad girl", on the other hand, gave an impression of not caring about her appearance, of sluttishness: there was no doubt that she would become a delinquent or pregnant, and most likely both.

In what Ehrenreich et al (1986:11) have called a "highly sexualized society", girls were expected to be not only "good" themselves, but also to be the moral gatekeepers for other girls who might stray and for boys who could easily lose control. "Good" girls never gave in to boys and went "all the way". It was assumed that

"it was the girl's responsibility to apply the brakes as a relationship approached the slippery slope leading from kissing towards intercourse" (Ehrenreich et al, 1986:24).

“Sleeping with a `nice girl’ was like walking through a china shop” suggested Ehrenreich et al (1986:168): “You break it, you buy it.” The implication was that if the girl became pregnant, a “shotgun” marriage could be expected. The only other option during this era was to engage in the contradiction of keeping up appearances by disappearing as Breines (1992:115) observed:

“Middle-class white girls were whisked out of school and sight if they became pregnant, their babies put up for adoption, a disgrace to their families.”

Considerable effort to “keep up appearances” was expended during the 1950s and 1960s, not only by the individual but at the broader societal level: “the appearance of a happy marriage was more important than happiness [itself]” (Breines, 1992:58).

Sex and songs

The lyrics of popular songs, in particular those performed by female groups, were sources of advice on the perils of unsuitable love matches and the consequences of inappropriate female behaviour. They provided a safe space from which adolescent women could explore sex without actually engaging in it: the worst thing that could result was a broken heart ameliorated by the song lyrics which reassured the listener that she was not alone. Moreover, the popular culture of the 1950s and 1960s prescribed, dictated and reinforced a constructed feminine imperative.

The 1960s was an era when popular girl singing groups came to the fore. No longer backing male groups - the “doo-wah girls” - female singers organised themselves with names such as Martha and the Vandellas, Ruby and the Romantics, and the most enduring, The Supremes. The lyrics of their songs had such a profound effect that Douglas (1995:83) has proposed a challenge to women in their thirties and forties: “put them in a room with a stereo...and see how many know the words by heart.” I and my friends were those women. It is significant that the lyrics recounted in this chapter have been extricated from the corners of my memory, committed there more than thirty years ago, using my own syntactical arrangements. The names of many of the singers have long since been forgotten.

"Mother said...."

Notwithstanding the Afro-American origins of the majority of the all-girl groups of the 1960s, their songs were appropriated by middle-class white girls. On the other hand, there were songs which delivered advice which girls had received from their mothers:

*"I remember Mama said:
You can't hurry love, No you just have to wait,
She said, "Love don't come easy
It's a game of give and take'."*

Subsequently songs such as this were released by male singers as cover versions, providing a counter discourse to the lyrics and the messages contained in them. As a result they inverted and subverted the intent of the original lyrics. Similarly the appearance of the male falsetto, often engaged with a male basso, in groups such as the Four Seasons, the Four Tops and the Beach Boys, provided an alternative "female" voice which Douglas (1995:96) has called "musical cross-dressing". This phenomenon is evident in the following excerpt, a beratement for the girl's termination of a romance, imparted in the Four Season's (1963) song "Big Girls Don't Cry":

*"Shame on you, your Mama said,
Shame on you for cryin' in bed,
Shame on you you told a lie -
Big girls do cry."*

In this song, a male voice, masquerading as female, again proffers maternal advice to girls regarding the appropriate negotiation of the romance and the emotional penalty for failing to follow that advice. Breines (1992:86) has suggested, that "despite their family lessons, (girls) were quietly receptive to the new messages" and they replied to their mothers in the song, "Can't Hurry Love":

*"How long must I wait?
How much more can I take?"*

Not only were girls internalising advice and repeating it, they were beginning to question it as they made a desperate plea for autonomy:

*"You don't own me, don't try to change me in any way.
You don't own me, don't tie me down 'cause I'd never stay.
Don't tell me what to say, Don't tell me what to do,
Just let me be myself, That's all I ask of you.
I'm young, and I want to be young,
And I'm free, and I want to be free,
To live my life the way I want,
To say and do whatever I please."*

Mary Wells also rejected well-meaning advice in 1964 when she sang defiantly:

*"Nothing you could say could make me stay away from my guy.
Nothing you could do 'cause I'm stuck like glue to my guy....."*

Whether the words of songs were directed to parents, boyfriends or other girls was unimportant: that girls were using song lyrics to establish a sense of autonomy and

control was the issue. Song lyrics frequently followed a narrative style, recounting a linear sequence of courtship events:

*"Well he walked up to me and he asked me if I wanted to dance.
He looked kind nice, and so I thought I might take a chance...
And then he kissed me."*

In songs such as this recorded by the Ronettes (1962), the listener is privy to the confidences of the singer as would occur if she were conversing with a girl-friend.

In love with a bad boy

"Bad" boys made frequent appearances in pop songs: it was in this space that "good" girls could act out their rescue fantasies of bringing the boy to redemption and social acceptance through the power of their love. Two notable songs in this genre are "He's a Rebel" and "Leader of the Pack", the latter also following a narrative style. In the former song Vicki Carr (1962) acknowledged the hopelessness of the bad boy's rehabilitation:

*"He's a rebel and he'll never, ever be any good.
He's a rebel 'cause he never, ever does what he should.
But just because he doesn't do what everybody else does
That's no reason why I can't give him all my love."*

She may well have been singing about the stereotypical "bad boy", James Dean who, almost a decade earlier in "Rebel Without a Cause" (1955), represented "the adolescent son of a well-to-do family [who] gets into trouble with other kids and the police" (Walker, 1993:890). In "Leader of the Pack" (1963) a black girl group, The Shangri-las engaged in a dialogue of disapproval with one of their friends ("Is she really going out with him?") who fell for a boy from the wrong side of the tracks:

*"I met him at the candy store,
He turned around and smiled at me - you get the picture?"
"Yes we see."
"That's when I fell for
The Leader of the Pack."*

The protagonist in the song follows the advice of her friends and family and rejects the bad boy. To the accompaniment of engine noises, tyre squeals and cries of "Look out! Look out!", he is killed on his motor-bike. The singer reproaches herself (although not too convincingly) that her rejection has been responsible for his death:

"I'm sorry I hurt you - The Leader of the Pack."

Of note is the 'moral high ground' tone of this song demonstrating that such altitude was not the exclusive province of white middle-class girls as was commonly presumed

(Breines, 1992:98). For many middle class girls, particularly those in Australia, the racial and social background of these girl singers was either unknown or dismissed.

Going all the way

"Will You Love Me Tomorrow?" (1960) recorded by another black girl group, the Shirelles, addressed the negotiated space between male and female desire:

*"Tonight you're mine completely,
You give your love so sweetly.
Tonight's the night the love is in your eyes -
But will you love me tomorrow?"*

One interpretation of this song is that the Shirelles were singing about

"whether or not to go all the way and wondering whether the boyfriend, so seemingly full of heartfelt, earnest love in the night, would prove to be an opportunistic, manipulative lying cad after he got his way, or whether he would, indeed, still be filled with love in the morning" (Douglas, 1995:84).

Girls were aware of the fragility of teenage love accompanied by a loss of reputation, implicit in the song's title. They were also aware of the precariousness of their position if they were persistent in their demand for fidelity:

*"So tell me now -
And I won't ask again:
Will you still love me tomorrow."*

Even as I listen to this song some thirty years later, these words ring in my ears: will he still love me and, moreover, respect me in the morning - this man to whom I have given everything, on whom my life depended? Douglas (1995:92) has suggested that the reason "why the Shirelles (and other girl groups) mattered" was because

"they helped cultivate inside us a desire to rebel...to transcend the shackled of conventional life and rise above the hordes of others who do get trapped."

Nonetheless, "going all the way" could only be negotiated on the terms of marriage as expressed by the Ronettes in the song, "And The He Kissed Me":

*"I knew that he was mine so I gave him all the love that I had,
And one day he took me home to meet his mum and his dad.
Then he asked me to be his bride,
Always be right by his side,
I felt so happy I almost cried
And then he kissed me."*

True confessions

White middle class girls embraced the lyrics of songs recorded by black girls in a common space. The performances crossed the boundaries of race and class as they provided a medium where girls could talk between and among each other. In these

songs, girls exchanged confidences and asked for each others' opinions of and approval for relationships with which they could identify in their lives. A white middle-class girl listening to her radio on her own, in the metonymy of private, feminine, domesticity- her pink floral bedroom - could engage with other girls who were experiencing similar problems with boys (as I was doing frequently during this period). The songs provided the answers to her various dilemmas:

*"If you wanna know,
If he loves you so
It's in his kiss."*

and

*"Tell him that you're never gonna leave him,
Tell him that you're always gonna love him,
Tell him. Tell him tell him right now."*

The songs of the girl groups, mostly black, provided an alternative and continually reinforcing medium of reassurance where girls could explore their feelings about love and what to do to capture the attention and love of boys. Girls were bound together and to the songs in what Douglas (1995:91) has called a "knowing sorority" whereby they shared their knowledge about boys, love and sex.

Girl songs offered a confessional in much the same way that the "True Romance" magazine provided (Gerbner, 1958). Listener identification was a quality afforded by girl songs just as "reader identification" was a key quality required of the material in "True Confessions" magazines. Gerbner's perception of the role of the "True Confession" magazine is equally applicable to the lyrics of girl songs in that

"[i]dentification through the first person point of view and the flavor of authenticity requires settings congruent with that of the target audience" (Gerbner, 1958:33).

An important feature of the confession magazine was its cover which depicted girls who conformed to the "good girl" appearance described above (Breines, 1992:111; Ehrenreich et al, 1986:19; Gilbert & Taylor, 1991:13; Lesko in Roman et al, 1988:132). juxtaposed with salacious titles of the articles within. Gerbner (1958) studied the covers of eleven confession magazines which dealt in the main with sexual and family problems such as illegitimacy, and included articles entitled "The most shameful night of my life", "How can I face myself" and "A receipt for my baby" (Gerbner, 1958:301). He described this medium as

"the dark and turbulent world into which confession publishers insert, as a matter of policy, the dominant, concrete and colorful personification of clean-cut all-American girlhood." (Gerbner, 1958:300)

In response to a survey, male and female university students, irrespective of gender, rated the cover girl's photograph *alone* highly in terms of her presumed occupational

status and feminine qualities, whereas when asked to describe the sort of girl whose picture *might* appear congruent with the cover's text, rated her as "lower class" (Gerbner, 1958:305). Where respondents were asked to rate the cover in its totality, they positioned the cover girl as victim, "a simple, trustful human being against a brutal world" (Gerbner, 1958:306). A conclusion which can be drawn from this study is that girls in the 1950s who "looked good" were assumed to behave with propriety; those who disclosed their secrets were, by definition, bad girls. The public gaze, unable to reconcile this dichotomy, could only make sense of it by assigning the status of "good girl gone wrong" to the cover girl.

Kunzel (1993:102) noted that the confession magazine provided one of the few vehicles through which the story of out-of-wedlock pregnancy could be told. Consequently this print medium was favoured by many young women in maternity homes who explained the attraction in that "the stories are just like us!" (Kunzel, 1993:105). This explanation ran counter to the belief held by some social workers that women used the stories in confession magazines to construct their own, lending weight to the image of the unmarried mother as untruthful as well as stupid. Although social workers would no doubt distance themselves from engagement with the confession magazine, as Kunzel (1993:105) recognised perceptively, the sexual discourses which they traded about unmarried mothers were not so very different.

In both the song lyrics and the confession stories there was a solution to every problem embedded in the words which poured from the mouths of girls 'just like her'. Both media invoked the listener's or reader's empathy with the those girls. Both provided an intimate space, a confessional, where girls could vicariously share their predicaments with others, affirming for them that they were not alone. Both subtly blurred the class boundaries within which girls' sexuality and morality were defined.

Not only did the song lyrics offer an intimate emotional space, they also afforded an intimate sexual space where fantasies could be enacted, simultaneously public and private. There was safety in this anonymous intimacy. Unlike confession magazines and the professional columns of "agony aunts" to which girls could write in print media (see Chapter 13), the song lyrics afforded 'instant' feedback between the singer and the listener. Whereas print media engage the subject in a linear, uni-dimensional relationship, music surrounds and involves the whole person. Gill (1977:193) noted that songs of the mid 1960s

"created the impression that permissiveness with affection was being replaced by attitudes which supported permissiveness without affection. Sexual intercourse

was valued as and for itself and was no longer submerged in or associated with a rather hazy notion of romantic love."

Although most lyrics of popular songs skirted the specific topic of sexual intercourse, almost none addressed the possible consequence, pregnancy. In 1968 the Supremes recorded "Love Child" and "I'm Livin' in Shame" in keeping with the songs of social injustice and the protest movement which had appeared at that time (Grieg, 1989:125). These songs addressed the topic of illegitimate pregnancy which had been hitherto been taboo, and as invisible in the lyrics of popular songs as their unmarried fans who became pregnant were in the community. Whereas "Love Child" owed its popularity to its message of refusing sex because of the risk of pregnancy, a message which many girls found difficult to articulate, "I'm Livin' in Shame" was less successful because, suggested Grieg (1989:125) "its very title was outmoded as a concept". Such an explanation, however, would appear to be erroneous when considered in terms of other discourses. While the songs of the 1950s and 1960s were mostly about the pain of about love, some lyrics also contained a biting edge as women began to realise and acknowledge the inequality of their sexual positions.

*"He makes me do things I don't wanna do,
He makes me say things I don't wanna say,
And even tho' I try to break away
Can't stop sayin' I adore him,
Can't stop doin' things for him-
He's got the power, the power of love
Over me."*

Sexual icons and iconoclasts

As the cultural icon of female sex in the 1950s and 1960s until her death, Marilyn Monroe represented a threat to the natural order of society. Monroe was the embodiment of a "bad girl", blonde (albeit artificial) and busty; a girl of whom parents disapproved but to whose image many girls aspired. She was also the daughter of a single mother. In the film "Bus Stop" (1956) Monroe offered girls a rationale for their sexual involvement when she sang

*"You came, I was alone, I should have known -
You were temptation.
You lured me on, my heart was gone -
You were temptation."*

The ultimate temptress herself was singing about being led astray. Although she presented a demeanour of misplaced naivety, Monroe's life was a morality tale of what could happen to girls like "that". In a perceptive analysis, MacCannell (1987) described Monroe as

"our collective representation of that which is most feared and desired...unrepressed feminine sexuality, a sexuality which thrives outside of domestic arrangements."

Of particular noteworthiness is the reportage of Monroe's illegitimate birth: she was both product and representation of a bad girl:

"She lived in Bohemian foster homes, in institutions, she did not know her father, her mother struggled to keep her" (MacCannell, 1987).

Emphasis on Monroe's background ensured that intergenerational contamination flowed between her and her unknown mother and reinforced their innate badness. Whereas attractive single women had always been "framed as dangerous and dark" as MacCannell has observed, Monroe's representation of the attractive single woman as

"something airily light, friendly, openly sexual, trusting, fun, competent, and interesting, is sheer cultural terrorism, requiring a total change in Puritan values, or violent suppression" (MacCannell, 1987:126).

Breines (1992:86) admitted that "there was no way that a 'good' girl growing up in the fifties could not have been curious about badness" as she tried to negotiate her way among the ambiguous constructions of femininity. Frequently their curiosity led them into 'trouble'. More than two decades later, Madonna recreated Monroe's unambiguous femininity as an icon of popular culture while simultaneously challenging it (Schwichtenberg, 1993).

A morality tale

Although the topic of adolescent sexuality has been addressed in many works of popular literature, I have chosen to present one, Joyce Carol Oates's "Where are you going, Where have you been?" (1968, 1991 in Showalter, 1994) as an exemplar because it contains most of the ambiguous elements associated with being a teenage girl in the 1950s and 1960s and can thus be interpreted as a contemporary morality tale. Not only has this story been the topic of critical analysis, but it was also reproduced in a film version almost twenty years later as *cinema verite* of adolescent sexuality and its consequences.

In 1968 Oates (1991 in Showalter, 1994) rewrote a true story, "The Pied Piper of Tucson" which had been published initially in "Life Magazine" (March 4, 1966). Notwithstanding the sensational horror of the original story about a "good" girl who was abducted, raped and murdered by a psychopath, Oates's (1968, 1991) fictional account titled "Where are you going, Where have you been?" is all the more sensational because of the gendered debate which it generated. Feminist debate about the role of the female protagonist, Connie, interpreted her as an innocent victim of her own sexuality in conflict with societal mores (Wegs, 1975 in Showalter, 1994:99-107).

On the other hand, masculinist readings positioned her clearly within a self-destructive ontology where “her fate is largely the result of a consciousness shaped by the frantic life of cruising in fast cars, [and] sipping Cokes with anonymous boys” (Quirk, 1981 in Showalter, 1994:87) and in which “her compulsive sex drive will destroy her” (Rubin, 1984, in Showalter, 1994:111).

Described as an allegory - “realist”, “feminist” and “existential” - by various critics (Showalter, 1994), Oates’s story simultaneously challenges the values of middle America in the 1960s while affording sexual agency to Connie. It has also been suggested (Schulz & Rockwood, 1980 in Showalter, 1994:113-131) that Connie is a contemporary female archetype drawn from mythical characters such as Persephone and motifs found in fairy stories such as “Little Red Riding Hood” and, of course, “The Pied Piper”.

At a time when appearance was indicative of propriety, Connie personifies the contradictions in morality with which girls in the 1950s and 1960s had to contend:

“She wore a pullover jersey blouse that looked one way when she was at home and another way when she was away from home. Everything about her had two sides to it, one for home and one for anywhere that was not home.” (Oates, 1991 in Showalter, 1994:27)

Connie daydreamed about the boys whom she met, who “fell back and dissolved into a single face that was not even a face but an idea, a feeling mixed up with the urgent pounding of the music”. When she also dreamed about ideal love “her mind slipped over onto thoughts of the boy she had been with the night before and how nice he had been, how sweet it always was...the way it was in movies and promised in songs” (Oates, 1968, 1991 in Showalter, 1994:30).

Arnold Friend, the psychopath in Oates’s story and the real-life character on which he was based, is not only an horrific parody of male excesses in the 1950s and 1960s - Elvis Presley, outlandish dress, fast cars and voracious sexual appetite - but is also the embodiment of the evil against which good girls were warned. Such a character is exemplified in Kristeva’s analysis of the adolescent novel as “the young god of the worst, of the less good, the inferior, the ‘unimportant’, who is yet strong in his inferior power” (Kristeva, 1990:21). Friend, whose very name is an oxymoronic threat, is the antithesis of the boys in Connie’s adolescent fantasies. Terrified, she listens to his description of what he will do to her:

“I’m always nice at first, the first time. I’ll hold you so tight you won’t think you have to try to get away or pretend anything because you’ll know you can’t. And I’ll come inside you where it’s all secret and you’ll give in to me and love me-” (Oates, 1968, 1991 in Showalter, 1994:40)

It is against Connie's daydreams that Oates counterpoises Connie's fear and powerlessness as she is raped by Arnold Friend:

"She cried out, she cried for her mother, she felt her breath start jerking back and forth in her lungs as if it were something Arnold Friend were stabbing her with again and again with no tenderness." (Oates, [1968] in Showalter, 1994:45)

Adapted by Joyce Chopra as a film, "Smooth Talk" (1986), Oates's story takes on new meaning. Connie is "not an allegorical figure so much as a 'typical' teenaged girl" (Oates, 1988 in Showalter, 1994:69) and the title, originally imitating the voice of a cavillous mother, now gives precedence to the voice of Arnold Friend. In Oates's story Connie, as if in some metaphorical, disembodied trance after the rape, leaves her home and family to go with Friend. In Chopra's film she is terrorised in her home, abducted and raped, to be returned to the doorstep. Although Oates herself was ambivalent about the reconstructed ending (Oates, 1988 in Showalter, 1994:71) one critic (Rich, 1986 in Showalter, 1994:143) posed a vehement objection to its "happy ending":

"'Smooth Talk' is an old-fashioned mother's dream: fleeing the consequences of her sexuality, Connie returns to the bosom of her family, to the literalization of mamma's arms."

Rich also took exception to what she sees as other instances of moralising:

"In Chopra's hands, Connie is punished for sex *with* sex. Connie is singled out for rape because she is pretty and flirtatious. She was asking for it, wasn't she? Just looking for it, right? We're back in the familiar terrain of Blame the Victim Land." (Rich, 1986 in Showalter, 1994:142)

Rich suggested that 'Smooth Talk' was "a movie that meant to teach teenage girls the perils of sex" because Chopra, herself the mother of a teenage daughter, has

"made a movie with a message for teenage girls everywhere: keep a lid on your sexuality, don't you dare express it, don't you ever act out those trashy daydreams, or you'll get it" (Rich, 1986 in Showalter, 1994:142).

A different reading of "Smooth Talk" can be found in terms of Sichtermann's (1986:81) analysis of the "post-pubertal myth" of the knight in shining armour, whereby the male embodiment of the knight is inconsequential. Sichtermann (1986:84) contended that the figure of the knight is "nothing more than a cipher for love itself, or for 'grown up' physical desires, for sexuality". In an interpretation which ascribes agency to a young woman, Sichtermann (1986: 84) further suggested that it is not "the man who gets all the activity, it is the sexuality of the dreaming girl". This is a sexuality which is "more powerful than the parents' tears and it wipes out of the memories of the things of

childhood" (Sichtermann, 1986:84). It is also a sexuality of women which resists that imposed on them by the cultural imperatives of femininity.

My reason for including "Where are you going?" as a prime example of a contemporary morality tale is because it demonstrates so vividly the influences of popular culture on the leading characters and as a realist allegory it provides an vehicle for critical reflection on the values of the period. It suggests, as Kristeva has claimed, that

"[t]here is a certain identification of the narrator with his (sic) seductress or seducer, even more so, since these adolescents escape all categories (of perversion) and impose themselves on novelists as metaphors for what is not yet formed" (Kristeva, 1990:21).

This story also represents several sides of the debate about young women's sexuality: their agency and their resistance to and engagement with the dominant discourses of popular culture.

Canaan (in Varenne, 1986:184) has described how teenage girls construct their sexuality through the manufacture of their own morality tales around "bad" girls whom they know personally or by repute. By disseminating cautionary stories about "kinky sex" for pleasure, "good" girls are able to define "normal sex" which is based on romantic love:

"While cautionary tales explicitly present examples of wrong sex - and by negation, right sex -...(they) represent experience at some distance from the speaker. Cautionary tales speak about `the other kind of girl'" (Canaan in Varenne, 1986:203).

On the basis of the behaviours in which they engage, or the risks which they may take, Canaan (in Varenne, 1986:197) found that girls were bifurcated into good or bad:

"Good girls do not engage in wrongful sex practices and bad girls get what they deserve and presumably have been asking for by their conduct" Canaan (in Varenne, 1986:197).

Sex on the screen

During the 1950s and 1960s in which a denial of sexual involvement in films was signified by bedroom scenes of men in singlets with "one foot on the floor", there was a rush of cinematic morality tales which Douglas (1995:73) has called the "pregnancy melodrama" and which had several common themes. Of these themes, the two most important concerned the leading actors with whom the young audience could identify: a "sensitive brooding leading male with wavy hair that dipped suggestively over his forehead" and a young female lead who had "sexual desires which she acted on without being killed or otherwise banished by the end of the story." Above all, sex in the pregnancy melodrama was equal to love, where "everything was love, for him, for a

perfect future together. No amount of material success could compete with the happiness of true love" (Breines, 1992:105).

Pregnancy melodramas such as "Blue Denim" (1959) and "Splendor in the Grass" (1964) offered a space where "nice" girls and boys could identify with the hapless young stars: in love (hence sex meets with approbation) and "in trouble" (sex is punished anyway). They served as a different type of morality tale from, for example, "Smooth Talk" which warned against the sexual predation of "bad" boys. However the combination of both story lines were designed to check-mate girls into a morally safe corner.

It was not only the pregnancy melodrama, usually rated "Not Suitable for Children", which promoted true love as the means by which insurmountable romantic difficulties could be resolved. The animated film directed at children was also a subtle means by which this message could be promoted at a pre-pubescent level. A prime example of this ploy is the 1955 Disney production, "Lady and the Tramp" in which anthropomorphic dogs act out the roles of "good" girl (white, middle-class and blonde spaniel) and "bad" boy (rough, wrong side of the tracks, but honourable mongrel).

Another movie genre of the era was the "romantic comedy" with titles suggestive of certain sleeping arrangements such as "Pillow Talk" (1959) and "Do Not Disturb" (1965). Both these films starred Doris Day, the screen embodiment of the white middle-class female ideal who has been described as "a forty-year-old virgin with a forty inch bust" and "a middle-aged professional virgin with her age and sexual experience erased" (Breines, 1992:101). Day played this specific role in the 1962 film "That Touch of Mink" when, (aged 40), she was cast as "a virginal secretary" opposite Cary Grant's "bachelor playboy tycoon" (aged 58). The contradictory messages from Hollywood reinforced the mixed messages that young women were receiving from multiple sources.

The Australian Context

Helen Townsend's (1988) account of growing up in the 1940s, 1950s, and 1960s in Australia has been presented in the kind of wistful nostalgia decried by Breines (1992) and Douglas (1995). Based on anecdotes collected at dinner parties with family and friends, her work is steeped in white, middle class values with which many Australians would be unable to identify: hardship is treated lightly. Despite one of the contributors to Townsend's work having publicly admitted that he fathered a child who was taken for adoption, the topic is not addressed at all.

Echoing the trend in the United States at the time, Townsend (1988:173) described the “double standard of morality” between girls and boys:

“Australian girls of the 1950s and 1960s were subject to the rigid morality of ‘nice girls don’t’. However, many boys, while subscribing to the same standard for girls, had no such scruples relating to themselves. The result of this double standard was widespread confusion, pretence and deceit.”

Evidence of the double standard was to be found in the comments of Townsend’s interviewees:

“You’d be scared that if you went too far he’d think you were cheap. But if you didn’t, he’d think you were frigid and drop you.”

“It was supposed to be like a battle between the boy and the girl. You were always trying to stop them, they were always trying to make you. The theory ignored the fact that girls had sexual desire.”

Townsend (1988:174) also addressed the issue of contraception:

“The question of contraception was a difficult one. Girls didn’t think about it. If they had sex, it was supposed to be on a momentary impulse of being ‘swept away’. It was up to the boy to take precautions.”

Although sex education was available, it was shrouded in euphemisms and obscure references to animals. Always segregated, sex education was delivered by religious organisations working under the ambiguous and euphemistic titles of “Father and Son” and “Mother and Daughter” movements. Quoting from a sex instruction manual of the time, Townsend provided the following information for teenage girls:

“You may become conscious of the strong pulse of sex within your personality. In our society marriage and the fulfilment of this sex urge must wait until you are several years older, because your man will not be able to support you until he has been working at his job for a few years.” (“A Guide to Womanhood” cited in Townsend, 1988:169)

The chapter in Townsend’s work which addressed the topics of sex education and contraception took its title from advice frequently meted out to girls and which encapsulated the morality of the 1950s and 1960s: “If you can’t be good, be careful.” The inference drawn from this statement was that if women found the temptation of sex too irresistible, and were “bad” girls, then their behaviour would be punished by pregnancy. The illusion of propriety had to be maintained at all costs. At the same time, this statement delivered a message to women of their responsibility for the sexual negotiation.

In a profile of four young Australian women in the 1960s, Hall (in Rigg, 1969) found that their attitudes to sex before marriage differed little from those of the previous decade. Premarital sex was acceptable if it was the result of love and within a relationship

regarded as “serious” or a precursor to marriage. One woman interviewed, Marie, stated that she and her boyfriend talk a lot about sex before marriage:

“That always comes up. I’d sleep with him if I got engaged, I think, but I’m still not sure if I want to get engaged. My parents are old-fashioned about this. They taught me sex before marriage was out. And that’s always there, although you have your own ideas and you’re tempted. But with another boy, I didn’t want to - I don’t know if that was because I didn’t love him.....” (Hall in Rigg, 1969:28)

Another woman, Sharon, dismissed the earlier importance of virginity.

“I’ve made a pact with myself - if the right man comes along, it’s all right to have sex. But at seventeen, I was still thinking of sex as being inseparable from marriage. I went for a long time thinking only bad girls did that, and if you did, you had a child.” (Hall in Rigg, 1969:30)

This view was shared by Nancy:

“Now, if a girl’s over twenty and still a virgin, there’s something wrong with her. When I was a teenager I didn’t think this way. Then I couldn’t stand the idea of going to bed with a man - not because of anything my parents had told me, because they didn’t tell me anything about the facts of life. Then you meet someone who impresses you more than anyone else has so far, and the force is strong enough for you to sleep together.” (Hall in Rigg, 1969:33)

Beth, the fourth woman interviewed by Hall, believed that her attitudes towards sex as a teenager “were probably hemmed in by a few more inhibitions than those of today’s” (in Rigg, 1969:39). Beth continued:

“At first, I was very romantic about it - equated it with marriage initially, then with true love....Then I had a serious relationship with someone at university. We slept together, but that didn’t change my ideas at all, because it was true love. It was when it broke up that I decided to be more clinical about sex - out of pure revenge going off with his best friend.” (Hall in Rigg, 1969:39)

Elsewhere Julie Rigg (1969:47) challenged the idea of the “permissive society [which] conjures up images of young people bucking parental restraints [and] experimenting sexually”. Without evidence, she quoted the figures for marriages in 1968: “almost one-third of brides were under twenty-one, and the largest group were between twenty-one and twenty-four”. In addition, Rigg noted that “one Australian bride in three trips pregnant to altar or registry office” (Rigg, 1969:47). However, in spite of more than 19,000 ex-nuptial live births recorded in each year of 1968 and 1969 (Schlesinger, 1973), Rigg dismissed unmarried pregnancy as an important issue in single women’s lives:

“There may be some significance in the fact that last year (1967) roughly 40 per cent of unwed mothers, who could be described as having motherhood thrust upon them, decided to keep their babies” (Rigg 1969:49)

Rigg (1969:49) also found “interesting” the lack of influence of celebrities such as “Julie Christie or Marianne Faithfull, proclaiming in the mass media a preference for motherhood without marriage” and attributed this to the disincentive offered by “the

social services benefit of \$9.75 a week for the first six weeks of motherhood". Julie Christie herself refuted such a proclamation suggesting instead that she might have been speaking through one of her film characters:

"That was *Darling* (1965)..Here was a woman who didn't want to get married, didn't want to have children like those other kitchen-sink heroines; no, Darling wanted to have everything. Of course, at the time this was seen as greedy promiscuity and she had to be punished for it." (Christie in Maitland, 1988: 169).

The power of the medium of cinema is evident even in its influence on the views of Julie Rigg (1969), an avowed feminist.

Where the boys were

If the girls of the 1950s and 1960s occupied the domestic sphere, boys occupied the street. These contested social spaces also defined the activities which were also acceptable. Consequently, the "sort of girl" who was visible outside the protection of the home became synonymous with promiscuity, a "bad" girl.

Whereas "bad" girls in the 1950s and 1960s were weighed up against a preconstructed white-skinned, blonde haired, middle-class norm of femininity, an inversion was true for boys. Obsession with "bad" boys ensured that it was an image, after James Dean and Elvis Presley, that received more attention than the clean-cut versions of Tab Hunter and Troy Donahue. Since clean-cut boys would remain that way as they followed normal respectable life courses, there was no need to emphasise them: future power lay with them. On the other hand, deviant and inverted images of masculinity could be promoted to girls as deterrents and symbols of danger. This message could not be over-emphasised in order to avert a relationship such as occurs between "good" girl, Olivia Newton-John, and "bad" boy, John Travolta, in the retrospective film "Grease" (1978). Douglas (1995:93) has offered a description of such boys who should be avoided:

"Academic zeros, on unemployment, clad in leather jackets, sporting dirty fingernails and blasting around on motorcycles...every suburban parent's nightmare, the boys they loved to hate."

Further evidence of a gendered past for women's sexuality can be found in a 1965 recording by the then little known Australian comedian, Barry Humphries. Under the title "Chunder Down Under" Humphries recorded two monologues accompanied by songs, "The Old Pacific Sea" and "Snow Complications". Before the awareness of "political correctness", when sexist language was not only tolerated, but moreover demanded as evidence of masculine prowess, the lyrics passed without social

comment. Three decades later their irony is significant because they define the other side of “going the grope” and provided an unabashed voice for male sexuality.

The first song recounts the exploits of a carload of boys, surfies - the type of boys whom most white middle-class girls would have known: “an engineering student from the Uni or a part-time male model” - who engage in imbibing copious amounts of alcohol and gate-crashing a beach party having picked up “a couple of pigs (i.e. nurses) from the Prince Alfred”. The homophobic tendencies of the time are revealed when the boys boast about going to Sydney’s Hyde Park where they “rolled a few queers, won a few cuff-links”.

In the second song, to the tune of “Good King Wenceslas”, another carload of boys from more privileged backgrounds - Simon, Ross and Stephen (“it doesn’t matter which of the major schools you went to”) - drive to the snow country for a weekend., where they “screamed to the huts to go the grope with some little raving bunny”. This, according to the protagonist, is a heterotopia, the “land of no complications” where, amid phallic innuendo, there is no female resistance. After the boys have been to “a dinner dance for mentally retarded children”, the action shifts:

*“In some cosy Alpine spot
There you’re sure to find us:
Propelling charlies to the cot
With a queue of blokes behind us”*

Wood (in McRobbie & Nava, 1984:64) has suggested that when boys engage in ‘sex talk’ “half the time they are fantasising” because “sex is an area where they can attempt to construct themselves as masterful”. Although Wood conducted his research among English working-class boys, he acknowledged that “a disparagement of women’s bodies is a feature of *male* practice in many societies and epochs” (Wood, 1984:65) and hence, his analysis has relevance for this discussion. He extrapolated from this reading of boys’ sex talk that “it is not too fanciful to say that women as a whole are sometimes regarded by men as dirty, alien, even evil” (Wood, 1984:65), an observation which might explain the frequency of boys’ disregard following a sexual encounter.

As in Humphries’ lyrics, the boys in Wood’s study compared girls with animals, in the latter case a “tasty bird” or “a bit of a dog” (Wood, 1984:61), with the one girl frequently sharing either avian and canine qualities depending on her acceptance or rejection of a boy’s advances. Similarly, Wood (1984:62) noted that the boys were convinced that *all* girls wanted sex, and were just waiting passively for the boys to seek them out.

Whereas girls in the 1960s described the sequence of sexual activity according to a numerical code (see Chapter 17), Wood found that the boys whom he studied used similar although literal descriptions:

“(T)he boys operate a sequence from the least ‘serious’ regions of the body to the most ‘serious’. That is, in petting, they would usually start by trying to get to a girl’s breast before ‘going below’...kissing is less serious than petting and petting is less serious than heavy petting” (Wood, 1984:66).

In words which represent the contempt for women expressed by many men, MacLeod (in Maitland, 1988:179) recalled the opinion held by her then-rock star husband of his female audiences:

“Mainly they were seen in terms of their appearance or the promise of sexual fulfilment. Those who didn’t measure up (and most didn’t) were verbally despatched in a series of scathing obscenities.”

In spite of boys’ overt expressions of sexual desire, they generally held conservative views about what was considered appropriate sexual behaviour consistent with the double standard projected by popular culture. Breines (1992:119) described this conservatism, captured in Humphries’ lyrics, whereby

“Boys did not set limits on sexual interactions but disapproved of girls who behaved as boys wanted them to...Boys preferred to have intercourse with someone they did not care for or would not marry because other girls were ‘too good’.”

The sexual economy

The consumerist ideology which permeated the popular culture of the 1950s and 1960s was not lost on young women. Just as they internalised the religious and sexual codes, they also embraced the consumerism which underpinned popular culture and its commodification. Women’s sexuality was regarded as a valuable commodity and required negotiating. Girls who were sexually active were described as “cheap”, or were accused of “giving it away” instead of retaining “its” bargaining power for the highest bidder in marriage (Bailey, 1988).

A business economy which relied on the purchasing power of young women to maintain their appearances of desirability, respectability and popularity also informed the sexual economy: without the correct appearance, if a girl was “cheap”, she would look “cheap”. Generally this appearance was narrowly defined in terms of “whiteness”: pale skin and blonde hair as metaphors for virginal purity. Using a financial analogy, Gerster and Basset (1991:184) recognised that

“for many women the ‘revolution’ in sexual mores had come at a cost. Sexual activity came wholesale in a buyer’s market where the main customers were men.”

Women were caught between mixed messages: on the one hand, the moralism that dictated their behaviour, and on the other, the consumerism that told them that they could “have it all” - at a price. Maitland (1988:15), in her reassessment of the era, concluded that the price was extracted because:

“We were undeniably greedy, both for personal experience and for instant transformation, undeniably arrogant in our conviction that we could indeed summon up the ‘very heaven’ simply by being young enough, energetic enough and bloody-minded enough.”

For young women who became pregnant the price was their babies. Such consumerism also influenced adoption: a market for the best babies at the best price (Zelizer, 1985). Young, single, middle-class women, were the most vulnerable to marketing ploys owing to the influences of a consumerist popular culture to which they could relate.

The last word

The voices of women who came to womanhood during the 1950s and 1960s have belied the “sexual revolution” and the sexual freedom that was first promised and then claimed. Breines (1992:113) has noted that the enforcement of the “premarital sex taboo” and the double standard which accompanied it were responsible for

“the unhappiness, even terror...that are central to this generation's story. The preoccupation with virginity, or sexual intercourse, articulated an extreme double standard: punishment that followed from its violation was visited only on females.”

Although Maitland (1988:15) suggests that “the sixties were transforming times, the beginning of the transforming time for almost all women”, the women's voices in Maitland's (1988) collection give the last word on the popular culture that described that era.

"The sixties for me was leaving my parents' home in order to set up one with my husband....Is it mainly men of my generation who are nostalgic about the sixties?"
O'Sullivan in Maitland, 1988:117)

"the sixties
were full of people I didn't sleep with
joints I didn't smoke
plays I wasn't in...
the sixties was a time when many people went to pot
except for me
I did not" (Wandor in Maitland, 1988:133)

"I felt I was on the outside looking in. I think the majority of people did."
(Christie in Maitland, 1988:170)

"The sixties looked very much like a male invention based in power, promiscuity and self-abuse."
(MacLeod in Maitland, 1988:182)

"It is the sex that people are really thinking of when they talk about the inexpressible decadence of the sixties."
(Carter in Maitland, 1988:215)

"The sixties were a mess."

(Griffiths & Lee in Maitland, 1988:219)

Discussion

Unmarried mothers were always hovering in the margins and below the surfaces of the popular discourses of the 1950s and 1960s. They were described in nebulous terms as admonitions of "what could happen" if a women stepped outside the boundaries of prescribed sexual behaviour. Very few writers seemed to have personal experience of unmarried motherhood, and allusions to it were mostly vicarious. The walls of the maternity homes described in Chapter 15 where unmarried mothers were rehabilitated for their metamorphosis into Sandra Dee ensured that they remained invisible .

But if the unmarried mother was invisible, then the Sandra Dee ideal was also out of reach. Unattainable for the majority of young women, both sides of the binary female were beyond the reach of the women caught in the middle. Consistent with their second-hand knowledge of the unmarried mother, they all knew 'someone else' who had made the grade of the popular girl and who, having achieved the goal to which all other women aspired, was assumed to live an unproblematic life. Maitland (1988:14) suggests that

"Women's absence, both actual and perceived, from so much of what was going on may indeed have difficulty remembering events, and insist that they weren't really 'where it was at'".

In a nostalgic vein, some authors have continued to promote the 1950s and 1960s as an era of certainty and security which no longer exists. Townsend (1988) has presented an unashamedly middle-class view which she superimposes on all strata of Australian society. By contrast, Breines (1992:xii) has suggested that "(t)oday much of the memories of the 1950s is nostalgic and rosy" whereas the reality was a "more complicated and painful picture" or those girls who were "young, white and miserable". Nonetheless, white middle-class women were active rather than passive consumers of popular culture. As Breines (1992:94) concluded:

"it is my assumption that a national, middle-class, popular culture was a central event out of which girls constructed their feminine selves and to which they contributed."

By contributing to popular culture, young women created a space where they could construct their sexuality on their terms, transcending boundaries of class and race. Those women who fell through the cracks when they fell pregnant also crossed the boundaries of morality and female sexuality defined by the popular culture in which they actively participated through their avid consumption of popular songs and popular literature.

In this chapter I have presented a snapshot of the social climate in its representations of the popular culture of the 1950s and 1960s. This was the backdrop against which young women were trying to negotiate their own terrain in a sexual minefield, a terrain which was simultaneously welcoming and yet dangerous. This is a metaphor of geography pitted against another metaphor of economy: it is also a blurring of social and sexual boundaries.

Through its condemnation of extramarital sex, the romantic ideal presented in discourses of popular culture prepared young women for the societal ideal of marriage and family. In Chapter 17 I will explore the counterdiscourses of women who themselves were growing up during the 1950s and 1960s and who traversed the boundaries defined by the social and the sexual. These counterdiscourses are to be read not only against the grain of the hegemonic discourses of the symbolic order but moreover in terms of discourses which contribute to an illumination of the tensions between the symbolic and the semiotic, between the ways in which women's sexuality was constructed by popular culture and by women themselves.

Part 5

THE THETIC PHASE

Breaching the symbolic

"We shall call this break, which produces the positing of signification, a `thetic' phase." (Kristeva, 1984:43)

*"This `inserting' even belongs to the thesis as such, as a remarkable modus of original actuality."
(Husserl cited in Kristeva, 1984:44)*

*"For once she blazes her trail in the symbolic, she cannot fail to make of it the chaos of the 'personal'."
(Cixous, 1981:258)*

THE THETIC PHASE: A threshold between the symbolic and the semiotic

Introduction to Part 5

Between the heterogeneous realms of the symbolic and the semiotic orders, Kristeva (1984:48) has identified a rupture which she calls the thetic phase. This is a position accorded to the speaking subject as subject-in-process whereby the semiotic is *not* repressed, but is the "very precondition of the thetic [phase]" (Kristeva, 1984:50). It is the site at which the women who lost babies to adoption intrude on their construction by the hegemonic discourses of the symbolic. The semiotic is not autonomous with the thetic but hypostasizes it.

Kristeva (1984:64) acknowledges that "there can be no signifying practice without a thetic phase". Thus, without representation from mothers who lost babies to adoption, there is no adoption. This could be construed as the mothers' participation in their own signification.

In the three chapters which comprise this section I will show how mothers, as subject-in-process, breach the symbolic through challenging the names which were assigned to them by the symbolic and through their poetry and art. I begin the section by positing myself within the thetic.

In the double helix with which I have represented the process of semanalysis, the interpretive framework for this thesis, the thetic phase sits at the scission of the strands which depict the symbolic and the semiotic.

Chapter 13

THE "I" OF DISCOURSE

"I expel myself, I spit myself out, I abject myself within the same motion through which "I" claim to establish myself" (Kristeva, 1982:3)

This thesis would not have been possible without my own experience of losing a baby to adoption. This is an experience which positions me within the hegemonic discourses of the symbolic order: as the unmarried mother of medical and social discourses: the "mad" mother who, as the only child of a possessive, divorced woman became pregnant as a result of an unconscious wish to give her mother a baby; or as the "bad" girl who transgressed the morality of the time by engaging in pre-marital sexual behaviour; or perhaps the "stupid" girl who, believed that romantic love would protect her from biology. Such a polyvalency positions me everywhere in the symbolic and yet nowhere as "I" become everyone. "I" am only present in my own story which inserts itself into the symbolic and ruptures its truth. I have demonstrated this in Chapter 11, where I have analysed my position as both subject and object of media discourse.

In my journey through the hegemonic discourses of the symbolic order I began to form and reform my position on adoption and to read myself into those discourses, not as the object which they addressed, but as the subject, a subject-in-process, in transformation.

A prime example of positivist medical discourse which has occupied a privileged position among the discourses of the symbolic order is the anatomy and physiology textbook (Anthony and Kolthoff, 1975). Reading this text which contains bodies but no people, I began to insert myself into the impersonal words which describe the physical transformation from girl to woman.

A THETIC SPLIT

Many changes recur periodically in the female during the years between the onset of the menses (menarche) and their cessation (menopause or climacteric).

I look in the mirror and wonder where is the girl whom I forgot so quickly. I try to remember her - what she looked like. I am 50.

Most obvious, of course is menstruation - the outward sign of changes in the endometrium.

What is happening to me? I am bleeding. From where is it coming, this blood? It is dark and sticky and has stained my pants.

The menstrual flow occurs at puberty, at about 13 years of age, although there is wide variation according to race, nutrition, health, heredity etc. Normally it recurs about every 28 days for about 40 years.

I am almost 14 years old. I am white, healthy and eat well. Every 30 days I go through a flooding hell - pads, belts, finding public lavatories which stink. The idea of doing this for 40 years holds little appeal.

Most women also note periodic changes in the breasts.

I want to be like the other girls, have boobs, wear a bra. I have only a chest. I look every month but there is no change.

But these are only two of the many changes that occur over and over again at fairly uniform intervals during the approximately 30 years of female reproductive maturity.

Each month, each year is the same except for when I am pregnant. Then my body changes noticeably. I will be pregnant for the last time when I am 43, almost 30 years after my first period. It will end in abortion.

Rhythmic changes take place in the ovaries, the myometrium, the vagina, gonadotropin secretion, body temperature and even mood or "emotional tone".

Rhythmic changes take place in my body when I am dancing, when I am kissing. Sometimes changes take place in my vagina and it feels wet. I am reluctant to acknowledge my emotions in case they are held in evidence against me. I do not record my temperature.

Once each month, on about the first day of menstruation, several primitive graafian follicles and their enclosed ova begin to develop. The follicular cells proliferate and start to secrete oestrogen (and minute amounts of progesterone).

I have heard that there is a safe period to have sex, perhaps just before your period is due. But I am not sure when this occurs.

Physiologists agree that hormones play the major role in producing the cyclic changes characteristic in the female during the reproductive years of maturity.

My girlfriends agree that when you are in love sometimes you do things that you might not do otherwise. Sometimes it can be hearing a favourite song or just being with the person.

CONTROL OF CYCLICAL CHANGES IN THE OVARIES; CONTROL OF CYCLICAL CHANGES IN THE UTERUS; CONTROL OF CYCLICAL CHANGES IN AMOUNTS OF GONADOTROPINS SECRETED; CONTROL.....

Control, control, control....
Control yourself,
Control him,
Control, control, control.....

Several million sperm enter the female reproductive tract with each ejaculation of semen.

We only did it once, and then I don't think we did it properly. He said that he pulled out in time.

Production of a new human being starts with the union of a spermatozoon and an ovum

You can't get pregnant the first time. And we love each other.

If fertilization of the ovum occurs, the menstrual cycle is modified.

I haven't had a period for three months. But I don't think I could be pregnant.

During menstruation, necrotic bits of the compact and spongy layers of the endometrium slough off, leaving bleeding denuded areas.

Why aren't I bleeding? Where is that brown stain that I hate but now want to see?

The corpus luteum persists...IF IT IS REMOVED BY ANY MEANS, ABORTION RESULTS.....

If I am pregnant perhaps I could have an abortion. Where? How? How much?

The fertilized ovum which immediately starts developing into an embryo, travels down the tube and implants itself in the endometrium, so carefully prepared for this event.*

It's too late. I'm going to have a baby.

I wasn't so carefully prepared for this event.

* Anthony, CP & Kolthoff, NJ (1975) **Textbook of anatomy and physiology**. St Louis: Mosby

The speaking subject and subject-in-process

As a woman who lost a baby to adoption, I am positioned both inside and outside the semanalysis. I am both the speaking subject and the theoretical object of the hegemonic discourses which defined adoption, the unmarried mother and women's sexuality. This shifting position demanded by semanalysis, Kristeva has described as being between the brinks of pain and pleasure:

"[P]ain...caused as one recognizes oneself as the subject of (others') discourses...[and] pleasure at finding oneself different, irreducible, not merging with the others..." (Kristeva, 1980:x)

Recognising oneself as the subject of others' "overly constraining and reductive" discourses causes suffering, according to Kristeva (1980:x) which can be ameliorated by the call of the "unnameable" which exists at the borders of those discourses and which is "saturated with interpretation".

As a researcher, while I am engaged in and engaging with "theoretical discourse" I am not what Kristeva refers to as "a repudiated subject", but one who is "operating as a hinge between immersion in the signifier and repudiation (it is neither one nor the other), its status unknown" (Kristeva, 1980:120). This is the position demanded of the feminist researcher. It is a position which is conterminously subject and object, and yet constrained within neither. It is a subject in transformation which Kristeva has termed a "subject-in-process" (Kristeva,

The speaking subject is a split subject "because it is always *both* semiotic *and* symbolic" (Kristeva, 1984:24): it can never be either exclusively semiotic or exclusively symbolic, but slips between and within both. It is also a subject split between the "signifier" and "signified" (Kristeva, 1980:19), that is, between the meaning assigned to it and the meaning which it assigns to itself.

The voices of women who lost their babies to adoption, including my own voice, are positioned within the semiotic but are absent from the signifier, "mother" articulated by the symbolic. They occupy the place of "the Other". The only way in which the speaking subject, "mother", can occupy a space within the symbolic is not through the repression of the semiotic chora, but by challenging and calling into question her space within the symbolic.

Chapter 14

THE SIGNIFICATION OF ADOPTION: Rupturing the symbolic

“Every social practice, as well as being the object of external (economic, political, etc.) determinants, is also determined by a set of signifying rules, by virtue of the fact that there is present an order of language.”

(Kristeva, 1987:25)

“What becomes of signification once the signifier has been posited?”

(Kristeva, 1984:52)

In politicolegal, medical, midwifery, social and media discourses, women who had their babies taken for adoption have had various descriptors attached to them in accordance with the dominant ideological bias of a particular era: they were represented either in terms of their marital status as unwed or unmarried mothers; according to their reproductive function, as biological or birth mothers; or, as a consequence of losing their children to adoption, referred to as relinquishing or grieving mothers. “Natural” and “real mother” made appearances in the literature while the term “Solomon’s mother” has also been used. Women who lost their babies to adoption have not been described outright as “mothers”, for to do so would remove them from the signification of discourses of motherhood and adoption and challenge the verisimilitude of adoption itself.

Armstrong (1995:100) has argued that the language used in child placement is euphemistic and insincere, and consequently, can be used to lie and label. In this way, language, determined by the dominant discourses, has confined, restricted, proscribed and ultimately silenced women who had their babies taken for adoption.

The signification of adoption

Language, as it has been conceived in structural linguistics, is constructed of *signs*, which according to Saussure (cited in Coward & Ellis, 1977:13) are composed of two facets, a *signifier*, or sound-image, and a *signified*, or concept, neither of which has meaning outside their relation to each other. Thus the sign “mother” consists of a signifier, the sounds “m-o-t-h-e-r”, and a signified, the concept of “mother”. The sign, according to Coward et al (1977:13)

“is constituted in the social fixing of the appearance of a relation of equivalence between signifier and signified”.

Consequently, the sign “mother” is constituted as a woman with a child, specifically a married woman: there is no concept of the signified “mother” existing without a relation to the signifier. In this way, the concept of “mother” has been socially constructed: a

woman without a child is not a mother. Signs are only comprehensible within their own systems of signification, that is, discourses. Outside the signifying practice of adoption, the signs "unmarried" and "relinquishing" have differently constituted meanings.

If, as Kristeva (1975) suggests, that, since the relationship between signifier and signified is arbitrary and there is no meaning in language other than that which is constituted by the subject, then it must be left to the speaking subject to articulate meaning within signifying practices. In other words, the relationship between the signifier, "m-o-th-er" and the signified concept of "mother" is constructed by the patriarchal symbolic order to give meaning to the social practice of adoption, an expression of patriarchal law.

Kristeva's poststructuralist approach to language refutes the structuralist notion that language is static, or thetic, and that the subject's role is merely as a user of language. It is within this framework that women who lost babies to adoption, have, as speaking subjects, articulated the signification of relinquishment and adoption. Through recognition of what Kristeva (1987:32) calls "the specific status...of the speaking subject" within certain signifying practices such as adoption, it is possible to determine an "historical typology" of that practice, from a social practice concerned with removing the stigma of illegitimacy to a scientific practice which emphasised the biology and psychology of women.

The signifying practice of adoption established its own sign system which "calls for the identity of a speaking subject within a social framework, which [s]he recognizes as a basis for that identity" (Kristeva, 1980:18). A countervailing or balance to that sign system can be achieved by having the speaking subject, in this case the woman who lost a baby to adoption, undergo "an unsettling process...which indirectly challenges the social framework with which [s]he had previously identified" (Kristeva, 1980:18), that is the process of construction within adoption discourses as an unmarried or a relinquishing mother.

Discursive constructions

From the medical, midwifery and social discourses of more than fifty years it has been shown that women who lost babies to adoption have had been constructed according to the social trend of a particular era. They were represented either in terms of their marital status as "unwed" or "unmarried" mothers. They have also been described according to their reproductive function, as "biological" or "birth" mothers; as a consequence of their involvement in the adoption process they were referred to as

“relinquishing” mothers, or in terms of the effects of their loss as “grieving” mothers. “Natural” and “real” mother have made appearances while the term “Solomon’s mother” has also been used. In this section I provide an analysis of these terms, the contexts in which they have been used and the assumptions underpinning their usage.

"Unwed or unmarried mothers"

The term “unmarried mother” appeared in the literature first in 1939 (Fisher, 1939) and continued to be applied with greatest predominance in the 1950s and 1960s until 1979 (Grow, 1979). The term was used interchangeably with “unwed mother” and occasionally “single mother”. All presumed the mother’s non-marital status, even where she was married but was nonetheless surrendering her child for adoption as described by Kornitzer (1968). One study (Pope, 1967) described “unwed mothers and their sex partners”, superimposing a dual moral pejorative on the parents of a child taken for adoption, and, as Spencer subsequently noted (1979:457) “confuses marital status with a relationship with a child”. Although many unmarried mothers were in what were considered to be significant relationships with the fathers of their babies, this factor was frequently discredited. In general, the terms “unmarried” and “unwed” were used in an era when extramarital pregnancy carried the greatest stigma, and reinforced the acceptability of adoption of children by married couples with the contrasting unacceptability of single motherhood. Mander (1995:3) questioned any current relevance of this term which describes nothing more than a mother’s marital status when “due to social and pharmacological developments, marriage and childbearing are no longer inextricably linked”.

Arney and Bergen (1984) have positioned “unwed motherhood” within a moral discourse in which the mother was presented as the problem because

“(s)he represented the danger of rampant unbridled sexuality. Her sexuality was portrayed as the dark side of life, a kind of animal freedom. The child was not of great interest. The child was an object of compassion, and served as the sign of the mother’s immorality”.

Similarly, Laws (1979:204) noted that the term “unwed mother” has “a distinctive and deviant status in our society” and is “highly value-laden and conveys quite directly the social expectation that impinge on the unmarried woman who is pregnant”. Laws further contended (1979:205) that the stereotypical image of the unwed mother as “promiscuous, slatternly, insatiable, and/or ungovernable” served to highlight the pair opposite of the “good woman” or “nice girl” whose sexuality was sanctioned by marriage. This dichotomy also served to distinguish between mothers who were deserving of children: the unmarried mother who was not, and the adoptive mother, always married, who was.

Reflected in the terminology, the focus of the problem shifted from one of morality to one of medical science when it became pathologised as “teenage pregnancy” (Arney et al, 1984:13), despite many mothers being aged over twenty years of age. Mander (1995:3) noted that such a focus of research on adolescents ignored the situation of certain other mothers who lost babies to adoption, including married women whose pregnancies resulted from extra-marital relationships (see, for example Kornitzer, 1968).

"Relinquishing mothers"

Derived from the Latin, *relinquere*, to leave, 'relinquish' can be either transitive and intransitive. The Oxford English Dictionary (1992:1789) suggests a transitive meaning of 'relinquish' as "to withdraw from, desert, abandon (a person)" or "to give up or give over, to abandon, desist from (an idea, action, practice etc.)" or "to surrender (a possession, right, etc.)" and, rarely used, "to leave behind". As an intransitive verb, the OED defines 'relinquish' as "to disappear, pass away". The noun, 'relinquishment', is defined as "abandonment, giving up, surrender" (OED, 1992:1789).

According to these definitions, a woman who loses her baby to adoption at birth 'withdraws from, deserts or abandons' the baby, or 'gives up or desists from' the practice of mothering, or 'surrenders' her right to be a mother. Whichever the meaning, the mother leaves her baby, in the transitive sense, and intransitively, 'disappears' or 'passes away'. Thus, according to a dictionary definition, a relinquishing mother leaves her baby and disappears legally and socially. When 'relinquish' is taken to mean 'pass away', a euphemism for 'dying', the mother dies, as some adopted children have been told happened to their mothers and the mothers felt happened to themselves. Conversely, Spencer (1979:454) advised against using the terms “relinquish” and “surrender” because they “imply that children were torn out of the arms of their mothers by an unfeeling state or social agency”.

Inglis (1982) has proposed an etymological and historical analysis of the term 'relinquishment', attributing its derivation from the Old French meaning 'to leave', and associating it with an obsolete word 'relinquent' which referred to the person relinquishing and defined as vanquished, which, taken by definition, means "overcome, defeated, reduced to subjection or submission by a superior force" (OED, 1992: 2451). Inglis (1982) also recognised the synonymous relationship between relinquish and surrender, and the use of the latter in military and legal discourses, both instruments of patriarchy.

The *signification* of relinquishment and adoption is situated within what is known as "the symbolic order" in postmodern and poststructuralist discourse, that is the social order. Language as the system of signification of the symbolic order has defined relinquishment in terms of abandonment, and it is through this meaning of relinquishment that women have internalised the values, rules and behaviours associated with having a baby taken for adoption. However, this is a meaning of relinquishment which has been imposed by the symbolic on the women who endured the experience rather than be allowed to reveal itself through the semiotic which is linked to the personal.

From my work in support groups with women who had babies taken for adoption at birth, I found resentment of and a hostility to the word 'relinquish' with its implication of voluntary surrender (Mander, 1995:8) and interpretation as 'abandon'. As one woman stated, "There were no abandoned babies, only abandoned mothers" (A Current Affair, 1994). It appears that the term "relinquishing mother" came into usage at the end of the 1970s and persisted into the 1990s (Field, 1992). In 1982, a national support group calling itself the Association of Relinquishing Mothers (ARMS) was founded in Australia and some State branches have continued to operate under this banner.

"Natural mother"

In accordance with the 'nature versus nurture' debate, the term 'natural mother' was used to distinguish her from the woman who adopted her child. Although this term has been used less frequently in the research literature, the latter preferring the terms 'unwed', 'unmarried', 'surrendering' or 'relinquishing' mother, it was used during the 1960s and 1970s as a colloquialism. Shawyer (1979:7) preferred the term "natural mother" because of the negative stereotype of "a gum-chewing, unintelligent, irresponsible good-time girl" which 'unmarried mother' denoted. However the term fell into disfavour because "adopters objected, arguing...that once the child was with the new family, the adoptive mother became the child's natural mother" (Howe et al, 1992:2). It might also be argued that giving up one's child is an unnatural act and inconsistent with 'natural' mothering.

"Real mother"

While the term 'real mother' conflicts with the unreality of giving up one's child, its correlate - 'unreal' - does not accurately represent the adoptive mother and, according to Sorosky, Baran and Pannor (1989:50), was considered offensive to adoptive parents. Spencer (1979:457) took up the challenge of this term and asked, "What constitutes a 'real' parent?" In response, she asserted that the "real" parents are the

adoptive parents in terms of their social functions, and that “to apply the term exclusively to biological parents is grossly inaccurate” (Spencer, 1979:457). Roll et al (1986:259) considered the phrase “real mother” insulting to the mother who has relinquished her child because “‘real’ is a belittling adjective and underscores the notion that if one were the *real* mother one would *really* have the child”.

"Birthmother"

In the 1980s, the term 'relinquishing mother' was replaced by 'birthmother' in an apparent attempt to ameliorate the negative connotations of 'relinquishing' to which women objected. However, the former term does not improve on the latter, but reduces women to their biological function at one particular event in their lives; it suggests that motherhood is confined only to giving birth, and the unadorned term 'mother' should be reserved for women who raise children, whether their own or by adoption. Accordingly, some women have described themselves as incubators or baby makers, which the terms 'birthmother' and 'biological mother' reinforce, and, although as Roll et al (1986:259) acknowledged, express a “biological reality”, are “cold and uncaring”. In addition, these terms are tautological, since all women who give birth to children are, by definition, birth mothers as Howe et al (1992:2) noted. Mander (1995:3) expressed dissatisfaction with the terms “birth”, “biological” and “natural” mother because they

“reflect only one (quite physiological) aspect of this woman’s motherhood. These words ignore her nurturing responsibility and emotional relationship with her baby during pregnancy, and conceal the ongoing emotional effects of her surrender of her child for adoption”.

In 1978, Pannor, Baran and Sorosky, in attempting to address the dual issues of paternity and gender equity, devised the term “birth parents”, which was implemented by a support group in the United States, Concerned United Birthparents (CUB). This usage of this term has continued as the role of fathers of children surrendered to adoption has been increasingly acknowledged.

The most recent derivation of “birthmother” to come out of the United States is “bmom” which has done so as part of the abbreviated discourse of the Internet (Barton, 1996). It shall pass without comment.

"Grieving mother"

In acknowledging relinquishment as a life crisis, a position supported by Winkler and van Keppel (1984) and McHutchison (1986), Mander (1991) favoured the words 'grieving mother' to include women who lost children as a result of either relinquishment or perinatal death. However, this, too, while more descriptive, could be misconstrued in

terms of death only: it does not adequately acknowledge the circumstances of the loss of the child nor the possibility of reunion.

"Solomon's mothers"

In 1985, Millen and Roll proposed the epithet "Solomon's Mothers" based on the biblical tale of a woman who would forego a relationship with her son cut in half so that he would not be harmed, and, while not a perfect term

"does reflect the psychological reality of offering up one's child in the hope of making the child's life better despite the prospect of great pain" (Roll et al, 1986:259).

In addition, these authors proposed that this nomenclature "addresses the inherent nobility of women who have children they cannot keep". Armstrong (1995:29) has also applied this epithet to mothers as evidence of their unconditional love. However, there is a 'sting in the tail' in use of this term if its Biblical origins are explored. According to I Kings 3:16, the two women in this story were harlots, a factor omitted by Millen & Roll (1985) in their attempt to emphasise the sacrifice made by the "'real' mother who will value her child's well-being over all else" (Armstrong, 1995:30).

Survey of names

As I have already described the method of collecting the data which forms this chapter in greater detail in Chapter 5, I shall present here only a brief review of the process which I undertook.

The survey form contained the names by which mothers who have lost babies to adoption have been known over the past fifty years within the hegemonic discourses of the symbolic order. Two groups women, one from Australia and the other from New Zealand), were asked to examine this list of names and write the meaning or image which each name invoked for them. They were also requested to state the order of preference for the names and to give the reasons for their first and last preferences. Responses were anonymous, collated and summarised.

Results

The results of the Australian survey have been incorporated into Appendix 12 and the New Zealand survey into Appendix 13 and replicate the original survey instrument which appears in Appendix 11.

Breakdown of responses to names

“Mother”

Almost 60% of the Australian women and 50% from New Zealand preferred the term “mother” without any additional qualifying words. Some of the reasons which they gave for this as their first preference included statements such as:

“Giving birth makes me a mother, no matter what.”

“The truth - that’s who I am.”

“I am a mother whether I was able to keep my baby or not. My son calls me Mum or Mother.”

“I am a mother and I want to use that word to describe myself when I want to. Classifying us as different maintains the difference and stigma - allow us to be simply mothers.”

“By using any other term (besides ‘Mother’) we are colluding with those who seek to support the slavery of adoption by propaganda that implies the mother is expendable.”

“Mother is really the only word that should be used in relation to us. If anyone else is deemed mother (e.g. adoptive mother) their motherhood only should be qualified.”

“No matter whether rich or poor, beautiful or ugly, wise or not so wise, there is only one person called mother or mum. The old song said so truly, “We only have one mother.”

“Mothering is the ultimate experience of one’s life”.

“There is no dispute. I am a mother. My child was taken. No legal kidnapping can stop me being the mother of my own child. An ‘adoptive mother’ who whinges and whines until she is given our kids (usually she’s sterile herself through STDs) should be called ‘surrogate mother’ because she’s a pretend mother in a fairy story.”

“I am a mother who lost my child to adoption. I didn’t relinquish. I’m not only a mother at birth, nor only biologically. I love and care for my daughter. I bore her and she is part me and I’m in her.”

“Covers the whole concept of role and relationship, not just the physical and the short term time of pregnancy and birth.”

“‘Mother’ is political, is subversive, is undressed up.”

It is apparent that these women have not denied their personal sense of the maternal, despite being exhorted to do so when their babies were taken for adoption. They associated the single word “mother” with traditional mothering roles and images - “closeness, bonding, all giving, caring” - and with the birthing role of mothers - “creator and giver of life”, as well as having meaning as “the most important person to a child”.

“Real mother”

For the respondent whose first choice was “real mother”, the reason was because:

“No-one can love a child more than its real mother regardless of who rears it. Only I can be my children’s real mother because I made them, gave them life and loved and still love them above all things They are not a possession or an object taken over by others: they are my children who for society ideals were reared by ungrateful people...”

On the other hand, for this respondent the unqualified term “mother” was

“the least acceptable because I did not raise her. Mothering is more than just biology and this (i.e.mother) denies the adoptive parents’ experience”.

“Birthmother”

The term “birthmother” was second preference for groups of respondents, although more New Zealand women preferred it than did Australian women. Those who preferred “birthmother” did so for the following reasons:

“It clearly describes who I am in relationship to my child”.

“I am a birthmother and feel that this clearly defines my role in the relationship between my daughter and her adoptive mother”.

“I gave birth to him and no-one can take that away from me.”

“This is what I call myself mainly because it’s the ‘usual’ thing these days and most people know what it means.”

In spite of the current popularity of this term in the literature, the fondness for it did not appear to be endorsed by the women themselves. Some respondents regarded the term “birthmother” as clinical and restricted to a woman’s birthing experience for the sake of adoption, as the following explanations reveal:

“An incubator for adoptive parents. Dehumanising, depersonalising, deeply offensive One step higher than the incubator beloved of scientists who wish to bypass any female participation in gestation”.

“I resent being called a birthmother with the implication that I share the mothering. It seems to indicate that a birth mother is part of a baby producing chain”.

“Solomon’s mother”

For the Australian respondents, this term shared equal second preference with “birthmother”. The meanings attached to “Solomon’s mother” are in keeping with Millen et al’s (1986) intention behind the use of the phrase: to convey the powerlessness of the mother, a difficult if not impossible choice, and the ultimate sacrifice so that her child might live. The women who identified with the term “Solomon’s mother” gave the following rationales for their choices:

“Solomon, the judge, had to choose the correct mother...He reached the mother on an emotional level..The mother was willing to give up her child for the child’s safety”.

“Because I put myself last and my child first above everything else”.

“A biblical example of the strength of a mother’s love as opposed to an adoptive mother’s self-serving attachment to the child she obtained by deceptive means. Solomon recognised the truth and gave the real mother her baby. A very satisfying and just ending.”

“The real instinctive mother. The most soul satisfying term. (Solomon knew a thing or two about female psychology)”.

“Describes two things: first, that I loved the baby I gave up, and secondly, the conflict between the ‘birthmother’ and the adoptive mother.”

Most of the respondents who rated “Solomon’s mother” in last place did so either because they did not know the expression, or because they disliked its religious overtones, with one woman describing it as “facetious”.

“Relinquishing mother”

Although “relinquishing mother” had been used by the mothers themselves in the title of a support group, it was favoured by only one of the New Zealand respondents because

“it says we are still mothers and surrendering.”

For another woman who nominated “relinquishing mother” as her equal first choice, the term meant

“indescribable pain and loss: I find it all too difficult to think about. The reality is I relinquished, I paid, life goes on.”

The respondents’ reasons for rejecting this term included:

“More negative than positive. Still the connotation that she is half a woman because she allowed the loss of her child”.

“A painful term, but I reluctantly concede that it is descriptive and therefore practicable”.

“The mother who for society’s reasons was forced to put her baby up for adoption and was drugged before signing the papers.”

“Manipulated by government and society and the underlying economy (Cheaper to adopt out child than to pay Social Services). Pressured and abused.”

“One who is tricked into giving up her child for adoption”.

“Giving up you flesh and blood to strangers. The worst experience any mother could go through”.

It implies that I had a choice.”

“Grieving mother”

The one respondent who gave her first preference to the term “grieving mother” did so because she had

“been grieving ever since I had my daughter adopted”.

However others rejected the term because it suggested a “victim mentality” and implied “hurting for whatever reason as a primary caregiver” and was not restricted to the loss of a child through adoption.

“Biological mother”

Whereas the sole respondent who preferred the term “biological mother” did so because:

“(It) is factual and scientific without emotive connotations”;

on the other hand the many women who rejected this term did so for the same reasons:

“How impersonal! (I) almost expect ‘genus’, ‘species’ etc classification”.

“(It) ignores all those unscientific factors like the psychic link, blood lines etc. Parallels other depersonalising language to minimise other group of people e.g ‘nigger’. Also parallels those power structures, i.e. we are the least powerful with adoptive parents and social workers the most powerful”.

“This makes me feel like a breeder”.

“Biology = science. I am not just the scientific origin of my daughter’s genes. I am much more - a Mother.”

“Signifies detachment, coldness, not fitting in”.

“Even more offensive than ‘birthmother’. It seems to denote that the mother has no further interest in the child...”

“An egg donor or incubator for someone else.”

“I am more than that. I am memory and longing, and biological is not enough. Too simplistic and suggests my role is over at the time of the birth.”

“Natural mother”

The only respondents who preferred the term “natural mother” did so because

“it is the only term that does not have a derogatory connotation and I find in social gatherings with my daughter it is best to be introduced in an equal yet direct way.”

“This is simply who I am.”

Another preferred the term, although she was “still getting used to using it”. The reasons for her preference were because it meant

“passing on many natural attributes - ancestral, genetic, cultural, biological, emotional, spiritual, personality, intellectual etc etc. Adoption is an unnatural process”

“Unmarried or unwed mother”

Overwhelmingly the women rejected the terms “unmarried” or “unwed mother” because of the words’ derogatory overtones and because:

“this is what I was called and frowned on. Someone who had a child out of marriage was a slut!”

“It tells me nothing about the relationship with my child, partner or ex-partner or place in society other than how difficult life can be.”

“Unmarried mother conjures up images still in society by some as women of loose morals. This makes me angry at the condemning nature of the term.”

“A woman in grave danger from the wolves of patriarchal (adoption favouring) society of being separated from her child.”

“Common - one of those females.”

“It brings back the pain and anguish relating to the adoption experience.”

“Totally helpless, deviant, lacking, abject. An object to be stigmatised, pathologised. An abnormal pathetic victim. An `unmother.

Although the respondents were mostly very clear and vehement in explicating their preferences, one woman described how there are ambiguities inherent in any nomenclature:

“As I listened to descriptions given by other women, I changed my thinking so that there are times when some words are more acceptable to me than others due to emotional shift.”

Discussion

Language has proved inadequate. In spite of many authors' attempts to describe accurately mothers who have lost children to adoption, as Roll et al (1986:260) concluded

"There cannot be a perfect term for these women and their experience, to which our society responds unjustly, unfairly, and inhumanely".

Their sentiments have been echoed by Howe et al (1992:2) who also recognised the imperfections of signifying systems which "have no word for the woman who surrenders her child for adoption".

In the absence of the symbolic order's adequate provision of descriptors for women who have lost children to adoption I turned to the semiotic and sought to identify what those women themselves would prefer to be called. Undoubtedly, they distinguish themselves as the mothers of their children: this recognition, so long denied to them, is now becoming acknowledged. Through mothers' own insistence, the nomenclatures of the distant and the more recent past are beginning to be rejected by the symbolic order which first employed them (see for example Parliament of New South Wales Standing Committee on Social Issues, 1998).

I, too, see myself as the *mother* of my two children lost to adoption - not as a birthmother or in terms of any other subordinate epithet which implies no status. However, the patriarchal process of adoption which sought to separate my children from me conferred the legal status of "adoptive mother" on the two women who raised my children: that is as irrefutable as the fact that I gave birth to my children, a fact which conferred maternal status on me henceforth.

I return to Kristeva and the question which she poses: "What becomes of signification once the signifier has become posited?" (Kristeva, 1984:52). In the discourse of adoption, Kristeva's question can be paraphrased, "What becomes of relinquishment once a mother has a position from which she can speak?" The answer is that relinquishment, and its apposite, adoption, have no meaning outside the discourses that framed it. The only meaning which remains is that of the signifier, "mother" as a woman who gave birth to her child.

Reading / writing the relinquishing maternal body

"The body is the inscribed surface of events...." (Foucault, 1987:83)

"Write your self. Your body must be heard." (Cixous, 1981:250)

Not only have the voices of women who have lost babies to adoption described themselves unequivocally as mothers, but also their bodies are discourses *inscribed* with their own texts. Although her silenced voice has reclaimed her motherhood in words, each woman's body carries the inscriptions of a hidden maternity which she wears beneath her Western purdah.

Women who had their babies taken for adoption have been explained extensively in hegemonic discourses in terms of their psychology, biology and social status in the way that Grosz (1994:141) has described as

"the creation of bodies as sign systems, texts, narratives, rendered meaningful and integrated into forms capable of being read in terms of personality, psychology, or submerged subjectivity".

Although they have been socially constructed as non-mothers, their bodies bear the inscriptions of maternity which can never be denied nor concealed but are able to be read as the bodies of mothers "marked more or less permanently and impermeably" (Grosz, 1994:141).

The maternal body displays an exterior surface, inscribed with the involuntary tattoos of pregnancy. Purple bands of stretched skin clasp the iliac crests like bony fingers and encircle the umbilicus as rings on a dartboard. The linea nigra, that demarcating line from umbilicus to symphysis pubis, disappears into the swath of hair which had to be removed to expose the scene of the crime. Small lumps erupt on the brown areola of the breasts from which hard nipples project, the surrounding tissue veined blue like marble. The facial mask of chloasma is worn like a veil through which knowing eyes look but must not acknowledge recognition of the relinquishing maternal body. Remnants of scalpel induced incisions fade into the surrounding flesh.

The interior of the maternal body is speculative, the changes in the pregnant cervix being visible only through a vaginal speculum, and described as 'ripe' when birth is imminent. It releases a plug of mucus, a "show", on show. The horticultural metaphors, "metaphors of the invisible" as Kristeva (1987:162) terms them, extend to the arboreal placenta nourishing the fruit of the pear-shaped womb and reinforcing the gendered construction of Nature as female and pregnancy and motherhood as natural, "the threshold on which nature and culture confront one another" (Kristeva, 1981:159). The

relinquishing maternal body is a site of multiple resistances: to cultural representations of femininity, to 'natural' motherhood and to the patriarchal imperatives for reproduction. It is also a site of resistance to silence.

The opening of the cervix is called the 'os', a mouth which becomes effaced as confinement approaches. When the relinquishing maternal body is confined, its mouth opens to emit a self-effacing voice which is silenced by denial of the birth. Although the relinquishing maternal body is confined and constrained from the public gaze, it is both a public body and a private body. It is simultaneously object and subject, visible and invisible. Its power lies in its threat to the 'clean' and 'proper' demanded by the symbolic order, and, as *vagina dentata*, it is a trope for the all-consuming, dangerous paradox of the Madonna-whore of whom the patriarchy must be ever vigilant. The borders of the relinquishing maternal body blur the social and the physical until they are erased from the public gaze and the speaking subject invokes a new corporeality.

According to Kristeva (1980:191) the dangerous mother is "the Phallic Mother" whom the symbolic order must "not leave...untouched, outside, opposite, against the law, the absolute esoteric code." Instead, Kristeva contends, the law "must swallow her, eat her, dissolve her, set her up like a boundary of the process where "I" with "she" - "the other", "the mother" - becomes lost" (Kristeva, 1980:191).

As evidence of improper sociality, the relinquishing maternal body's 'clean and proper' self is dependent, according to Kristeva (1982:72) not on meaning or linguistic signs within the symbolic order but on a "primal mapping of the body", the semiotic. The relinquishing maternal body bears the inscriptions of sexuality, of resistance to a proscribed maternity, and, as abjection, it is "the underside of the symbolic (which) is what the symbolic must reject, cover over and contain" (Grosz, 1990:89). Only when the relinquishing maternal body is overlaid with repeated inscriptions of maternity can the original bodily inscriptions be erased. The truth is obscured and need not be revealed.

Kristeva (1981:161) describes the maternal body as a split body where childbirth is "the threshold of ...the 'symbolic' and the 'semiotic'". In relinquishment and adoption, the mother is the site of the split between the symbolic, the social practice of adoption, and the semiotic, the personal meaning of relinquishment.

Chapter 15

THE LANGUAGE OF DESIRE: Mothers' poetry and art

"At the intersection of sign and rhythm, of representation and light, of the symbolic and the semiotic, the artist speaks from the place where she is not, where she does not know."
(Kristeva, 1981:162)

Some mothers have expressed loss of their babies as a signifying process through art and poetry. Such works represent a maternal *jouissance* which Kristeva (1981:162) defines as

"the sublimation even unto the primal repression which takes place in the mother's body due to her position, unwitting, as borderline".

The relinquishing maternal body always occupies a space of marginality, unwittingly at the border. It sublimates its repressed primal maternity through the languages of art and poetry.

One mother, Barbara Franks-Morra, has committed her work to a cyber-gallery on the Internet (see Appendix). Her paintings are accompanied by her commentary in which she describes her emotions: her "art - this semiotization of the symbolic - thus represents the flow of *jouissance* into language" (Kristeva, 1984:79). Everywhere in her work there is evidence of the trauma and grief of the separation from her child by adoption. Her art provides the means whereby her passion can insert itself into the symbolic order as Kristeva (1984:7) describes:

"Whereas sacrifice assigns *jouissance* its productive limit in the social and symbolic order, art specifies the means - the only means- that *jouissance* harbors for infiltrating that order."

"The pain of relinquishment acted as a lens through which I experienced external reality", says Franks-Morra, displaying a tension between the symbolic and the semiotic. This tension is further manifested in the intertextuality of her work, which also subverts the symbolic in a way that Kristeva (1984:80) describes:

"In cracking the socio-symbolic order, splitting it open, changing vocabulary, syntax, the word itself, and releasing from beneath them the drives borne by vocalic or kinetic differences, *jouissance* works itself into the social and symbolic."

Franks-Morra's "Heart Studies" series merges an anatomical representation of a heart with the personal heart-break which she has endured. Her final work represents a healing, although this is in no way a happy ending. Her work can be interpreted through Kristeva's words whereby

"the very practice of art necessitates reinvesting the maternal chora so that it transgresses the symbolic order" (Kristeva, 1984:65)

On the other hand, according to Kristeva, the symbolic, must

"know the mother, first take her place, thoroughly investigate her jouissance and, without releasing her, go beyond her" (Kristeva, 1980:191).

Another mother, Jackie, sent photographs to me of her paintings (see Appendix 14) with a tape-recording of her story. The theme of reproduction is manifest in Jackie's paintings, the red strands of wool representing a uterus and ovaries. Jackie's daughter, with whom she has had a less than ideal reunion, figures prominently in her work. Jackie has also captured the sense of powerlessness which she and other mothers experienced in institutions and at the hands of faceless bureaucrats. Her nakedness is always on show: she is literally exposed as a mother but as a non-mother. The motif of a mirror appears as if to reflect back to Jackie her pre-relinquishment self. The mirror-stage of identification as explicated by Lacan has been interpreted by Kristeva as "secondary repression, one in which a human being becomes homologous to another in order to become (her)self" (Oliver, 1993:117). Many mothers suppressed their loss only to have it manifest itself in forms such as infertility, chronic illness, depression and drug and alcohol dependence.

In contrast poetry shows that "language lends itself to the penetration of the socio-symbolic by jouissance and that thethetic does not necessarily imply sacrifice" (Kristeva, 1984:79-80). In their poetry (included in Appendix 15) mothers have penetrated the socio-symbolic which demanded their silence, their voices demonstrating a fierce resistance to that silence. They have exposed the medical and social processes which took their babies from them for adoption, and told them that they could always have more children.

*"They drugged me
during your entry
into life
to dull my memory
snatched you
newborn flesh
from these unwed arms
falsifying records
for the sake of Propriety
(and some barren
woman's pride);"*

"They put her in a `home' where they left her alone.
They scoffed at her sin.
Yelled at her for bleeding and drugged her to stop the labour."

*"It's for the best
To let go of your baby:
You are too young
to know about such things
only I as a mother
should know.
Motherhood and mothering
are not for the likes of you."*

Although their writing speaks of regret there is little evidence of the sacrifice that they were repeatedly assured that they were making for their children. These are not the words of victims, but the words of strong women which open the way for the semiotic vehemence reflected in their narratives in Chapter 16.

*"And now-
15 years later,
my Soul is bloody
from pounding against
iron Bureaucracies"*

*"This rage, by now, my constant companion
lies dormant
waiting for expression
at the pit of my belly,
suppressed only by my fear
of its ferocity."*

"[P]oetry retains the expenditure of the thetic, its opening into semiotic vehemence and its capacity for letting jouissance come through," explains Kristeva (1984:80). Their jouissance, that sublimation of the primal repression of their motherhood, permeates the mothers' poetry and shines through it.

*"I am crippled by oppression
which forces me to suppress
this supremely natural instinct
to go after those who ran off with my child..."*

"She thought he was gone forever,
But then, after almost sixteen years, another miracle -
She found him!"

The mothers' desire to write can be appreciated through Kristeva's words whereby the "writing down is an ordeal of discourse, like love, (since) what is loving, for a woman, is the same thing as writing" (Kristeva, 1987:162). The poetry of the women who lost their babies to adoption demands to be read against the grain of the hegemonic discourses of the symbolic as

"...poetry reminds us of its eternal function: to introduce through the symbolic that which works on, moves through, and threatens it." (Kristeva, 1984:81)

(A further section of mothers' poetry is included in Appendix 15)

Part 6

THE SEMIOTIC ORDER

Counterdiscourses

"These women resist, in their narrative, the culture that both threatens and protects them".

Fine (1992:221)

THE SEMIOTIC ORDER

Counterdiscourses

Introduction to Part 6

Thus far, the story of the mother whose child was taken for adoption has been told through the discourses of the symbolic order: medical, social and media discourses. The mother was constructed as mad, bad or stupid, or a combination of all three characteristics. How her baby was taken from her in order to morally and socially rehabilitate her was described by others.

The semiotic order, on the other hand, speaks with the personal voices of women who were affected either directly or indirectly during the 1960s by the consequences of exnuptial pregnancy: women who became pregnant and lost their babies to adoption, the midwives who attended them and a group of women who were representative of those who were negotiating their emergent sexuality.

Chapter 16

THE MOTHERS' VOICES:

“For years and years.....I couldn't talk about it.”

*"And once her voice has been heard, adoption loses its sweet innocence."
(Howe, Sawbridge & Hinings, 1992:35)*

In Chapter 14 I showed how mothers resisted the nomenclature which had been accorded to them in the hegemonic discourses of the symbolic order for more than fifty years. Overwhelmingly these women considered themselves to be mothers; equally as undeniable is their sense of unresolvable loss. Many mothers sought to express the loss of their babies in poetry and painting, their expressions having been discussed in Chapter 15 and included in Appendixes 14 and 15.

In the 1990s, mothers' voices clamoured to be heard from several corners: from support group newsletters, at adoption conferences, in biography and autobiography, in their unsolicited personal written and spoken accounts, and through the Internet. This chapter gives reign to the mothers' voices to tell their version of the story. This is told through both primary and secondary sources of narratives.

Primary sources of narratives

Primary sources of the mothers' narratives have been compiled from three different sources. First, an informal meeting with three mothers whom I knew personally was convened with the intention of organising a memory-work collective. These three women shared similar backgrounds: all were aged in their forties, had trained and worked as nurses and had lived for all their lives in the Sydney metropolitan area.

“Funny, the little things you remember and the big things you don't”

Anne, aged 47, had given birth to a daughter also at Crown Street Women's Hospital in 1973. Her baby's father, an American, returned to the United States without knowing about her pregnancy. Anne now lives with her partner and despite not using contraception she has had no further children. On applying for information about her daughter, Anne discovered that a contact veto was in place. During this meeting Anne disclosed that she has been undergoing chemotherapy and radiotherapy for breast cancer.

Chris, aged 48, had lost a son in 1965 and a daughter in 1971, both born at Crown Street Women's Hospital. Chris subsequently married her babies' father and had another daughter in 1978 and a son in 1982. She was reunited with her son in 1990 and her daughter in 1991 but they have terminated contact with her. She is now divorced and lives alone.

Lee, aged 45, had lost a son born in 1971 at the Royal Women's Hospital, Sydney. The father of Lee's baby, whom she met at university, committed suicide soon after she lost their son to adoption. Lee has had one subsequent pregnancy, the result of a sexual assault, terminated but has had no further children. She lives alone.

Owing to the raw sensitivity of the material, Anne, Chris and Lee found the prospect of forming a memory-work collective too disturbing and the plan was disbanded. Nonetheless, the meeting was taped and transcribed and the mothers' contributions are included in this section.

The second group of mothers contacted me voluntarily to share their stories, first through a support group newsletter and second, after they had seen several media appearances in which I had disclosed my own experience (see Appendix 5). They initially contacted me by telephone and then by letter in which they enclosed their stories, either written or spoken on cassette. One response was from an adopted woman whose mother, Diane, had agreed that she could share her story with me. Another was from a mother, Kerry, in the United States who contacted me after I had posted to a qualitative research group e-mail listing asking for information about adoption practices. She told her story to me in five e-mail instalments.

The mothers who have told their stories to me about their experiences of losing a baby to adoption have done so without solicitation. Not only as a mark of my humble gratitude to them for sharing their stories with me, but also as a gesture of reciprocity, I gave each woman a copy of the book, "Looking for Lisa" (Harkness, 1991) which contained my personal story.

Reading each mother's story reopened my own wounds. I found it difficult to regard these intimate, in some cases hand-written, accounts as "data" demanding defacement with a highlighter pen and a researcher's notations. To vandalise their words in this way would be to inflict further vandalism on the women's stories and their lives which had already been destroyed through the vandalism of invalidation or derision. In an attempt to distance myself from the mothers' pain, and hence possibly my own, I

relegated their accounts from the personal to the impersonal by working with photocopies of the original manuscripts. In this way I felt that somehow I was maintaining the integrity of their stories as well as the integrity of the mothers themselves.

In the first instance I assigned an expedient number to each mother's response and then a pseudonym to protect her individual identity. The mothers' pseudonyms and personal details are presented in Appendix 6.

I met the second group of mothers through an Internet support group across which I stumbled inadvertently while "surfing the 'Net". These women who live in the United States, Canada and New Zealand corresponded with me on e-mail over a period of six months, either through the support group list or personally, or spoke with me by telephone. Their details and the pseudonyms which I assigned to them are included in Appendix 7

The recurrent themes in the mothers' stories echo those which have emerged through the discourses of the symbolic order as well as those from the discourses of the semiotic order presented in the preceding chapters. However it will be shown that the mothers' voices speak of the dark side of losing a baby to adoption bordering in some cases on the Gothic and hence horror.

Mad, bad and stupid

Whereas the epithet "mad, bad and stupid" had been imposed by the discourses of the symbolic order, the mothers also seemed to have been aware that this was the general societal opinion of them.

"A brazen hussy who turned into a very disturbed person"

Evidence of psychological disturbance was usually provided by the social workers in their reports when the mothers were admitted to hospital:

"Mary appears to be relatively unconcerned about her pregnancy...she may even be proud of it...When her consent to adoption was taken Mary was quite emotionally disturbed and confessed to two other pregnancies - one a miscarriage and the other a male who was adopted....she seems to be feeling depressed about the realities of her position." (Mary's hospital records, 1967)

While the mothers did not describe themselves as "mad", some had been referred for psychiatric treatment or had sought it for themselves after the loss of their babies.

"I began to drift, to lose touch, and, eventually I became so depressed and disoriented I could barely function. I made one bad choice after another and I began thinking about suicide on a daily basis." (Kerry)

"I go to a psychiatrist every Monday, but I don't trust psychiatrists, or doctors, or anyone. So here I am at 45.... maybe there's something wrong with me, but I can't come to terms with it. My life is totally off track ." (Lee)

Kristen recognised a metaphorical madness in her anger:

"I have since been explosively angry, all day, every day, experiencing spasms of anger, uncontrollable shaking, grinding my teeth to the extent of cracking another filling." (Kerry)

Conversely Anne described her emotional state as blunted:

"I sometimes think that maybe I don't have the same depth of feeling as other people, that I'm a bit shallow. Because things like that don't seem to affect me to that degree. Do you know what I mean, they affect me for a period of time, and then I sort of get on with it." (Anne)

"They convinced me I was no good"

The mothers frequently applied the term "bad" accompanied by pejoratives such as "slut" to themselves but usually in a caustic tone. Nonetheless, they appear to have struggled for many years against internalising this opinion and thus accepting it as the truth.

"We were bad mothers doing what was right for our babies. But then we learned that doing what was 'right' for our babies again made us bad mothers - after all how could we leave our own flesh and blood like that." (Tania)

For Carol, the feelings of badness were rooted in her childhood memories:

"In recent memories that have come through my father started sexually abusing me when I was two weeks old and that went on until I was 17. I lost count of the number of abusers I had because my father also prostituted me as a child and I was also exposed to ritual abuse by the Church when I was eight and also when I was at boarding school." (Carol)

Feelings of guilt and shame pervaded the mothers' relationships with their families, not only at the time of their pregnancies but also in the subsequent years:

"The guilt and shame put on you by your family, especially my father and the Catholic Church, the shame and guilt that was put on us by everybody that was so horrendous and of course it was a big secret and I was never game, and so ashamed to talk to, tell anyone about it." (Carol)

"I wanted to spare [my parents] the embarrassment of 'being in trouble', and being in trouble was about the worst possible thing that could happen to a girl from my background." (Kristen)

"My mother, social workers and the rest of society made me feel ashamed, so I was also very angry that I was punished so severely for my fertility, for having a baby at the wrong time, that's what I was basically punished for." (Lee)

Others such as Robyn were deemed “bad” by the authorities because they were pregnant and under the age of consent:

“I was 15 when I was charged with being uncontrollable and in Ormond Girls’ Home in Sydney until I was 7 months pregnant. The authorities, the welfare, nursing staff and staff at the home I was in convinced me I was no good and deserved the treatment they gave me.”

(Robyn)

“No brains at all!”

Evidence for the mothers ‘stupidity’ was provided in their accounts of lack of sex education resulting in ignorance of their bodies, as the midwives had noted, and vulnerability to predatory males. Frequently their “stupidity” was a function of their innocent ignorance.

“I was not even told that I would get my periods and when I did at 14 years and 9 months I thought I was dying. My thoughts were that you only had sex to have a baby [and] you didn’t have sex until you were married. You had to be like the Virgin Mary and be a virgin when you got married.”

(Mary)

“I don’t think it was ignorance, really, because I was very worldly in many ways, but really ignorant of my body. Nobody ever told me about the facts of life. [My mother] never spoke to me about it once. She did take the family to see a movie once, it was sort of about the facts of life, very fifties though. And there might have been a book or something lying around, but she never spoke a word to me about it, never. I was under the misapprehension, like a lot of girls of my era that you couldn’t get pregnant if you didn’t climax., or if you stood up straight afterwards and those sort of things. I knew very little about my reproductive organs in any way, shape or form, and I assumed that because I had only a couple of periods which started when I was 15 1/2 and I hadn’t had any for 10 months before I fell pregnant, that there wasn’t any chance..”

(Jackie)

“Maybe it was assumed that I knew all about sex and its consequences. Sex wasn’t a subject that was ever discussed at home, nor did we have sex education at school at the time. It was 1970.”

(Julie)

“I was 14, when I first got the message that everybody had sex to get pregnant. A girl at school told me. And I was really indignant. I came home and confronted my mother with it, and she had always had been very open about the facts of life, she kind of laid it on us, about where babies came from and that, but I always thought that because she emphasised that people who got pregnant and weren’t married were seen as cheap girls, like widgies. I always just assumed in my mind that there was an alternative method for nice girls. That you were somehow protected morally., and when this girl said to me you’re a moron, she went to the school library and acquainted me with the real facts of life.”

(Lee)

“I was like the girl next door”: refuting the stereotype

Many mothers were not stupid in the conventional sense: they were educated women - university students, nurses and teachers - who, perhaps should have “known better”. In

most cases they did not conform to the stereotype of the irresponsible teenager implicit in the references to them as “the girls”.

“Girls like me didn't get into trouble. It was the girls who had their ears pierced and wore pedal pushers you know, and who listened to rock and roll.” (Chris)

“I handed myself over to the system on a platter. I was a brave, good/silly girl of 23 who was used to obedience because of my boarding school education. I was a fool, I was sneaky, .I was in `deep shit' and needed serious help, but there was simply no-one to turn to. And being `in trouble' was the worst possible thing that could happen to a girl from my background.” (Kristen)

In addition, the mothers themselves were aware of the racial and class distinctions afforded by the hospital staff:

*“They'd take every chance they could to say that I was well spoken and that I obviously had all the advantages and had no excuse like some of the other girls who were there, who were aboriginal girls or mixed blood, or ethnic girls who couldn't speak English. I was like the girl next door and I'd done a terrible, terrible thing.”
(Jackie)*

Consequently it was assumed that if they were not bereft of intelligence then they must have been lacking in morals - or vice versa as Elaine remarked sardonically:

“Girls who had babies and no husbands were worse than whores! And no brains at all!” (Elaine)

Carol however expressed a more poignant view:

“It's so sad that we were lovely girls who just didn't know what to do, where to go...”

“I hoped that it would go away”: denial versus acknowledgment

Some mothers were aware of the possibility that they might be pregnant, although they denied this, as the following accounts attest:

“I became aware that I was probably pregnant. .I was two weeks late and feeling sick in the morning. Mum found me looking through the medicine cabinet looking for Alka Seltzer and asked if I had my period yet. I said no and started to cry, saying I was scared and didn't know what to do.” (Denise)

*“I had morning sickness perpetually, but it never occurred to me that I could be pregnant. The thought just never entered my head, and though when I did have sex occasionally, I never used contraception. I misunderstood about pregnancy. I didn't think it was possible for somebody like me to get pregnant.”
(Jackie)*

“I began getting sick in the morning. I couldn't comprehend the enormity of what that might mean so I told myself it was the 'flu. When I missed a period I told myself it was nerves. When I missed the second period, it was hard to find excuses. I was pretty ignorant but I knew enough to realise that this was NOT good. I couldn't quite face the reality of what was happening, so I tried not to think about it and hoped it would go away.” (Kerry)

“What are you going to do about it?” The choices

For some women the choices about the outcome of their unplanned pregnancy were obvious: marriage, abortion or adoption. While at face value these choices seem clear, they were in effect a “Hobson’s choice” and one which rested with the woman alone:

“The decision was in my hands. There was no counselling, nobody to talk to about it, I don’t know that I ever thought about talking to anybody about it.”
(Julie)

“I don’t remember what was discussed really at that time. Over the next few weeks it was decided that the baby would be adopted, as we were considered too young to marry, abortion was out of the question...I don’t remember having any strong feelings either way about the future, none of it seemed real. I supposed I was, in a way, relieved to have the decision made for me by older people, adults who presumably knew best.”
(Denise)

“My mother explained my choices: I could keep my baby or I could give her up for adoption. But if I DID keep the baby, I would ruin the baby’s life and my own.”
(Kerry)

Julie’s father discussed the prospect of marriage with her boyfriend:

“Dad asked my boyfriend if he wanted to marry me and he said “Yes” and then Dad asked me if I wanted to get married and I said “No”, so Dad said that he wanted me to think about whether I wanted to keep the baby or not.”
(Julie)

Whereas when Kerry told her boyfriend:

“He asked me what was I going to do about it? That wasn’t the kind of response I’d been expecting from my knight in shining armour. I told him maybe we could get married, and foolishly expected him to be thrilled at the idea. Instead he told me that he couldn’t afford to get married because he wouldn’t be able to keep up the payments on his car.”
(Kerry)

When Kerry’s boyfriend rejected her proposition of marriage her parents tried to organise a marital arrangement with his parents who, convinced that their son had been seduced by Kerry, refused to give three permission for a marriage with the caution that:

“if my parents tried to pursue that course, they would pursue it in an open court, ruin my already tattered reputation, and win the case.”
(Kerry)

Lee noted that during the 1960s and 1970s:

“At Uni. abortion was OK but babies weren’t. Nobody thought about babies, because this was Women’s Lib and our generation was taught not to think about breeding like our mothers. The worst thing you could do was to breed and have children. I’m the eldest of seven, so it was fairly easy for me to subscribe to that theory, because I could see the damage that a whole pile of kids with very little money could do.”
(Lee)

The advice which Anne received from a social worker regarding an abortion discouraged her because of the obstacles described to her:

"The other thing that put me off abortion was because she touted it the very first time I was referred to her, and I asked what's the procedure, and she said to me, you have to do this, this and this ... and a panel of people have to review you and they have to decide whether you are mentally competent enough to have a child, or if they decided you weren't then you could get an abortion."
(Anne)

A jaundiced opinion of this scenario might deduce that the social worker's advice was deliberately obstructive in order to make the adoption option more appealing. For some women abortion was not an option either because of religious beliefs or because of the distressing experience or knowledge of a previous termination:

"There were no handy neighbourhood abortion clinics as there are now. Friends of mine had had "backyard" abortions.. I was frightened of injury or death. I was also influenced by religious feelings. This was a human life which could not be destroyed."
(Kristen)

"So I went off to see this doctor and he went, 'Yes I can feel your fundus', and I went 'What?' And he said yes you're definitely eight weeks pregnant, now I can offer you a little suction job? And I went 'WHAT!' And then I went, 'No!' and ran out of the place. I didn't know much about it, because I had been brought up as a Catholic."
(Lee)

"The previous abortion that I had wasn't a very pleasant experience, it wasn't because it was awful or badly done or anything like that, because it wasn't. I had a general anaesthetic, and it was done under perfectly sterile conditions, but it was just the whole business. And I was really nervy and frightened at the time and I just didn't know what to expect, and the whole thing was just so distasteful, I just felt oh god! I couldn't go through that again. It was just the pits. You feel relieved, because you're out of the situation, but it's also a horrible feeling, it's not a pleasant feeling, abortion. I don't mean physically unpleasant. I meant emotionally."
(Anne)

When Cheryl, who did not want to have an abortion, turned for help to the relevant social support agency on the advice of her church, she was asked if she "hadn't thought about adoption".

"This was the least thing on my mind, right 'til the last few weeks." (Cheryl)

Cheryl was threatened by welfare authorities with the loss of her older children as an 'unfit' mother unless she refused to cooperate with them by having her baby adopted:

"I was really cheated but kept thinking that may be it was for the best because there was a danger of getting my kids taken away as the father was in and out of gaol and I had an 'affair'; so now I believe it was intimidation" (Cheryl).

In retrospect, Cheryl believes that after all, adoption is a form of abortion in which the mother is aborted rather than the foetus.

In the system

“Young girls in the same situation as I was”: Sent away

Consistent with the descriptions afforded by the media and social discourses of adoption which have been presented in Chapters 13 and 14, the mothers recounted their experiences while they were resident in maternity hospitals or unmarried mothers' homes:

“I was sent to a home in Annandale. In that home we weren't allowed to go outside. We had to take the garbage out overnight and were hardly ever allowed out in the back yard. We had to make these bedspreads for goodness knows who, with piping and fringe and everything. So they got good mileage out of us there. And then when I went up to Brisbane, they had laundry service so...we earned our keep.” (Carol)

Mary was taken to a Catholic maternity hospital in Sydney where

“with a lot of other girls we were treated like lepers and most of the girls worked in the hospital laundry like slaves. We were locked in behind this great big tall gate at the side of the hospital and couldn't see out. We were not allowed to tell people our real names or anything about ourselves and the nuns read any letters that came and went. I used to clean the medical students' quarters which were on the next floor to where we lived and also folded the green leggings and coats which were used by the doctors. I was frail and when they discovered that I had a very low blood count I was allowed to develop the photos of the new born babies.” (Mary)

From Carol's account of her second experience in another Catholic institution circumstances seemed unchanged

“I was in an unmarried mothers' home in Brisbane run by Catholic nuns. There were girls there who were from all over Australia and we had to take another name. We weren't allowed to use our own names, so again it was more shame and guilt put on you.” (Carol)

Julie's description of an unmarried mothers' home in New Zealand bore an uncanny resemblance to other institutions of that time:

“The Motherhood of Man was a big old house in Auckland that had a matron who lived on the premises and also a nurse who came in during the day, during the week. It had big rooms which had four or six hospital beds in each, a big kitchen and a big lounge room. Some of the girls had been there since they discovered they were pregnant and had been found factory type employment. Others, like me, had come at different stages of their pregnancy, and some of them had been kicked out of their homes when their families found out and other were there because their families didn't know..We all had rostered chores at the home, like cooking dinner or cleaning the lounge or doing the floors. All the girls were really friendly. I was one of the youngest (aged 16) but I vaguely remember a frightened 15 year old.” (Julie)

“Sometimes Brian would come and see me and there were bars at the window and they wouldn't let him in because he told them it wasn't his child .I thought it was so hard for him, putting him through all this stuff.” (Jackie)

Lee spoke of some of the girls who were resident in the unmarried mothers' home where she stayed:

"These girls had come down from the bush for their third pregnancy. When I look back, I suspect some of those girls were victims of incest. Recurrent incest. A small town, you can't come out and say 'My daddy did this,' can you? You'd have to say it was some shearer that was here doing work." (Lee)

When she became pregnant for the second time, Mary told her family that she was going to Sydney to start a mothercraft nursing course at the maternity home where she intended to stay for the duration of her pregnancy:

"It was an awful place because there were all these little orphan kids and pregnant girls. There was a beautiful baby girl there and she was in the nursery all by herself because her mother had changed her mind [about adoption] and no-one was allowed to get close to her. She was three months old. One night one of the girls went into labour and when the ambulance came, the driver was the boy who had got her pregnant. I really hated staying there and found a boarding house instead." (Mary)

Kristen used the excuse of 'going on a working holiday' interstate and knew of several girls who mysteriously had left her country town, although she was unsure of their destination:

"I knew of at least three girls who had 'disappeared' for a while. Everyone knew why. I knew of someone from university who had done the same. No-one would ever know. What a preposterous plan, what terrible fear, cowardice and bravery it took." (Kristen)

Kristen remembered a school-friend who had said "I just don't know what I would do if I became pregnant", but when she did some years later, doused herself in kerosene and set herself alight.

The experiences of Kristen, Kerry and Mary shared some similarities in that, instead of being referred to an unmarried mothers' home, they were offered employment as domestic help in private homes:

"I was living as a sort of live-in babysitter for \$10 a week plus keep. They were very kind, very matter-of-fact, but I hated being a sort of servant and foisted so intimately onto another family." (Kristen)

"I was told by the social worker that I was going to be sent away to live with a family that took in unwed mothers. In exchange for room and board I would be expected to help the family, do chores etc. I'd seen old movies and heard scary stories about situations like that and went to pieces at the very thought. I'd never been away from home before and scared to death at the thought of leaving the protection of my parents. So I begged and pleaded, cried and moaned, and finally talked my father into not sending me away." (Kerry)

"It was arranged for me to go to work for some people in a Sydney suburb They were really nice and I didn't do much work except mind the kids. When they went overseas a couple of weeks before I was due, the hospital wanted to put me in a home, but some friends of theirs took me to stay with them. When I went into labour I was at home alone with four children and the pains were so bad that I couldn't stand up. .I phoned this couple who took me to hospital and apparently stayed until my son was born but I never saw them again." (Mary)

Rather than go away, Kerry agreed to the bizarre arrangement of pretending that she had gone interstate but remained at home in what she described as a "comfortable prison":

"My parents let me stay at home but only on the condition that I remain out of sight for the duration. My father remodelled the fence around the backyard so that I would be able to go outside unobserved. My mother worked out plans and procedures so that I could live in the house and the rest of the family could carry on with their normal lives. When everything was in place, I very publicly departed for the airport and then very surreptitiously returned home to begin my secret life. I hid in my house for about six and a half months. During the day I had chores to do. At night, though, I couldn't use the light in my room, and I had to be extra careful about not answering the phone. I also had to be careful not to walk past open windows. Somebody might see me. If I was in the backyard, day or night, I had to be silent...somebody might hear me. After a month or so, I had a breakdown" (Kerry)

Kristen recalled her experiences at the out-patients' departments of two major maternity hospitals in Sydney:

"While I was waiting around, I saw a young girl, perhaps 12 or 13, probably in labour, being brought into the hospital. There was a look of sheer terror on that child's face. I was horrified and fled the hospital and ran out as fast as I could. I couldn't go back there so I ended up in the crowded waiting room at Crown Street Hospital. It, too, was dreadful." (Kristen)

"Once the social worker got hold of you..."

From their first contact with a maternity hospital most single women were referred to a social worker, to be processed as what was described euphemistically as a 'social admission'.

"So I went along, and I didn't know much about anything really, and they said oh yes, we'll book you in for your first ante natal visit and here's your letter to the social worker." (Lee)

"I remember seeing a social worker who told me that my decision to have the baby adopted was a good one She said quite distinctly that they always recommended adoption! And that I was selfish to keep the baby." (Kristen)

Although Kristen had asked that her parents not be informed of her admission to hospital, she was sure that if had they known of her pregnancy they would not have allowed their grandchild to be adopted. In her distressed state of vulnerable ambivalence, she sought advice which was not forthcoming:

“Shame on those social workers who didn’t understand that I needed help to tell my parents. Why didn’t someone get on the phone, fast, and tell them? They wouldn’t, of course, because I was over 21, but surely someone could have taken the initiative. I’d still have my baby now.” (Kristen)

Lee described what she called the “brutality” of the social workers:

“Not physical brutality, but mental brutality. I was a prime breeding machine, so obviously it was better to get my baby than some of the girls that I eventually shared the unmarried mothers hostel with. No they weren’t brutal to me: they used very subtle methods on me.” (Lee)

Although Anne did not feel the degree of antagonism towards social workers which many of the mothers felt, she took exception to the common practice of pretending that the mothers were married:

“I’ve heard tales from other people I know about brutalities from social workers, they weren’t brutal with meand the nurses were always quite decent. They never made me feel awkward or anything like that. It was just that voice, as soon as I heard that voice again, I said I know this woman, and I’m sure it was her that used to call me out, and she’d say ‘Mrs. Brown!’, and I’d stand up and I’d say it’s ‘Miss!’ at the top of my voice....” (Anne)

Likewise Denise recalled being called “Mrs” by the staff although they knew that she was not married.

In spite of suspecting that the social worker’s kindness was a disguise for her enthusiasm at the prospect of having a choice of three sets of prospective adoptive parents for a beautiful baby, Jackie also described the social worker in positive terms:

“I guess I was really taken with her (the social worker) though. She was the first kind person I had met in the hospital the whole time. Well, she seemed kind anyway. She seemed to show some interest in me and whatnot. At least she didn’t condemn me the way everyone else had.” (Jackie)

Lee’s opinion was not so glowing:

“Everyone was assigned a social worker because you turned up at the hospital unaccompanied and you were single. You were ripe for the picking. And once the social worker got hold of you, if you left the hospital with your baby it was a miracle, or it was a tribute to your tenacity, self-assurance, purposefulness, sense of bonding and sense of entitlement to your own self-esteem.” (Lee)

Lee proposed that unmarried mothers, as were married mothers, were extremely vulnerable following the birth of their babies and expressed normal anxiety about mothering. Social workers, she claimed, took advantage of unmarried mothers’ anxiety and vulnerability:

“You’re not up to the task, it’s an extremely important thing to do. Anything else is easy. Rocket engineering, anything else you’d like to name is easy compared raising a child, it’s so precious. So if some little social worker comes in at the vulnerable time, and says to you, ‘Oh well dear, you’re only half of a partnership, well really, no, you can’t keep your child, they’re better off with

somebody else...’, at that time you’re going to say, ‘Well, you’re probably right.’ But nowadays, if you look at it, when you go into [a hospital], all these little signs that have about mothering classes, breast feeding classes, how to bath baby classes, how to bond with your baby classes, so all these new mothers who are respectable women, have the same paranoia about doing the job properly. They got onto us because they wanted the babies basically, and we were a nice vulnerable group that they could exploit.” (Lee)

Lee deliberated that that the social workers held the interests of the prospective adoptive parents as paramount over the interests of the mothers as well as the interests of the child as they claimed:

“They weren’t going put themselves out. They had the joy of handing the baby over to two parents, didn’t they? That’s what the social workers got out of it. Don’t worry about our lamentations, our grief, because they’re doing the big payola handing this little bundle of joy to two parents who are so glad, so grateful to get the baby. I’m very upset, because I was told that my baby would be better off without me.” (Lee)

Lee also expressed her opinion of the social workers’ apparent disregard for the extended families of babies who were taken for adoption:

“All the social workers could have said, more or less, ‘We’re not getting these babies out of the ether, they actually have families that they come from, they actually have mothers and fathers, they actually have grandparents and maybe brothers and sisters, uncles and aunts as well. There’s a whole massive number of people attached to this particular baby It just doesn’t come into the world without connections.” (Lee)

“I felt so incredibly alone”: having the baby

The cold, detached and mechanical way in which the mothers sometimes described their experiences in maternity hospitals reflects the manner in which they were treated, and is exemplified in Julie’s statement:

“The delivery was cruel and uncaring. It was almost like ‘We will teach you never to get into this situation again.’ The lack of information, counselling and support was also cruel and uncaring during the week I spent in hospital after the birth. It’s not the fact that I was treated badly - I guess it’s more the fact that I wasn’t even treated.” (Julie)

For Mary and Carol there was no memory of the delivery itself owing to the amount of sedation which had been administered to them:

“I can remember putting my hand down at one stage while I was in labour, then - nothing else. I know now that I was unconscious when I gave birth to my son. I never even felt him being born let alone cry. I was drugged from within a short time of arriving at the labour ward until three days before I was released.” (Mary)

"When I went to hospital I remember having a lot of labour pains, but as for having the baby I have no memory...I was obviously drugged and blindfolded. I only remember something slimy coming out and a cry and that was it. The way I was treated was absolutely disgusting. I was sort of shunted into a room all by myself". (Carol)

Robyn, however, remembered the birth vividly:

"I was so frightened. I didn't have a clue what was going to happen to me. At first I was put into a very large ward with only curtains between the beds. I remember lying there listening to mothers giving birth. Then I must have slept for a while and woke up screaming in pain." (Robyn)

For Kristen even the word 'confinement' itself filled her with terror and dread. She compared the labour ward with

"like being beside the execution yard. You could hear the victims screaming. I wonder if prisoners on death row feel the same way when the due date of execution comes. I know how torture victims feel - the apprehension, the fear." (Kristen)

The mothers' fear of childbirth resulted from and was exacerbated by their ignorance of childbirth. They were unprepared not only for the birthing experience itself but also for the routine hospital procedures of a pubic shave and an enema on their arrival in labour ward.

"I had a contraction at the counter and they thought they'd better let me in, in case I gave birth in the foyer. They took me upstairs to some examination room and they asked me a lot of questions. Sniffed my knickers which I thought was the strangest thing I had ever seen anyone do, and gave me an enema, put me in a delivery room, and then they just walked off and left me." (Jackie)

"I had no idea what to expect I knew nothing about the different stages of labour. I was told that my membranes were to be ruptured. It sounded terrifying and horrible - and indeed it was. The terrifying ordeal had begun. I remember a nurse peering at my stomach in the middle of the night while on her rounds and commenting that it was a small baby. I had been given an enema and, horror of horror, shaved.." (Kristen)

"My waters broke about midnight. Nobody had told me what happens, or what to expect...I went into the delivery room where I was completely and roughly shaved. I had my first labour pain at twenty to three and my son was born at twenty past three. I remember lying on the table in the delivery room. The baby must have been coming quite fast as they gave me an injection in the vaginal area and then didn't wait for it to take effect. They cut me and I let out a scream." (Julie)

"I had no idea what was going to happen, what the process was. I'd never heard anyone talk about childbirth or labour. I just had no idea. And then after I had been there a while, another woman was brought in, an Italian lady, and she would scream, and scream, and scream, and I was so petrified." (Jackie)

"I was left lying around the Dickensian hospital ward waiting for labour to begin. Because of overcrowding I was parked in a corridor outside the delivery rooms for the whole day. Albert Camus wrote that there is no labour ward complete

without the screaming Italian woman- and there were plenty. I could hear all the graphic dialogue lying in my corridor bed, in pain, seeping fluid, with not a familiar face anywhere. It was a living horrible nightmare” (Kristen)

“Eventually the labour pains became more and more intense and I went into full labour and I went through a dreadful night and the next day dawned and I thought I just couldn’t keep going. It was just dreadful. I felt like I had been half out of my mind and half out of my body for days, endlessly, on and on, like floating on top of an ocean. Like I’d ride over the top of the pains when they came, just throw myself right out of my body.” (Jackie)

Jackie and Robyn, like so many of the mothers, had the view of their babies’ births obscured:

“Towards the end they said they’d put my legs up in stirrups and I was lying flat on my back and they put a sheet up over my legs so I couldn’t see anything or anybody, and they’d just call out to me from behind the screen and sometimes somebody would push a mask over my face. I pushed and pushed and pushed and then finally the last push was just dreadful, the pain was so great I lost consciousness. I remember beginning to push and then I don’t remember anything else until I came to.” (Jackie)

“I had a pillow held in front of my face when she was born. I remember fighting to get it away but two nurses held it tight while my baby was taken away.” (Robyn)

Because Denise’s baby was in the breech position, a Caesarean section was considered but not performed. Although none of the mothers underwent a Caesarean birth, their deliveries frequently resulted in either episiotomies or vaginal tears which required sutures:

“My son was born after a mostly drug-hazed labour and delivery. He was a breech birth and I had heaps of stitches.” (Denise)

“And there was this awful pain, a different pain, an awful pain. And I could hear talking and the nurse sat up and talked to me over the sheet and said “We’re just stitching you up.” I didn’t even know what she meant. I thought they must have been closing my vagina or something. It certainly felt like that.” (Jackie)

“I was stitched inside and out because I had torn during the birth.” (Julie)

“The intern was very sweet, because I didn’t actually have an episiotomy, but I tore and he was sewing me up afterwards and I said to him after it was all over - you know how you cover tension situations with humour? `Sew the whole bloody thing up, I never want to go through that again.” (Anne)

“I was given an episiotomy and the birth was marked “Complicated” in my hospital notes. I woke hours later in a corridor with dried blood over my legs and hips.” (Mary)

For some mothers the birth was induced, either too early or too late. In spite of Lee’s insistence that she was sure of the expected date of her baby’s birth, her labour was induced because her pregnancy was diagnosed as ‘overdue’:

"They gave me this bloody syntocinon stuff and I thought I was going to die. The contractions were so painful that I thought I was going to split. They said I was two weeks overdue, but the sister said to use this because they didn't believe that you fell pregnant when you said you did, or that you were actually overdue. They didn't believe me that I fell pregnant when I did, they didn't believe that I would know, because all pregnant women are jersey cows. Particularly us when we screwed around, how would we know when we fell pregnant let alone who the father was. According to my dates the baby was exactly on time." (Lee)

Chris was also disbelieved regarding the date of conception, and although she was considered 'big for dates', her pregnancy was allowed to continue for four weeks past her expected date of confinement. From her medical records, Chris discovered that a 'medical induction' with the drug syntocinon had been commenced on the day before she gave birth to her baby. Anne likewise had an induced labour:

"Actually my contractions stopped up on the labour ward - I don't know why. I guess the doctor wanted to get out of the place and he had this little public patient slut that had to be first before the week-end, so he did a cut down and gave me an induction agent. Four hours later at four o'clock, after extremely painful labour, I suddenly came out of the nitrous oxide and I had this nurse leaning on my leg, and I was in terrible agony, and she was leaning over my leg as though I was part of the furniture, or part of the operating table, so I remember yelling out. I'm just lying there with my legs up in the air, and she's leaning on this leg, and I said, 'Get that fucking nurse off my leg!' and I wasn't a good little Anglo-Saxon, so I screamed. I've never repeated the experience." (Anne).

For many women, giving birth was not only a traumatic experience but also a solitary one:

"Everybody left the room and they just left me lying there on the delivery table. I don't know how long I was left there on my own." (Julie)

"The sister came to me in the labour ward and said 'What's this 15 year old doing in here?' I was then moved to a room completely on my own. I was alone apart from the occasional check. After the birth I was pushed out into a corridor where I seemed to stay for ages." (Robyn)

"I felt so incredibly alone." (Jackie)

Cheryl recalled that while she lay in the labour ward alone, for two days, the song "Mamma" played repeatedly over the piped music system:

"I thought I would go out of my mind! I was told to think of the baby as being stillborn! How? I didn't have a dead baby." (Cheryl)

Kristen, however, used that metaphor, referring to the birth of her baby as "a live stillbirth". Anne, on the other hand, was surrounded by medical staff:

"and a whole lot of students standing at the bottom of the bed. And if I had a choice I would rather them not being there. I know people have got to learn, but I remember not being asked if I minded about that. They all ran in when the bell went." (Anne)

Kristen, who had previously been left alone, found that when

“my turn came to go into the delivery room. I was surrounded by faces. It was just another long night in a big Sydney hospital. I suffered silently. It was a blur of pain. I only realised that I had never uttered a sound when with one particularly bad contraction I moaned. It was a relief to moan. I remember the moment of giving birth - it felt like a bowel movement.” (Kristen)

At the hospital where Lee was confined, there was a practice of assigning a medical student to sit with a labouring mother:

“So anyway I got this medical student assigned to me, I didn't know where he came from, or why he was there, he just said ‘I'm here to sit with you while you go through this.’ He stayed through the whole labour with me. I don't remember his name, I wish I did, because I was terrified. On route to the labour ward I rang my mother up and said I'm scared, I want you to come. I can't come I'm busy. That was it, she'd gone through seven pregnancies and births on her own. So that was how they did it. So I went up to the labour ward and this guy turns up and I said, ‘I'm scared. Are you?’ So he was there the whole time. I just about broke his hands I think. He was there the whole time. If he hadn't been there, I don't know what would have happened.” (Lee)

Lee did not find the medical officers quite as sympathetic as she had found the students:

“Well I got the usual cold treatment from the doctors, but I think that I was in so much shock it didn't really register.” (Lee)

On the other hand, when Carol had a subsequent birth where she kept her baby she concluded that

“unmarried mothers were sort of used for the training of the medical students whom I don't think had any respect for us whatsoever.” (Carol)

“I always feel sorry for the girls”: the midwives

On the whole, the mothers regarded the midwives in a more favourable light than they did the social workers.

“A midwife said, ‘I always feel sorry for the girls’ or something like that. They were very kind and efficient. After the delivery I was very well cared for by nurses who were well-trained and went about their duties efficiently. I was washed and given a cup of tea.” (Kristen)

Lee agreed that the nurses did not behave in the same way as the social workers, although she provided a cynical reason for her opinion:

“The nurses on the labour ward, on the labour table after confinement all this sort of stuff. I can't say they were brutal to me, because I was actually in my last year at University, so they figured that I must have some sort of intellect therefore they probably couldn't pull the same tricks on me that they could on the younger and the less intelligent girls shall we say.” (Lee)

Nonetheless, the mothers recalled instances where the midwives' manner belied their caring:

“When I got up the next morning I felt so terrible. One of the girls got worried so she rang up this horrible tartar, I thought she was matron, but I guess she must have been the charge sister in charge of our little hostel, and she came up, pummelled my stomach a bit, said, ‘Give me a look’; and said, “You’re in labour. Get up to the labour ward’.” (Lee)

“There was this English nurse sitting there with her hands on my abdomen saying to me, ‘You know these ‘primips’, they’re all the same’.” (Anne)

“I think I must have emptied my bowels during the delivery. A nurse came back about half an hour later and said, ‘Yuk, what a mess!’ and proceeded to clean me up.” (Julie)

“The nun in charge sort of treated me like a piece of shit.” (Carol)

“I remember this battle-axe of a nurse saying to me not to be so stupid, that it wasn’t that bad. I remember thinking at the time, ‘If it’s not that bad, you get up here and have it.’ “ (Julie)

“There was this dragon of a nun, who when I started to bleed, came in and abused me in a really horrible way and accused me of being out with my boyfriend the night before and this was the result She made me so upset and one of the nicer sisters told her to stop: that it wasn’t me after all.” (Mary)

“I was treated awfully in hospital”: after birth

Following the birth of their babies many mothers were placed in wards with other mothers:

“who were keeping their babies, and all their families, husbands and other children used to come and visit them and I used to lie there and cry, and nobody came ear me, nobody said anything...I used to lie in my bed and cry every feeding and visiting time as the other mothers would have their babies and people would come to visit them. They kept you in for seven days and I spent a lot of that time crying.” (Julie)

“I was treated awfully in hospital. When I came back to the maternity ward I had to watch while the woman in the other bed fed her baby, and I was near the nursery, so I could hear the babies crying.” (Cheryl)

Kerry’s parents intervened to ensure that she had a private room after the birth of her baby, a move which did little to ameliorate her distress:

“I was in hospital about two and a half days altogether. I’d have stayed a bit longer but the treatment I received from just about everybody (with the exception of one nurse) was so cold and hurtful that I couldn’t wait to escape. Being in a private room saved me from the pain of watching other mothers holding and nursing their babies. But it didn’t save me from the nurses who avoided me like I had some awful contagious disease, or from curious custodians, or from the cruel, judgemental clerks. And it didn’t stop people from gossiping in the hallway right outside my room with voices loud enough for me to hear: ‘She’s the one who isn’t married!’ and ‘She’s the one who’s giving her baby away.’” (Kerry)

Following the stillbirth of her baby, Mary remembered very little until

"I woke up in a tiny room all by myself away from everyone - mothers and babies. My baby boy had been born dead. I stayed there for about twelve days and then my mother turned up to take me home." (Mary)

After the birth of her baby Kristen was moved to a convalescent hospital "a rather seedy old place":

"None of the other patients spoke to me and I was kept apart from them in a little alcove. I remember overhearing two women discussing the urgency with which they would have to put their daughters' names down for private schools. I listened bitterly. They ignored me.. I was glad of that. Obviously they had been tipped off about me. I could overhear the other mothers' descriptions of their experiences but I couldn't talk about mine." (Kristen)

Mary, Chris and Anne were moved to another post-natal maternity hospital on the day following the births of their babies. Neither Mary nor Chris remembered being transferred but Anne was among the last patients - mothers with their babies - to reside there before the hospital closed its doors owing to the dwindling number of unmarried mothers.

"What you haven't held, you haven't lost": seeing the baby

Although many mothers were actively prevented from seeing their babies either during or after the birth, Elaine who already had a young son, made the decision not to see her babies on the basis of her prior birthing experience:

"I was given a whiff of something at birth as I had requested that I didn't want to see or hear the baby. My inner heart could not have stood that and give up the new-born baby. When I went to hospital to have the [second] baby, I didn't see or hear this baby either. I just cried inside - and packed my bags and quietly left." (Elaine)

Likewise Kristen requested not to see her baby which she has since discovered from the social worker's notes at the time of her admission to hospital, although

"nobody ever tried to dissuade me from that unwise decision although evidence exists which shows that even then it was known to be very psychologically damaging. I made it easy for them, didn't I?" (Kristen)

From her first hospital experience in 1950 when she gave birth to her first son, Elaine recounted a practice which she was able to avoid subsequently:

"The saddest thing was that the girls who were adopting their babies [out] kept them for up to a week, may be more. The they'd be called to the office to collect clothes that the adopting parents had brought. These poor kids had to dress their babies in the new set of clothes, usually beautiful clothes, then give their baby to a nurse, never to be seen again. It was rumoured that if they kept them for a while, then gave them away, they wouldn't be tempted to be 'sinful' again! So much for compassion! It certainly made me sure that I didn't go into a mothers' home when I was going to adopt." (Elaine)

On the other hand, another mother's effort to see her baby was thwarted:

"They made it extremely hard. And I didn't know that it was within my rights to see my child, or touch my child, or anything like that. Because when I asked where the child was, they said they put them in a special ward upstairs with the premature babies, so that they didn't get seen." (Jackie)

In what was an unusual practice, Jackie did see her baby as a result of what she interpreted to be the kindness of the social worker. She recalled the event with extraordinary clarity:

"She took me upstairs and they wheeled the baby towards the window, but they wouldn't bring her right up to the window. It was a good six, maybe eight feet, away but I can still picture her, you know. She was lying on her back and she kept lifting her head up off the little bed and she had very long fingers and square palms, longer fingers than mine, but square palms. Just like mine. And she was opening and closing her mouth, and she had the most perfect little bow-shaped mouth just like in a cartoon, and turning her head from side to side as she lifted it. And her hair seemed dark at first, and I looked at this baby and couldn't recognise it...and then as she turned her head it caught the light and there was a coppery sheen on top of her hair but she was too far away and I couldn't see what colour her eyes were. I thought they were brown. They could have at least pushed her to the window. I didn't insist on holding her or anything like that because I got the impression that you didn't ask." (Jackie)

Denise begged to see her baby and

"was given a very brief look post delivery. He was wrapped up so I couldn't check if he was OK. I could only see his head and hands. He looked so peaceful and I remember thinking how beautiful he was. I reached out to touch his face, and managed to before the sister whisked him away. I never held or saw him again until he turned 19." (Denise)

It would be nineteen years before Kristen, too, would see her child again:

"I remember hearing the baby being wheeled away, crying - and that was the last I heard of her for nineteen years. This creature that I had just struggled to give birth to over three days, whom I had felt squirming inside me, this little enemy within me. What a sad, bitter end to my light-hearted fun romance nine months before." (Kristen)

Kerry, too, asked to see her baby but her request was refused, until she became very argumentative and it was granted:

"I was finally allowed to see my baby for about two minutes from a distance of about 15 feet. The door to my room opened and a nurse stood in the hallway. She held up a bundle with a tiny face peeking out, and then she leaned forward to pull my door closed. I asked her to stop, and asked that she undo the blankets so that I could see for myself that my daughter was OK and 'all there'. The nurse, obviously reluctant, did as I asked. She unwrapped my baby so that I could have a quick scan. And then the nurse shut the door and was gone." (Kerry)

Robyn asked a passing medical officer if she could see her baby, and if it was a girl:

“He said I would have to ask the social worker. I never saw the social worker again. I asked at the maternity home again and was told that it had been arranged that my parents could take me back to the hospital on my way home. When my parents came I told them but they ignored me and drove straight home.” (Robyn)

Although Mary requested to see her daughter, she had not been informed beforehand that this was possible:

“I was never told any of my rights, nor was I allowed to see my baby. I asked the nurse in the nursery if I could see her and she just held her up for a second. She was the most beautiful thing I have ever seen.” (Mary)

Mary telephoned the hospital several times to see whether her daughter had been adopted. When she returned for her postnatal check-up she thought that she might be able to see her baby but

“she had been picked up a couple of hours before I got there. I was heart broken.” (Mary)

By the 1970s if a mother had sufficient presence of mind to ask if she could see her baby, this was permitted as Anne recalled:

“Because I asked to see my child and they brought her up to me, right next to me here and I said, ‘I’d like to hold her for a little while’, and [the nurse] said to me, ‘It’s up to you, but I wouldn’t advise it.’ And I said, ‘Why’s that?’ and she said, ‘Well you know the old adage: if you haven’t held it you haven’t lost it.” (Anne)

Lee suggested that the more likely reason why mothers were not permitted to hold their babies was because

“you might have changed your mind and walked out the hospital with the bub and then those adoptive parents who’d been waiting so long, wouldn’t have [the baby].” (Lee)

For Melissa in the USA in 1976, although circumstances were very different the intensity of emotion surrounding the potential separation from her baby was as great:

“I had a natural childbirth attended by excellent nurse midwives. I expressed colostrum from my breasts and fed it to my baby from a bottle. I held him, changed his diapers, and cried like I’d never cried in my entire life.” (Melissa)

“Is it all right? Is it girl or a boy?” Questions without answers

The first questions that any mother will ask after she has given birth are, “Is it a girl or a boy?” and “Is it all right?” For mothers whose babies were presumably for adoption these questions were non sequitur.

“I can’t see the baby, where’s the baby? And they kept on saying, ‘Oh, I’ve only just come in. I don’t know.’ Because I hadn’t heard her cry I didn’t know if she was alive or not. And I said, ‘Was it a girl, or a boy? Is it all right?’ And they said, ‘It’s not our job to know.’ And then they went away.” (Jackie)

"When I had the baby I was not allowed to see it! Was not informed if it was a boy or girl, no weight, or any information. I asked a sister what weight my baby was and she replied, 'You have no right to ask.' I only knew she didn't die."
(Cheryl)

Kristen knew that she had given birth to a daughter because

"the nurses told me that the baby was a girl but there was no other reference to the baby during my hospital stay."
(Kristen)

Julie recalled that the only reason she knew that she had given birth to a son was because the staff mentioned this as they recorded the time of the birth, although

"I did sneak down to the nursery once to see if I could see my baby. Nobody came to talk to me about what was happening. I named him John. I went back again and a nurse was feeding him and she said he was not very well and they didn't tell me what was wrong with him or let me hold him."
(Julie)

"They assumed I was giving my child up for adoption": the foregone conclusion

Regardless of the stage in their pregnancies when the mothers first came into contact with the hospital system, it was taken for granted that their babies would be taken for adoption and they were processed accordingly:

"When I was about seven months I rang the Catholic Welfare Bureau and they referred me to Crown Street Women's Hospital. It was automatically assumed that I was giving up the baby for adoption because I was single and from the country and my parents didn't know. How I felt was never questioned although they knew about my first baby who had died and wrote that I was terribly depressed as the confinement drew near."
(Mary)

"I remember having one meeting with the Matron in her office where she asked me a whole lot of family history. I don't remember her asking me if I wanted to give up my baby, but I don't ever remember anyone talking to me about my options, that is, what other options were available to me, or even that there were other options. I never once remember anybody during my whole pregnancy talking to me about the option of keeping my child. It's like it was the normal thing to give up your child if you were a young unmarried mother. Or for a fact if you were not a teenager. I guess that the norm was that young single mothers didn't keep their babies back then."
(Julie)

Jackie recalled her meeting with a social worker who, ironically, was about to go on maternity leave:

"She was so excited, such an excellent proposition, that I was a beautiful girl and she was sure that my baby would grow up to be a beautiful girl. She said I can't tell you who the parents are, but her are three sets of parents who have been looking for a baby. I do not remember her ever saying to me 'Is this really your decision? Have you thought about keeping the child?' I'm positive she never went into ways I could keep that child because she didn't discuss with me that there were any benefits for mothers and children or anything like that. All I remember is her incredible excitement at being able to place this child. A triumphant last hurrah before she left to raise her own family." (Jackie)

Kerry's parents contacted a welfare agency and, after she had been assigned a social worker, as she expressed it, "the ball started rolling":

"It seemed to me that the only logical and humane choice was adoption, so I agreed to it." (Kerry)

For Denise, adoption "sounded so easy":

"My doctor always stressed that I was doing the right thing not to keep my baby as it would be a burden and the presumably wealthy adoptive parents could give my baby a promising future .I was told not to provide any baby clothes or worry about having to pay the bill at the private hospital." (Denise)

Two of the mothers had sisters who themselves had been unmarried and pregnant. Julie was twelve when her sister, Diane, who had a disability, had a baby:

"Diane was never given a choice of keeping her baby. It appeared to be a foregone conclusion that she was to give her baby up because of her age, maturity, her disability and her ability to cope, as well as the family's financial situation." (Julie)

Julie also believed that her sister would have been distressed if she, Julie, had kept her baby with her sister resenting the baby because she had been unable to keep her own.

Anne's sister, Gail, was also a mother and not married. Anne described her sister's circumstances thus:

"When I was pregnant I lived with my sister. Gail had a child, Dylan, who was five. Lovely nice people to live with and it was a really happy household, but I saw what Gail went through, trying to work and all this type of stuff. And what a strain it was on her life just trying to manage and I just thought, 'I can't put a kid through this. In all honesty, I can't do this.' Gail loves Dylan: she did the very best by him, financially , emotionally and everything, but it was just so hard. But Gail never for one minute ever regretted it. It never entered her mind to give Dylan up - never! But I lived in that situation for the whole nine months period and I just thought to myself, 'I can't do this, I can't do it, not to a kid.' I wanted for my child, what I didn't have, which is a fairy tale, a story book. The mummy and daddy and everything's nice." (Anne)

Nonetheless, Anne expressed regret at not having been able to keep her baby:

"But I must admit I kept thinking...initially I thought maybe I'll keep my child because this will be my chance to prove to my mother that I'm a worthwhile human being and I can make a go of something. But then I got to realise that it wouldn't matter, that she still wouldn't see me as a worthwhile human being if I did that. I'd be negated even further" (Anne)

Lee also recognised that the difficulties of single motherhood could be self-limiting, a point which appeared to have eluded social workers:

"You've just got to meet someone to give you a bit support for six months, and then you're on your feet aren't you? Once you get passed, getting over the stitches and post-natal depression and all those things, the breast feeding, the baby not going to sleep. You really only need six months don't you?" (Lee)

As the experience of Anne's sister had shown, not all pregnant, unmarried women had their babies taken for adoption. Lee cited another example:

"I had a friend at Uni who was pregnant and when she was five months her mother said, 'Veronica you haven't had a period recently have you?', and she said 'No', and her mother said 'I think its time you went to the doctor dear.' She went to the doctor and the inevitable was disclosed, and Veronica said 'I was getting a bit fat, but my periods weren't regular, so I just thought it was like that.' I said didn't you count? That's what my life revolved around, counting how many days it was since my last period. So her mother took to the doctor, was there when it was diagnosed and then said to her daughter, 'This is a terrible shock., but we'll work something out.' So she had her pregnancy at home, she went to Uni, she finished off her subjects for the year, and then she just went home with her baby and her mum. But my mother couldn't do that."
(Lee)

Kerry did not disclose her feelings about her baby to anyone as she

"grew more and more attached to the baby and less and less confident that adoption was the best 'choice'. Whenever I would mention something about adoption to my mother, she'd launch into the same old tried and true equation: giving up the child equals love and kindness; keeping the child equals selfishness and cruelty. I kept on trying to figure out ways that I could keep my child without hurting her or anyone else."
(Kerry)

Theresa's rationale for the foregone adoption conclusion was that:

"My baby was basically a premium, blue-ribbon piece of adoption meat to be acquired and owned for their disposal to the adoption industry mill. I never felt like I had any choice, nor did I feel at any time like it was 'my' decision. It was plainly a case of fraud, coercion and duress of the worst kind because my baby as a healthy white newborn was a hot in demand commodity!"

"To see these notes brings it all into very sharp relief": the hospital records

Lee was suspicious that unmarried mothers had been used for drug experimentation:

"I have a feeling the drugs they gave us were experimental. I have a feeling they used a lot of us for experiments, so that they could test one, so that when they got their private fee paying patients, they wouldn't [make mistakes]. I'm quite suspicious of most of these processes having done nursing."
(Lee)

From their hospital records, many mothers have learnt that they were given high doses of barbiturates before, during and after delivery, as well as large amounts of the hormone, diethylstilboestrol (DES), to suppress their lactation.

"According to my nursing notes I was given pentobarb and valium - a memory fades because I was too doped up. I was certainly too doped and spaced out to ask to see the baby."
(Kristen)

"I don't remember much and after reading my medical notes I can understand why. I was drugged from within a short time of arriving at the labour ward until I was released from hospital."
(Mary)

In addition to diethylstilboestrol, Mary's hospital notes revealed that over a period of five days she had been administered 100mg pethidine by injection during labour, 500mg pentobarbitone (a sedative of the barbiturate group) and 480mg codeine (a narcotic analgesic).

Chris discovered from her records from the same hospital that in the week leading up to the birth she had been given either 30mg amylobarbitone (a barbiturate), or the similarly acting phenobarbitone, three times a day (the first dose at 4am) as well as 100mg sodium pentobarb for nocturnal sedation. Barbiturates were given frequently to treat hypertension, particularly when associated with pre-eclamptic toxemia (PET). Chris's hospital records revealed that she had been diagnosed as having PET on the basis of a small amount of protein in her urine. However, her blood pressure was normal and even when she became hypotensive with a blood pressure of 70/60, barbiturates and diuretics continued to be administered.

In the 24 hours leading up to and after her baby's birth, it was documented that Chris had been given 90mg amylobarbitone during the day, 100mg pentobarbitone for nocturnal sedation and a further 200mg pentobarbitone orally only twenty minutes after her baby's birth, as well as 200mg pethidine (a narcotic analgesic) by injection during delivery. She, too, began the regime of DES to suppress lactation.

Mary discovered from her baby's nursery notes that her son, at three days old, was transferred to the Children's Medical Research Foundation, adjacent to the adoption nursery where he was prescribed a disproportionately large dose of the sedative phenergan which is contraindicated in newborn babies. There, healthy babies were studied for normal cardiac and respiratory function (Burnard, 1967). Mary concluded that, because it was usual for mothers to sign a consent to adoption on the third day post partum it must have been assumed that she had signed, as she explained:

"I now believe that because my baby had been passed for adoption on the third day they assumed that the papers had been signed as well. Apparently I was not well enough to sign the papers or be discharged I would have no idea because I don't remember any of it." (Mary)

When she made recent inquiries about this practice, Mary was told that

"because my baby was being adopted anyway, that made it OK. Everyone I spoke to assumed that it was OK because the babies were for adoption. .and that these babies were abandoned and there was no code of ethics and doctors did these things. Where was the dignity of the human being? I was nothing and my baby was available for anyone to use him without my permission." (Mary)

Chris was suspicious when told that her baby's nursery records, previously available, were now 'missing' and postulated that this may have been because of her public profile as an anti-adoption activist.

Lee recognised that she had forgotten many of the procedures which had been carried out during her hospitalisation until she received a copy of her hospital records which sharpened her recall:

"What I found, with the passage of time, was that my memory has become a bit distorted, and it wasn't quite real, but to see these notes it brings it all into very sharp relief. And then to see what went on, as an adult now, and knowing what all these drugs and what they actually did to you without your knowledge and consent, it's just amazing. And there's so many grounds for a law suit here, this is gross negligence. It's, chemical imprisonment. That's what it basically is. And to have had a pillow put over your face - well, that's assault." (Lee)

They used very subtle methods on me": the consent

According to Australian legislation, a consent to adoption could not be procured until three clear days after the baby's birth as Robyn recalled:

"I was transported to a convalescent home after the birth, and about three days later, I was taken into a room to sign away my baby to strangers." (Robyn)

Some women were unable to recall signing such a consent, either because of the effects of sedation or because of the traumatic circumstances surrounding this event.

"The Child Welfare man visited me and got me to sign the papers for adoption. I had assumed the baby was a boy until I saw 'female' on the papers. But I was under a lot of sedation because my aunt had died that morning. I had read it in the newspaper before anyone could tell me and was very upset because I was close to her." (Cheryl)

"Nobody would come and speak to me and then the social workers came and I had to sign some things, I don't remember what they were. They assumed that I was going to give my child up for adoption. I don't remember telling anyone - maybe I did, but it's funny, I don't have any memory of saying the words." (Jackie)

Kerry, whose experience took place in the United States:

"can only remember bits and pieces of that fateful day, the day I signed away my own child. I remember going into the social worker's office, by myself, and sitting down on a chair. I tried to look calm, but sitting down was difficult. The social worker talked to me but her words were incomprehensible. I was sweating, feeling faint. I remember a document being placed in front of me. I was supposed to read it but couldn't. I could only see one word at a time and couldn't comprehend what the words meant. I remember having a pen in my hand, but I don't remember signing the paper. And I remember trying really hard not to collapse when I got out of the chair. I remember leaving the building, getting into the car, being back home again, and numbness. If I recall correctly, that was the sixth day of my daughter's life." (Kerry)

Theresa who also had her baby in the United States recalled that afterwards:

“an older woman claiming to be a social worker came to my hospital room. She immediately began pressuring me to surrender my child to adoption. I told her I loved my little girl and wanted to keep her. My response was completely unacceptable to this woman. She began telling me I was worthless and unfit and would destroy my daughter’s life if I kept her. I received no help or support of any kind from anyone to keep her. I was kept in complete ignorance of my legal rights or any alternatives to adoption. I never met such cruel, barbaric, conceited, unfeeling people in my whole life.” (Theresa)

Whereas some mothers had information about financial support deliberately withheld from them, Lee was given the information but it was trivialised in order to discourage her. She described her experience of subtle coercion to surrender her baby:

“They used very subtle methods on me: like, ‘There is this very small amount of money you can have, not enough to pay your rent, and how are you going to supportwe know your mother’s not going to help you, so what’s going to happen when you take the baby home, and six months from now, and you haven’t finished your teachers diploma, so how are you going to earn money? You’re going to have so low paid job, who’s going to look after the baby while you’re at work. You’re going to be in this room by yourself, a little bed sitter and you won’t be able to cope and you won’t have any support so what’ll happen, you’ll end up bashing your child.’ This was the picture that was painted for me. They had already worked out the most paramount importance to me was my child’s welfare, that’s why they got me to adopt. Because it was for my child’s best interest. I didn’t care what happened to me. If I’d cared what happened to me, I would have had an abortion when it was offered, but I didn’t. I was full of these silly ideas about sacrificing to people that you cared about, or other garbage that got thrown at me.” (Lee)

Other women who recalled the events vividly spoke of overt duress and coercion to sign the consent for their babies to be adopted. Cheryl, who throughout her pregnancy had planned to keep her baby, was counselled, or “rather, interrogated”, until she finally agreed to adoption. As if to put some obstacle in the way of enforcing this agreement, Cheryl stated that she would decide on adoption only if this baby was a boy. Her confused rationale was that it would be easier to part with a boy than a girl because she already had two sons. Consequently, when she was asked to sign the adoption papers she presumed, erroneously, that she had given birth to a baby boy.

“When I got my head straight that afternoon I remembered that I had seen ‘FEMALE’ and I asked them if I could name her and they agreed. I asked why I wasn’t told the baby was a girl and they replied, “It’s too late now” and that it was “for the best” after all the trouble I had, and would make some childless couple happy. What about me? No support! The baby was given to a couple that had already adopted two boys, then thought they would like a girl!!! I was really cheated but kept thinking may be it was for the best because there was a danger of getting my kids taken away as the father was in and out of gaol, and I had had an affair. So now I believe that it was intimidation.” (Cheryl)

Jackie, too, was given similar advice:

"They kept saying to me, 'If you love your child and you've got to do the right thing, you've got to atone for this terrible deed that you've committed', and you believe it." (Jackie)

Cheryl, like many mothers,

"was not given any time to change my mind, no consideration after all I had been through."

Kristen signed the consent form on the day before she was discharged from hospital:

"No-one asked me if I wanted to see my baby, or gave me the option of changing my mind. Of course not! They knew their horrible business too well And everyone was just doing their job. They'd done it all before. I had no warning that I would be required to sign anything. A social worker just turned up. She was a nondescript, slim woman, probably not much older than me. I remember that we went outside into the garden and went through the process there. I think she was just rubber stamping the form. Years later I was shown the paperwork by the adoptive mother and she told me that the social worker told her that she couldn't get anywhere with me because I had made my mind up. I don't remember her trying. She told her that I had a month in which to change my mind, but the baby went straight to the adoptive parents because she had felt sure that I wouldn't change my mind." (Kristen)

Cheryl was told that her baby

"was jaundiced and had acne which would hold back her chances of adoption"

Likewise Julie was told that her baby was unwell and would remain in hospital for six weeks, prompting her to draw the following poignant comparison:

"It's funny but it's the same time you leave a kitten with its mother before you take it away from her and find it a home" (Julie)

When Cheryl had to attend Court for her baby to be made a 'ward of the state', her baby was present and :

"they referred to her by a number. I was so upset and I said to the judge, 'Would you please call her by her name (which I had given to her) and I had put on the adoption form. He said that the nurses had named her Leanne and that would be her name on the papers for the orphanage. I couldn't even give her a name!" (Cheryl)

For Jackie, it was important that she "look grown up and in control somehow":

"The social worker wrote reams and reams of paper. She asked me what I thought about religion, and what I thought about this and that, and what did I want for the child's education and all those sort of things. She wrote all those things down but I don't believe it was ever given to the adoptive parents. If they did, they went in the opposite direction to everything I said." (Jackie)

Like so many other mothers, Jackie was confused about the papers she had signed and about the conditions of revocation of her consent:

“In my head there was no realisation that these papers were the final papers, that there was a month, and if I'd sign them that I could have reneged in that month It was my belief that it was all done in the hospital at that time, and it was too late anyway. It seems to me I didn't know that. Birth is hard and mine lasted for days. I wasn't capable of making decisions of that importance, and you're so easily swayed when you're a kid.” (Jackie)

Possibly because she was older and had been living independently almost until the time of her baby's birth, Anne could not recall having been coerced to surrender her baby to adoption. Nonetheless, in retrospect, she questioned whether her choice was valid and her consent an informed one, based on the presentation of limited options.

“I still think, like nobody pressured me really into having my child adopted, that was my choice, and I made that choice, at what I considered to be sound reasons at the time. Now those reasons may not be valid to me at this age, and from this perspective as they were when I was 25. But at the time I thought I was doing the right thing. Margaret, [the social worker] indicated to me that the options were limited and that it would be difficult. That the choice was entirely mine, and whatever I wanted and they would do what they could.” (Anne)

In a different set of circumstances, Lee was offered money by the paternal grandmother to raise the baby as her own, and chose adoption as the lesser evil:

“She came to me and said, that's my grandchild. I was an incubator for her, basically. So she offered me money. She said, 'Look, keep the baby. You don't even have to live with us. You can have one of the other houses. Have the baby, and I can have access.' And I thought, 'No way! Look what you've done to your son, and her husband had tried to commit suicide. When I walked into that family the husband had a steel plate in his head, his right arm amputated above the elbow, and half of his left foot missing because he'd thrown himself in front of a train because of her. And at meals she would just have these rages and throw bottles of tomato sauce at people. She terrified me.” (Lee)

Families often applied pressure as in Kerry's case where her mother threatened that if she kept her baby:

“the only recourse would be for her and my father to raise the child as their own. I would have to play the role of big sister. I would not be allowed one word about how my child was being raised and I would have to leave home without my child as soon as I turned 18.” (Kerry)

For Denise the adoption was a “private matter” between the obstetrician, the adoptive parents and her, with solicitors preparing the legal documents:

“I signed the papers brought by the solicitors a few days after the birth, and the adoptive parents' names and address, in full, were on the very same document. It was read to me first (the names were not read out) and then I was requested to sign at the bottom. Part of the document referred to whether I wished him to be raised in a particular religion but I said I did not. I could not see the point of that: how could it be enforced? Who would check? I tried not to look at the names (because to have this knowledge was too scary) but I saw part of the address and that burned into my brain from that day on. I took it as

an omen: made a silent vow that I would find him one day from that scrap of information.” (Denise)

“Put it all behind you”: going back home

“When I went home I was sort of patted on the head and told to put it all behind me. Never once has my family spoken about this. So it was sort of out down there with all the other memories and forgotten.” (Carol)

“I went home without the baby. I was allowed to come home. However, I was a bit strange. Everybody else in my year seemed to be getting jobs - I'd applied for jobs and couldn't get one. So I said to my mother what's wrong with me, everybody else's got a job. And she said "What's wrong with you?", and I'd just lost my baby, and the man that I loved. And I stayed away for about three years, and she was always very critical, there was nothing that I did that was good enough.” (Lee)

Kerry's return home was as fabricated as was her departure:

“After signing the papers, I returned home from my extended visit with my grandparents'. My mother set the stage by telling about my impending return before she and Dad made an excited and quite visible departure for the airport'. I was in the car, of course, hiding on the floor of the back seat. A little while later my folks returned home with me sitting up and quite visible in the back seat, and unloaded several empty suitcases. I had returned, I was home again, neighbours dropped in to visit and ask about my trip, and my entire family lied through their teeth.” (Kerry)

For Carol, the reminders of a normal life around her reinforced her feelings of alienation:

“I could hear everybody having parties around Sydney and that, and I just wanted to jump out the window and kill myself, and again from the memories that came through I apparently did try to do this and. I don't know what really happened after that, I think I was sort of sedated and put into a psych ward or something, I don't know.” (Carol)

For Denise “going home was awful” because

“at least when I was in hospital I felt that I was near him. I remember an overwhelming sense of grief and loss. Counselling was not offered: it probably didn't exist and I was left to get on with my life as if nothing had happened.”

Chris's social work report concluded with the opinion that

“She was a very good patient and I feel that this unhappy experience has probably matured her. I have no doubt that she will make a success of things from now on.”

“But, one tries to make a life”: life after the loss

Kristen married and had two children. However the marriage proved to be “difficult, miserable and unprosperous”, as did the marriages of many of the mothers.

“I completed a Bachelor of Arts degree and a teaching diploma in the 1970s. I’ve never taught. Somehow I never felt adequate as a person, that my life was too much of a disaster. One negative thought followed another. My self-esteem and self-respect were very low. The years went by and we muddled along. I used to think about the baby I’d had in Sydney, but because I’d never seen her it was always like running into a brick wall. It was vague, ghostlike, and with the passing of years, quite unreal. Memory fades, and obviously, one avoids talking about it.”
(Kristen)

Kerry decided to go back to her high school, defiant and assertive against the gossip and ugliness which she knew she would be facing:

“Gym classes were required which meant that I’d be forced to undress and shower with 20 or 30 other girls, and that meant they’d see my body which now had very visible stretch marks and other signs of pregnancy which someone was sure to recognise.”
(Kerry)

Kerry’s family doctor wrote a letter for the school excusing her from gym classes because she had “heart problems”. Nonetheless, she ran into far more gossip and ugliness than she anticipated:

“I couldn’t get through a day without hearing whispers and giggles, without being stared at in classes or in the halls. More than once I encountered a special treat provided by the ‘football guys’: when I walked by they’d laugh and toss pennies at my feet, the idea being that I was to stoop and pick them up, proving to one and all that I really was cheap and easy.”
(Kerry)

“I never forgot my baby”: the aftermath

After Cheryl’s court appearance, she continued to search for her baby:

“Anyone in the street with a baby, I struck up a conversation with to find out if it was a boy or a girl, its age or if the baby was adopted. It’s a wonder I wasn’t arrested! But gradually I got over it. All I remember of her was her hair as they took her away and I said goodbye.”
(Cheryl)

Jackie and Robyn also looked for their babies:

“I would look at every red-headed kid that I ever saw in the street, that would be about the right age, any little girl, and always in the back of my mind was - you never know, miracles might happen - I might find ut where she was. And I never stopped fantasising about it.”
(Jackie)

“At first I used to look in prams for her. As the years went by I would look at children going to school and wonder if she might be one of them.”
(Robyn)

Denise found employment close to the suburb where her son had been taken, although this meant travelling from one side of the city to the other:

"The travelling was onerous but I didn't care if it meant that I might catch a glimpse of him .Every woman with a new baby was the subject of my intense interest. I knew I was acting strangely but I could not behave any other way at that time I felt jealous of pregnant women because at least they still had their babies with them." (Denise)

After a couple of years, Denise felt that she was living "a reasonably normal life". She married her baby's father two years later, and they had two daughters:

"I had hoped that having more children would lessen the feelings of loss for my son, but it did not. I always thought of my son and what he would be doing, particularly on his birthday .I couldn't even send him a birthday card. Sometimes I felt panicky, like I HAD to find him or have some news about him or I would die I rarely mentioned this to anyone, it made them feel uncomfortable." (Denise)

Kerry also thought about her daughter on a regular basis, but instead of her thoughts diminishing, they became more frequent:

"I began thinking about her more and more when she was about 18 I found myself fantasising about her, fantasising that she'd come looking for me, and the fantasies were never happy, they were always scary. I kept my maiden name and made sure that I was listed in the phone book. I thought about her more and more, thought about how I would feel and what I'd say to her and so on. I didn't 'consciously' make myself available or start preparing for her return, but I can now see that I was getting ready." (Kerry)

Some mothers thought of their babies more intensely at certain times of the year:

"Every birthday I would be upset for days before, and I would light a candle and blow it out after I had said 'Happy birthday.' Over the years I often wondered, naturally, what she was like.. My other daughter begged me for a sister. Oh God, I wondered, what would she say if she knew?" (Cheryl)

"Every birthday, every Christmas I would wonder where she was and what her day was like and if she was being treated well." (Robyn)

Mothers' Day was a particularly difficult time for most mothers, prompting one mother to post a message of empathy to the Internet support group:

"Hope you all made it through Mother's Day OK. It made me think. Adoption isn't death, but it's just as irreversible."

Brenda's poignant response which she called "Birthmother Reality" was endorsed unequivocally by the other mothers on the Internet listing:

"Our babies are gone...and we know nothing of their baby-ness. Our arms are forever empty of their warmth, their tiny movements. We will never know the tug of their strong little mouths on our breasts, nor the pain of letting the milk come down into their mouths. We will not feel their naked skin next to ours. We will not know the soft downiness of their back, not the fineness of their hair, nor the perfectness of their tiny fingers. We will never see the openness of their stares studying our faces, the first faces they are ever to see. We will never know their cries. We will never know their smell. Our babies no longer exist."

Our children are gone forever...and we know nothing of their child's world. We did not know their friends or their fears. We did not know the names of their favourite stuffed animal, the one they slept with each night. We never heard them cry, "Mummy, I'm scared!" as they go for their immunization. We never did, and we never can...those times are irretrievably gone. Our toddlers, our children no longer exist.

Our teenagers with their sturm and drang and their puppy loves and the best friend that just told them off are lost to us too. They are gone...they belong to the past, and they could not return to us if they wanted to."

“What about him?” The baby’s father

Despite the lack of a father’s legal recognition on the baby’s birth certificate, this was a question that was frequently asked of the mothers, in particular by social workers compiling an adoption history. For Lee, the relationship with her baby’s father ended as tragically as the relationship with her baby:

“What about him. He's dead. I heard about it on the radio one morning when I was doing my nursing thing. I don't know. The coronial inquest doesn't know either: they returned an open verdict. They couldn't figure out whether he was thrown out of this first storey window in Darlington, or whether he jumped, or whether he was pushed. They had three people up on a possible murder charge, but they...This was in 19'78, I was 29, I was getting ready for a morning shift. And I heard it. I don't know whether he was actually murdered or he jumped out of the window.” (Lee)

The mothers of babies taken for adoption were not the only players affected by the process. Lee considered that the loss of their baby to adoption compounded her boyfriend’s unrecognised mental illness and contributed to his death:

“He was a real eccentric when I knew him, but as time went on it became obvious to me that it was a bit more than that: he was actually sick, mentally ill. So I went to the psychology section at Uni and one day I found this definition of schizophrenia and I said `That's it, that's what he's got! That's what wrong with him!’ So I tried to save him and help him, well he was my first boy friend, my great love. So I fell pregnant, I had the baby, and it was a couple of days after that, he went into a catatonic state, they hospitalised him. The baby was adopted and I couldn't see him after that. I thought, how can I see him again, when we've lost our family, it's destroying me, I'm destroying him. I can't see him again. How can I see him again, when this has happened. I did see him 12 months later it broke my heart, I had to really make myself stay away from him. And when I did see him, he wasn't normal... it scared me, he was not himself.” (Lee)

The father of Anne’s baby was married and, as was often the case, unaware of the existence of his child::

“The father's an American guy, he doesn't know anything about it. He's a big hot shot in the States. He's married to an Australian women, and has two kiddies and he had them when I met him, so I never told him. There wasn't any point because it was a happy relationship. There was no way he was going to leave her. It was just one of those things.” (Anne)

“I gave a baby away and I got an adult back”: the reunion

Some of the mothers had been reunited with their adopted away babies, now adults. In many cases the reunions have been joyous as Kerry recounted:

“The best thing that ever happened to me was meeting my daughter. My reunion with her changed my life (for the better) forever .I went through some really tough times in the months just after the reunion. Dealing with all the old stuff that started surfacing after the reunion was not fun. But no matter how uncomfortable or painful things might have been at times, it was worth it .I have my daughter back in my life and nothing could ever be as wonderful, satisfying, and healing as that...nothing!” (Kerry)

In other cases, the mother’s marginalisation from her child’s life was reinforced by the discovery of a contact veto, as Anne recounted in a mixture of disappointment and disbelief:

“I just made a tentative inquiry one day and I was really nervous about it. And when they came back and said there was a contact veto, I just didn't ...She's 22 now. 23 this year. “ (Anne)

Lee received a frosty reception from the adoptive parents of her son, James. She was bitterly disappointed that, although he had been well provided for materially, his upbringing lacked emotional warmth:

“When I went to meet my son's adoptive parents she (the adoptive mother) said to me, ‘I just wanted to go and move house.’ And she also said, ‘Well his father was disappointed because James is not interested in the things he's interested in.’ And I thought, ‘Do you want your money back?’ I thought, This is my son you're talking about.’ Why would he have the same interests as this man who's not related to him by any sorts of imagination? My son became a disappointment. My precious son. And he's been second best all his life.” (Lee)

Although Cheryl’s reunion with her daughter, Sarah, began propitiously, their relationship deteriorated over a four-year period:

“She visited us every couple of months and she and her sister, Rebecca, became very close. I told her everything she wanted to know. I was so honest: I gave her information sheets from the hospital records and photos of my kids from when they were little to make her feel part of the family. I gave her birthday presents, Christmas presents, invited her and her husband. .I could go on, and on. You can imagine how hard it was for me when I got her ‘dear John’ letter to say that she felt guilty about coming to us for Christmas and visits when she had her own family.” (Cheryl)

Prior to this letter, Rebecca and her two small daughters had been asked by Sarah to be part of her bridal party. Cheryl was also invited to the wedding, but she declined as “it would have been too hard”.

Nonetheless,

“her adoptive mother let me arrange for the wedding cake to be made. It cost \$200 but they still thought it only good enough to invite me to the church. I

could have been a 'friend of the family' at the wedding but they had their own friends there, and didn't want anyone to know that Sarah had gone looking for her 'other' family. (Cheryl)

Cheryl was convinced that Sarah's adoptive mother influenced Sarah's change of attitude. As Cheryl admitted, it was not so much Sarah's rejection of her as the rejection of Rebecca and her daughters who had become close to Sarah. Cheryl pondered:

"I just have to wonder why I had to go through it all again only to lose her a second time, but this time hurting others! I just have to wonder whether it was worth it as I envisaged a lot happier times for us all." (Cheryl)

Jackie has not met her daughter but maintains contact by telephone and through letters:

"I'm afraid to ring too often, afraid to write too often, so I don't. She calls me 'Jacqueline'; she sounds like she's talking to her child rather than her mother. She often has a somewhat disapproving tone, and even though I look forward to the possibilities for the future, I'm just going to hang in there and one day she'll be able to acknowledge me for who I really am." (Jackie)

"Thirty years don't dull it much": guilt and shame, grief and pain

Many mothers carried the secret of the loss of their baby in silence as Carol described:

"It was the shame and the guilt that was put on us by everybody that was so horrendous, and of course it was a big secret and I was never game to talk to, tell anyone about it." (Carol)

Anne, too, had difficulty talking about the loss of her baby:

"I have had trouble with saying I had a child that I gave up for adoption. It is so hard to get those two sentences out after carrying that secret for 18 years. It's so hard, I'm very articulate, it's just getting those words out. Because you're expecting that people will judge you more than at the time when you had your baby. Society has moved on, and yet I'm stuck back there with those attitudes. It's terrible." (Anne)

In spite of her self-imposed silence, Anne asserted that this was not because she experienced shame about having lost her baby to adoption:

"See I've never felt ashamed about what I did, and I've never carried any guilt or things like that. I don't go round voluntarily telling people about it all the time, but if it got to a point where I did tell someone, I would tell them without any feelings of shame or guilt about it, because I don't feel ashamed about it now." (Anne)

Jackie, too, felt that it was unfair that:

"in a way you're forever branded by something that wasn't your choice, wasn't your fault. I make no bones about it now. I don't hide the fact that I have a daughter and I gave her up for adoption. Sometimes it's not always easy to say, but I don't hide the fact. I don't look to be protected from it, but I do still sometimes feel guilt, because I know that she has abandonment issues, and

the guilt I fell is not at giving her up in that regard at all. But I do feel guilty about not having fought for her, and not having fought for me, because nobody ever asked me. I didn't want to give her up, I didn't want to give her up. And as you can see, thirty years don't dull it much, do they?" (Jackie)

Lee expressed similar feelings thus:

"Well I feel ashamed in that it is something that is inexcusable on one level, and the thing that really made me feel ashamed was that I had a choice in the matter, but now looking back, I knew you didn't have a choice, I still feel guilt, because I don't think that's excusable to abandon your child." (Lee)

Likewise Cheryl spoke of

"the guilt I carried for years over giving my daughter away. I told her I couldn't be held responsible for the rest of my life over one mistake." (Cheryl)

Kristen also expressed feelings of self-recrimination:

"Why did I allow myself to be stripped of my baby so shockingly? Allow myself to become another bit of adoption fodder? It was all basically to avoid a scandal. The whole thing was pure tragedy - tragedy in its truest meaning occurred because of some flaw in human nature." (Kristen)

Chris, who had lost her first and second babies to adoption, married their father and had two children within the marriage, tried to make some sense out of trying to resolve her feelings of guilt and shame:

"I thought that two good legitimate children would negate the two illegitimate ones, that would put me back to the old social line, or legitimate line or whatever you want to call it." (Chris)

Lee also tried to reconcile the ambiguities in her feelings with her religious upbringing and the contradictory morality dictated by society:

"I did the wrong thing - I got pregnant, OK?. I was fertile, I was 21 and I wasn't married, so I got pregnant to the only man I'd ever had sex with. Then I did another terrible thing- I didn't have the abortion. Then I did a really terrible thing, I actually went to term and had the baby, so there's no pay offs for being a good Christian. So then I get crucified because, well `What sort of a woman are you that can walk off and leave a baby? I don't understand a woman like that. What's wrong with you?' But I had had my family taken away from me." (Lee)

Anne was quite clear who were responsible for engendering her feelings of guilt and shame:

"My mother, social workers and the rest of society made me feel ashamed, so I was also very angry that I was punished so severely for my fertility, for having a baby at the wrong time, that's what I was basically punished for." (Anne)

Whereas Chris suggested that shame was inflicted by social workers because:

"they wanted to teach us a lesson. `She won't come back here again!'"

Lee described the protracted nature of the grief of her loss, not only at the time of her baby's birth, but in the ensuing years. Her grief seemed to be intensified during family

celebrations, all the more because the source of her grief, her lost child, could not be openly acknowledged:

"This grief doesn't start with perinatal time, it goes on, it goes on when your girlfriends get married and have babies, and you have to break the relationship because you can't stand the sight of their child - you like the child but you just can't stand the sight of the happy family situation. All your sisters get married and have big weddings, or your sister has a cot death, and it's the world's biggest tragedy. But what happened to you is nothing. It seems to go on forever. These things happen, and your brothers and sisters have these children and they have their children's birthdays, and you can see the joy they get out of it. I can't cut myself off from my family." (Lee)

Twenty-five years passed before Kerry and her mother were able to talk about the adoption, a contributing factor which gave Kerry 'permission' to search for her daughter. Without exception, every mother's story contained references to pain and the unhealed wound:

"It seems true that the pain never really goes away, it just changes." (Denise)

"The wound is not healed. There is no real cure for this hurt. It has become a familiar emotional lump, lodged somewhere in my brain. I live now with the tears very close under the surface. It is still very raw, it has become part of me, part of my mental baggage, it never goes away. The hurt was so deep, the wound so primal." (Kristen)

"We all remember relinquishment. We remember the pain..." (Tania)

"I didn't, don't realise how much pain I still have from all this because within my family it's still a big secret that no-one talks about" (Carol)

"At this time I have found a certain intellectual or emotional distance from the pain -I do not seem to feel it so much (perhaps it is only numbness?) or perhaps it is that I am learning to stand back from it and observe it rather than being merged with it. Still I am well aware that this grief is not yet dead, only more effectively managed." (Sarah)

"I was having a nervous breakdown basically from the age 22 onwards. I was really traumatised by what happened to me That incident wrecked my life" (Lee)

"And for that month afterwards, and for all the endless months, there's this awful, awful aching pain that doesn't seem to go away. For years and years and years." (Jackie)

"This'll go on forever. You go away and think about something and come back again. After listening to my story on tape I had a really good cry. It's like in the listening, there's someone else's voice, and how dead it was and the pain that was in it. Incredible. So we still have a lot more pain to get rid of." (Carol)

"I didn't feel ordinary. I felt old, different, damaged. My heart grew colder and the wall between myself and other people grew thicker and higher." (Kerry)

"Even though I have continued to live and build my wall tall and strong, I will never be whole again." (Mary)

"I have always felt so alone in my anguish and my grief at losing my baby." (Robyn)

Secondary sources of narratives

Many autobiographical as well as biographical accounts of women's experiences of losing babies through adoption have been published (including Harkness, 1991; Howe, Sawbridge & Hinings, 1992; Inglis, 1984; Jones, 1993; McHutchison, 1986; Schaefer, 1991; Shawyer, 1979; Smith, 1991; Wells, 1994; Wicks, 1993). These accounts span ten years and relate the experiences of women in Australia, Great Britain, New Zealand and the United States of America.

The significance of these accounts is that they stand independent of and in isolation from each other, as did the mothers; however their universal themes have never been identified, compared or contrasted in the professional literature. And yet, repeatedly, in all these mothers' accounts, certain features stand out in spite of the eras or countries in which they were written: in their pregnant states the mothers felt powerless to resist the suggestion to adopt out their babies, in many cases describing coercion by and collusion with family and health workers.

One of the women interviewed by McHutchison (1986) felt that:

"Pressure was obvious at the hospital level. I was separated from the baby, which I didn't expect. My rights were not observed";

and another:

"I feel that the staff ...have a lot to answer for in regards to the misery that so many girls would surely have experienced after being persuaded to relinquish their babies while they were `waiting girls' at that hospital."

Accordingly, one source (Law Reform Commission, 1992), based on interviews with many mothers, found that a dominant theme in their submissions was that the experience had not been the 'clean break' advanced at the time of relinquishment, but had resulted in years of guilt, pain and grief. In emphasising the life-long grief associated with the loss of a child, Estes (1992:385) stated that

*"certain hurts and harms and shames can never be done being grieved; the loss of a child through ... relinquishment being one of the most, if not *the* most, enduring."*

Some women, particularly those who have been successful in their lives since their adoption loss, have felt that it was presumed by society in general, and social workers in particular, that they would be irresponsible adolescents, unfit to be mothers, forever.

In spite of this segregation, there was a conspiracy to pretend that the single mothers were married: they were given cheap wedding rings to wear and referred to as "Mrs...."

(Chick, 1994:310), and yet their male friends, whether the babies' fathers or not, were not permitted to visit. One account (Inglis, 1984) described this experience thus:

"At the hospital. I complained about the conditions being inflicted on me. They had written `Mrs' on my bed and that made me very angry. They didn't consult me about that, just put `Mrs'. I made no secret of the fact that I wasn't married. I even went to prenatal classes. Unmarried mothers didn't go to prenatal classes, especially with babies for adoption! Single mothers don't get the same prenatal care and people think it's because they're slack but it's this sort of thing that puts them off. They just assume we don't care about our babies, that we're not into looking after them before they are born."

Many women have expressed anger and betrayal about the loss of their babies, and have felt cheated and exploited (Farrar, 1993). Their outrage is reflected in the statement made by a woman in McHutchison's (1986) study:

"It was as though you were a baby maker for the infertile and any suggestion of keeping my child brought anger from the hospital social worker."

Frequently when women attempted to return to the hospital or babies' home to see their children, or in some cases to revoke their consents, they were told erroneously by the staff that their babies had `gone' (Inglis, 1984). Two mothers in McHutchison's study (1986) described their attempts to see their babies thus:

"I tried to see my child and was dragged back to bed by hospital staff. After this the staff told me I had no rights to see my child. I didn't see my son";

"I didn't realise that I could see my baby only once with the social worker How cold and sad I felt."

Jones (1993) in a study of more than seventy mothers reported that her research participants found the nurses "distant and indifferent." One mother reported that

"I had to ask the nurse if the baby was a boy or a girl. He was crying. I wanted to comfort him and pleaded with her to give him to me. The nurse refused.. ignored his wails and my tears, wrapped him in a blanket and took him away, leaving me there crying, begging, aching to see, hold, and kiss my son".

Another of Jones's participants, Sylvia, described how

"the head nurse whisked him away before I could even look at him I demanded to see him, however, so she brought a baby to me When she unwrapped the blanket, I knew that the baby she brought was not mine It had very long legs, a small head and a skinny frame. I told her that the baby wasn't mine. She flatly insisted that it was."

Later on being shown her baby Sylvia discovered that he was chubby, with a large round head like his father's. When she asked why she had been shown the wrong baby, the nurse shrugged and replied, "What difference does it make? You're giving him up anyway".

There was no legal reason why mothers could not see their babies, nor have contact with them at this time. Even where mothers had signed a "Request to Make Arrangements for Adoption" form this had no legal binding, and was followed by a thirty day 'cooling off' period of which some women were neither aware nor informed, as illustrated by another mother's comment:

"There was no discussion as to why it was better not to see the baby. I did see her twice but I've now been told that I could have had her with me in my room. It was a public hospital. I didn't know that I had any rights and I never enquired because I didn't know there was anything to enquire about. So I feel pretty bitter about that now" (Kiely in Snow, 1983:112).

From the accounts of mothers themselves (Harkness, 1991; Inglis, 1984) it would appear that the long-term effects of the relinquishment process are not alleviated by involvement with their babies in the postnatal period: the crisis of surrender has continued to impact on the mothers' lives in spite of well-meaning attempts to reduce the effects. As one mother (Inglis, 1984) said:

"Another thing I was very upset about was her name. At the nursery they had referred to her as Sally Maree. I asked, 'Who called her that?' They said, 'We did'. Nobody asked me if I had a name for her. I was not consulted and as well I thought that Sally Maree was pretty awful. It was just another invasion of my rights."

Other evidence of nurses' attitudes to mothers is provided by the following account from Inglis (1984):

"The hospital certainly treated being unmarried as a serious flaw. It was like you weren't a mother at all. I didn't see the baby. I asked to and they said, 'No, it's not our policy, it isn't a good thing if the baby is up for adoption.' That upset me so much. I could hear babies crying and hid myself under the bedclothes and cried too. They would say, 'And how are we today?' as if I'd had my tonsils out."

Some women have never had any more children because they felt that they could not replace the child who was taken from them, did not want to betray the adopted-away child, or felt unfit or unworthy to be mothers. Their feelings persisted and even intensified with encouragement from well-meaning family and friends to have a replacement child (Mander, 1995). Two women in McHutchison's study (1986) support this finding:

"I was never able to have any other children after my son. I have an adopted daughter and also a foster son"

and:

"After marrying in 1967 and trying for four years to have a child, doctors could find no medical reason for my not conceiving and stated that my emotional and mental attitude to my relinquishment was the cause for my sterility. We subsequently adopted a boy and a girl."

Even where there was no evidence of secondary infertility, the women in a study by Mander (1995) expressed this anxiety, raising the question as to whether it impedes their adjustment to the relinquishment.

Still other women have become pregnant again because

"I felt I needed to replace the child I relinquished with another child so I wanted to get married and have a child immediately" (McHutchison, 1986).

For many of these women, although there are no reliable figures, the next pregnancies also resulted in the relinquishment of one or more children. After the first experience, these women felt numb, powerless and vulnerable to the suggestion that if they had 'done it once (that is, relinquished), they could do it again', even becoming a surrogate mother (Kane, 1990).

Where some of the women in McHutchison's study (1986) did bear other children, the relinquishment had a paradoxical effect

"...(in) that I was afraid to leave my first and second daughter even with my mother...I am overprotective towards my children";

or

"... (it) may have had some effect as regards my other children...not getting close to them in case I lost any of them through death or other causes."

Discussion

The mother's voices in narratives from both primary and secondary sources have revealed similar experiences. Each mother's voice blends into the next, like a cacophony of wailing: when one voice subsides as her memories fade, another rises in crescendo to take up the chorus.

On prima facie evidence it has often been suggested that these narratives were isolated, that they arose from individual mothers who had "an axe to grind", who sought vengeance in order to salve their own consciences for a decision that they regretted into their adult lives. It has also been challenged that these women did not and could not speak for all those who had lost their babies to adoption, a challenge which mothers have never claimed. On the contrary, most mothers thought that they were alone in their experience and carried their memories in silence. Any suggestion of collusion among mothers across many eras and continents is not only far-fetched but is also offensive to their experience. Such a suggestion only further serves to deny acknowledgment of their anguish, to themselves and to the societies which collaborated in and maintained that denial.

Repeatedly, mothers told of how they had not wanted to surrender their babies, and yet, through subtly coercive measures, they were seduced into believing that they had no other choice. If the mothers frequently denied any memory of the events surrounding the taking of a consent, then clearly their consents were taken when they were least competent to make such a decision. It would appear that the mothers were not engaging in some *post hoc* selective recall of events, fixed on the revocation of their consent: their other memories of the births and surrounding circumstances are as vivid as their lack of recall surrounding the taking of the consent. Hence, why should the memories of their birthing and surrounding experiences be accorded less credibility by symbolic discourses than their lack of memory of the consent process? All of the mothers' recollections, as well as their lack of recall, must be accorded equal validity.

Most birthing women, whose ordeal of labour may be as intense as these mothers have recounted, know that at the end of their travail there will be the long-awaited, hoped-for baby: their labour is a labour of love. For the mothers whose babies were taken for adoption, the pain of their labour has continued, without the joyous resolution that giving birth to a baby should bring them.

While the mothers did not implicate midwives directly, they provided graphic accounts of discrimination and lack of caring during their confinements, values from which nurses have always distanced themselves in their practice.

The experience of having a baby taken for adoption, while at once unique, has universal qualities across many Western societies, a universality which has hitherto been unacknowledged. It is an experience which has been shrouded in secrecy and shame for these mothers; an experience which has been denied the joyousness accorded to most women; an experience for whom the loss of their babies to adoption can be encapsulated in Kristen's words:

"Relinquishment cannot be seen as an isolated complete episode, but as a negative force which continues to affect one's whole life in a most detrimental way."

Chapter 17

GIRL(S) TALK:

Reconstructing women's sexuality in the 1960s from memories

"Sexuality, commonly thought to be a natural as well as a private, intimate matter, is in fact completely constructed in culture according to the political aims of the society's dominant class." (de Lauretis, 1987:12)

"Another surprise awaited me at supper - the three best friends of my girlhood, not only grown and changed as time warrants, but also in ways I had not expected." (Perkins Gilman, 1908, 1995)

Introduction

The 1960s have often been described as "swinging", evoking images of unrestrained sexual freedom attributed predominantly to the introduction of the contraceptive pill in 1961 and the origin of the so-called "sexual revolution". For many women, the era was synonymous with a popular culture dominated by the lyrics of songs which provided a framework for sense-making of their emerging sexuality and which I have presented in Chapter 12. According to Ehrenreich, Hess and Jacobs (1986:6), "rock 'n' roll offered a new vision of sexuality", although this was not an offer too good to refuse. The conservative morality of the previous decade was still sufficiently influential to contain and constrain any female behaviour which might have been considered deviant. Despite the appeal of popular culture for young, white, middle-class women to transgress the prevailing standards of sexual behaviour many either refused or were cautious in the discovery of their sexuality and its disclosure. Those who were "caught", were reined back in through the forces of social control mediated through the family and life courses and through peer groups.

Rather than being an era of permissiveness, for many women their adolescence in the 1960s was an anxious time suspended between evading unwanted sexual advances on the one hand and attracting a desired male sexual partner on the other. It was a time of running the gauntlet between menstrual periods when the magic contraceptive powers of romantic love threatened to fail in their duty.

Of every 100 teenage girls in Australia 1964, almost one third were sexually active. More than 10,000 babies in this year were born to mothers aged between 15 and 19 years and 11,510 women in this age group were "pregnant brides", that is almost 48% of women in that age group who married were pregnant at the time (Basavarajappa,

1968). The number of exnuptial pregnancies which resulted in abortion and/or miscarriage is indeterminate, however more than 2,000 babies were taken for adoption each year during the latter half of the 1960s in New South Wales until 1972, when New South Wales recorded the highest number of adoptions (4,564 adoptions) in its history (New South Wales Department of Community Services; 1994). The majority of these adoptions were made possible through the untimely pregnancies of single women.

This chapter is the story of four women, a memory-work collective, whose lives were woven in and around these statistics and the imperatives of 1960s popular which I have analysed in Chapter 12. It is not a joyous story of sexual liberation or even sexual awakening, but a story of doubt and bewilderment. It is a story of fear of pregnancy and anxiety about propriety and maintaining respectability. It is a story of lurching from one month to the next, waiting for the relief that each menstrual period brought, along with the inconvenience of sanitary belts and pads, missed sporting activities, and grateful promises to oneself to be more careful next time. It is a story about sexual economy and of negotiating the tricky terrain of contraception and abortion, and when these failed or were inaccessible, of having a baby and losing it to adoption. It is a story of silences and contradictions, of aloneness and finding that, through our collective memories, we were not alone in our experiences.

Drawing on the work of Frigga Haug (1987; 1992), this chapter presents the findings from a memory-work collective on the construction of women's sexuality in the 1960s from the collective's memories of their sexual encounters, contraception and teenage pregnancy. Memory-work is offered as a way for the collective theorisation about a particular phenomenon, in this case women's sexuality in the 1960s, in order to bridge the gap between the representations by the symbolic order of women's sexuality in the 1960s and the construction of sexuality by the women themselves through their memories of the lived experience, that is the semiotic order.

I outlined the theory and method of memory-work in Chapter 5 and have tabled the personal backgrounds of the memory-work collective in Appendix 10. In this chapter I will elaborate further on the theory and method of memory-work and in the body of the chapter I will present a detailed analysis of the collective's memories concluding with some comments on the construction of women's sexuality during the 1960s.

The theory of memory-work

Memory-work depends on an understanding of what characterises a memory as distinct from dreams or daydreams, and differences between remembering and forgetting, recall and repression. Writing a memory also differs from autobiography which is linear and follows a logical sequence, thereby obscuring the contradictions and inconsistencies found in memories. In other words, memory-work is

“based on the assumption that what is remembered is remembered because it is, in some way, problematic or unfamiliar, in need of review” (Crawford et al, 1992:38).

Memory-work differs from the usual modes of social-scientific inquiry in that it explores "the ways in which individuals construct themselves into existing social relations, thereby themselves reproducing a social formation" (Haug, 1987:35) achieved through the recording and analysis of personal memories and stories within a feminist context. The main theoretical concepts on which memory-work rests are as follows: first, that the social construction of self depends on the recall of subjectively significant events, and how we construct those events in memories influences our sense of self. Secondly, the notion of a collective and an appreciation and acceptance of its dynamics is an integral part of memory-work. To this end, the memories are written in the third person as the collective assumes ownership of each memory during the process of theorising.

The third main theoretical underpinning of memory-work is the analysis of written texts and recorded narrative, although this differs from the usual hermeneutic method in that "the collective process does not give priority to the interpretation of an 'expert' (as) new understandings and meanings are reached by the subjects, the co-researchers themselves" (Crawford et al, 1992:54). Rather memory-work shares some commonalities with postmodernism in the deconstruction of the memories.

Through sharing memories collectively research participants are able to rework their own individually, and find meaning in what may have been either incomprehensible or taken-for-granted. The richness of experience retold through memory-work is further enhanced by such collective participation to derive meaning, as previously inexplicable events unfold. This is, literally, a 'common sense'. According to Frigga Haug (1992), memories are characterised by contradictions and silences as, what I have called, the 'past-self' engages with the 'present-self'. Contradictions serve the purpose of "non-recognition, denial and repression" of past experiences which memories may invoke, while silence is "another way of coming to terms with the unacceptable" (Haug, 1992: 22-23).

The memory-work collective

The collective consisted of four friends, Bronwyn, Helen, Liz and Chris, all nurses, who had known each other in various contexts since the 1960s. Three of them were aged 46, and one was 48. All had been married: two remained so and the other two were divorced. Two had been educated to university standard at post-graduate level, one was engaged in tertiary study and one was contemplating the prospect. All would consider that they had a feminist consciousness. Although they may have been representative of any group of middle-aged, middle-class women, they did not believe that they were typical, in much the same way that the memory-work collective described by Crawford et al (1992) felt isolated and marginalised from their academic colleagues in psychology.

Bronwyn grew up in a country town in New South Wales, Liz in the then semi-rural outer western suburbs of Sydney, and Helen and Chris on Sydney's North Shore and northern beaches. Among them they had had a total of seven children, six terminations and three miscarriages, while one of them had lost her two first-born babies to adoption. Only one of them had managed to avoid pregnancy altogether. What the memory-work collective hoped to achieve was

"...perhaps a demand that we measure ourselves against those others, learn something new, uncover sex's secret traces, free ourselves of an enforced silence" (Haug, 1987:185).

The process of memory-work

The process of memory-work consists of three phases which took place as the collective met over a period of one month. It is critical to the recursive process of memory-work that these phases are not seen as mutually exclusive or separate and that Phases 1 and 2 continue reflexively until Phase 3 is reached.

Each member of the collective was given a copy of the instructions as they appear below. As the collective met, we refined the method and incorporated those refinements into the emerging process.

Phase 1 - "The memories are written according to a set of rules."

(Crawford et al, 1992:45)

- 1 Write a memory
- 2 of a particular episode, action or event
- 3 in the third person (this is most important for sharing the memories)
- 4 in as much detail as is possible, including even 'inconsequential' or trivial detail (it may be helpful to think of a key image, sound, taste, smell, touch)
- 5 but without importing interpretation, explanation or biography.

Each member wrote her introductory memory and brought it to the first meeting where copies were distributed to the other group members. Initially, writing in the third person seems at odds with the emphasis on the subjective nature of memory-work. However, writing a memory in this way allows it to become the property of the collective thereby removing any threat to the individual member. In addition, this technique allows a detachment which

"helps to avoid the warranting and the justification (of the experience) which is characteristic of accounts...and enables the subject to have a 'bird's eye view' of the scene, to picture the detail. The subject reflects on herself from the outside - from the point of view of the observer, and so is encouraged to describe rather than warrant (or justify)" (Crawford et al 1992:47).

Phase 2

"Having written the memories, the co-researchers meet to read and analyse all the memories." (Crawford et al, 1992:49)

At this phase we met to read and analyse all the memories.

- 1 Each woman expresses ideas and opinions about each memory in turn and
- 2 looks for differences and similarities between the memories, and continuous elements among the memories which may not be readily apparent. We each question particularly those aspects of events which do not appear amenable to comparison. However, we should not resort to biography or autobiography. Nor is memory-work a form of counselling or group therapy.
- 3 Each member of the group then identifies cliches, generalisations, contradictions, cultural imperatives, metaphor...and
- 4 discusses theories popular conceptions, sayings and images about the topic, women's sexuality.
- 5 Finally each member examines what is not written in the memories, (but what might expected to be), and
- 6 rewrites the memories.

At this point, as our memories triggered new memories through collective reflection, Phase 1 was set in train again and we returned at a later date to repeat Phase 2.

Phase 3

"The material provided in Phases 1 and 2 is further reflected upon, examined and theorised in group discussion." (Crawford et al, 1992:50)

During this phase the material provided in Phases 1 and 2 was further reflected upon, examined and theorised in our group. We tried to make some sense out of our experiences by challenging previously taken-for-granted understandings. Themes were critically examined and the common sense understandings were appraised again as new understandings were reached. This, in turn, involved a re-examination of the initial analyses of the memories.

Some triggers used for the memories were a first sexual experience, a particular sexual encounter, contraception, a pregnancy 'scare', a pregnancy experience, and knowledge of other girls' sexual activity including knowing about a girl who "got into trouble". With the subsequent rewriting of the memories, further elaboration on these themes developed.

Through their collective analysis of the memories, greater insight into the construction of their sexuality as white, middle-class heterosexual women emerged.

In the accounts that follow, the memories have been coded under the headings used by the women themselves, derived from colloquialisms of the era, and reproduced in italics in the boxes. The reflective voices of the women are heard in the discussion derived from the transcribed meetings. Although the topic for this memory-work collective appeared less innocuous than that of losing a baby to adoption, nonetheless one member felt some sadness about her memories as she had not thought about the events and the people involved for a long time.

“Going the grope”

At this stage in her life going to movies and dances involved long distance travelling. Crammed into the front seat of a ute, apart from hanging on for grim life, going around a corner at 90 mph, she had to contend with amorous groping hands up her skirt and down her front. These moves were always lecherous, devious and insistent despite being pushed away. She noticed when they would all drive into town the boys would pretend they didn't know her or her friends, and were unable to utter more than three words together without inaudible grunts. She was rapidly forming the opinion that country boys were dull and oversexed and were only interested in girls for "one thing". She continued to fight off groping brothers who would appear in the middle of the night when she stayed overnight at her best friend's, and the "Houdini" antics of the boys in the back seats of cars on the way to the movies.

Bronwyn:

“Well, I really didn't have sexual encounters then. I mean, I had lots of country yobbos, *groping* in the back seat of cars, and fighting them off ... but there is no way in the world that I was going to go ‘all the way’.”

Helen:

“One thing that put the fear of god into me about sex, this was an ... I think it was an attempt by an older boy to feel me, so really it was that...”

Bronwyn:

“I had this amorous bloke that was the brother of my best friend . that used to, you know, you'd wake up in the middle of the night and he'd be there huffing and puffing and groping. Yes, I think he was the most oversexed boy that ever walked the earth that guy . And then *he* used to do that to her other friends who used to stay overnight, too. It was just a sort of thing where he'd stand there wank .. you'd find him, sort of, snuggling up in bed and, sort of, breathing deeply and ...And then, I'd call out: ‘Get your brother to go away!’,... he was one of the characters that used to grope a bit in the car and that sort of thing, you know, if you went into town with them or whatever, and ..he was about seventeen and I was fifteen. I actually thought that most of the young boys were just like that in the country. They were just gross and oversexed ...seeing the cows doing it . Crazy blokes - that's right! Saw the cows do it ...”

Avoiding and resisting unwanted groping seemed to have occupied more time and energy than indulging in unbridled passion and lust. Such avoidance and resistance was not only restricted to country yobbos and other adolescent gropers, but also to predatory adult males, as this memory indicates:

At the pool, the attendant used to help her out of the water and tickle the palm of her hand with his finger. She knew this had something to do with sex (the girls at school had said so) but she wasn't sure. The attendant said to her, "Do you know what men think about girls who smoke? They think they're ready for sex." There was something exciting in this and she did not feel frightened. He offered to drive her home at lunch-time, but instead drove her to Rookwood Cemetery. He kissed her and touched her breasts. She did not know the rules of the game about how to respond. This was the first time anyone had done this to her and she suddenly felt scared. He said, "You are teasing me. I'm losing too much sweat." She felt responsible and guilty for making him feel like this, and started to cry and asked him to take her home. Then he said, "I think you would be better in a bed." But he drove her towards home anyway. He dropped her off at the local shops and she had to walk 1 mile home and try to get there before her mother arrived. He told her not to tell anyone because he could get into lots of trouble. He was 24 and she was 14. She felt too dirty and ashamed to tell anyone, and, anyway she felt that she deserved it and her mother would say that it was her fault because she was wearing tight shorts. She went home and had a shower but couldn't get clean, but she had to pretend that nothing had happened when her mother came home.

Bronwyn:

"I can remember also when I went for my driving licence, I was 16 and ten months, and the policeman asking me if I'd go out to the five mile , but he was the husband of a girl that I knew, the local copper used to do the licences in the country. And it was one of those ridiculous things like the rather clumsy manner in which he put the suggestion forward, and for a couple of minutes I wondered what he wanted to do! And then suddenly you get this hot flush, you think No, no! And anyway I didn't get my licence."

Helen:

"I had an experience too with my mother's half-sister's husband, who was from a very wealthy north shore family, an ex-GPS school boy. And he came up to me and passionately embraced me and he had three children, a very good looking man, I..I.. I just said .. 'Get me a drink'...it is inexcusable. At that age to try to get a child I was ... developing boobs, I had breasts, I got my periods younger.. I can't remember my age. I could have been 13. It was the age where I was apparently starting to come to terms with looking at the boy across the fence - he was my age. I certainly wasn't 14, I looked older. But it put the fear of god in me. I didn't tell anyone, in fact my parents still don't know. I haven't spoken about it. But it frightened me an awful lot, but I thought this is one of my friends, he's one of my favourite people. That was the part that was so unforgivable, absolutely unforgivable."

Rather than feeling powerfully sexual, or sexually powerful, the girls felt guilty and somehow responsible for the men's behaviour which could be rationalised on the basis of animal instinct or biological urge. The men controlled the encounters, forcing the girls into a silence of shame and complicity. It appeared that the girls' emerging

sexuality had to be contained possibly because of the threat it posed to older and, often, married men who contained that sexuality by appropriating it for themselves.

Once she met a married policeman who looked down her dress and said, "Have you had a kiddie?" He used to try to get on to her because, she believed, that he thought she was loose.

“Going all the way”

They got into heavy petting - she'd just go to "2" or "4", she loved all that but was scared about sex. She wanted to be a virgin bride one day and had heard from her mother that once you started it, it would be really hard to stop. You could get rough and end up a tart. All the girls agreed that it was OK to go to 2 or 4 but not beyond that.

Helen:

"I was trying to remember the terms and I was, and I, I thought about this afterwards and I was, I was saying, um, last night about how we used to score, 2 4 6 8 10."

Liz: "Oh, 2 was the pash, I think ..."

Bronwyn: "4 was a grope at the breast ..."

Liz: "And I think 6 was - anyway 10 was ... 10 was 'it'."

Chris:

"No, 6, 6 was down the bottom outside. (LAUGHTER) 4 was up the top on outside, 6 was down the bottom outside, and I think 8 was up the top inside, 10 was down the bottom inside, 12 fingering and 14 was, was the big fuck. We never used to say 'fuck', did we?"

CHORUS: "No! All the way!"

Chris: "All the - going all the way!"

Bronwyn:

"And, "Do you think she's done 'it' ?" What was it the boys used to say? 'Find 'em, finger 'em, fuck 'em and forget 'em'."

This numerical classification was an integral feature of adolescent female discourse surrounding female sexual activity, affording an exclusive, secretive dialogue between friends which allowed the exchange of details without the need to resort to overt description. Although it appeared to have no equivalent in boys' sex talk, as it reminded the group of the male expression "to score" they contemplated whether this was the origin of the term. "Going all the way" had taken on a different meaning since Frank Sinatra crooned to their mothers in the 1940s:

“When somebody loves you,
It’s no good unless she loves you
All the way...”

The two main reasons which emerged for not going “all the way” were fear of pregnancy as Bronwyn explained:

Bronwyn:

"I think one of my biggest fears ... in life was getting pregnant. We seemed to spend our whole life either waiting for our period to come, or being terribly upset when it does."

and loss of reputation as indicated in this memory:

Her mother spoke with warning about the risk of pregnancy. She always said "Of course you would never do anything like that - you are too sensible". She sensed that her mother was trying to reinforce 'good' behaviour!! Mother told her it was not only the bad reputation, but a lot of men wouldn't want to marry someone who'd done it a lot, or had a child, but she also talked about it with sadness and that it would be a cruel experience for someone young and for all concerned. The boys seemed to get off scot-free, or so it seemed. Many years later she worked out that her mother had a child during the war years whom she had relinquished. She wished they had talked about it all those years ago - she would have like to have shared it rather than suspecting secrets.

When girls did resist the sexual double standard, they were treated with disdain, earning pejorative labels such as “prick teaser” and “gaol bait” (if they were under 16 years old). On the other hand, to succumb to sexual activity invited the equally opprobrious terms such as “tart” and “slut”. One collective member recounted the memory of a girl with the nick-name “Sticky”. A bad reputation seemed to have been constructed and perpetuated by the boys rather than by the girls in the group. Conversely, the girls were surprised or upset to hear of a friend’s “bad rep” which they frequently believed was unwarranted.

She got very upset one day at the beach when some boys boasted about exploits with a good friend. She didn't believe them. Seemed they had to speak badly about all the girls. The boys often boasted that certain girls did it with everyone.

A bad reputation could always be averted, however, as one mother’s remembered advice indicated:

Her mother always said, "No matter how many men you sleep with, always tell them there's only ever been one before."

It seemed that for the boys the only appropriate course of action was to ignore such girls lest their own reputations become contaminated.

Chris:

"I can remember meeting this fellow, I can't remember *where* I met him, I can't remember his name or anything about him.. and we *went off* .. down to the beach or up to the sand hills or somewhere within walking distance. And this was Christmas eve because the next day there was the big Christmas day luncheon in the hotel, and he was there and he ignored me".

Bronwyn:

"And this is what used to go on at B&S balls. And.. whoever it was, then he wouldn't look at you the next day. So you have... you, you're then, you know, you think, 'Oh well... I, I'm just a slut,' or something."

Often "going all the way" was not by choice as this memory revealed:

Gang-bangs were talked about She was at a party one night and went down a corridor where a few boys were standing. Actually it was a queue - there was a girl she knew vaguely on the bed and the boys were waiting their turn. It was the first time she'd seen anyone doing it - she was 15. She didn't ever tell her parents what was happening and what she saw.

"On the Pill"

Acquiring contraception in the 1960s was difficult for single women. If they could find a medical practitioner who would prescribe the Pill, they often had to pretend that they were engaged to be married.

Her GP gave her some sample packets of the Pill, Ovulen 5mg and also told her that if ever she thought she might be pregnant she could always take three Pills one day and two the next. If she wasn't pregnant this would bring on a period; if she was she could get in early enough for a termination. She used to do this often over the years.

Knowledge about this use of the Pill was not available to everyone, and even when it was, there appeared to be some error in its efficacy:

After an afternoon of good screwing, the usual quick calculation of dates didn't look favourable so she took four of the contraceptive pill which she thought would bring on a period. Nothing happened except her breasts became tender and she started to feel nauseated.

Liz:

"I didn't take the Pill happily, I felt so awful on it. And I think that, actually, the *falling* of contraception for me personally was my.... it wasn't really just ignorance at all."

Bronwyn:

"I mean, we, sort of, discussed contraception. His mother, who was a sort of force in our lives, suddenly sent over ten packets of Eugynon and that was the worst, I'm sure it was the strongest contraceptive you could ever take. And then I used to get conf..., not confused, but I used to find that I had to take it at night when I was going on to night duty"

Helen:

"I think it was very, very cruel. We subjected ourselves in the name of contraception and in the name of liberation, I sometimes now feel quite angry at what we subjected ourselves to, *not* knowing and thinking at the time, at that time, it was the right thing to do and we were being responsible. I think it was very very cruel. yet what we were doing to our bodies ... I had one that I didn't get my periods on, and I never felt well on the Pill ."

Bronwyn:

"I think it's interesting that contraception...that contraception.... has failed all of us. Because the second termination I had was with a copper 7. You see, and with my first one I was using, um..ah...a...a spray and, um, the rhythm method, and the... so that was the first....And the second time, I had spermicide and a diaphragm ..."

Some women were able to find their way around the difficulties of acquiring a prescription for the Pill and nurses seemed to be in a particularly advantageous position:

The GP often used to give her sample packets so that she didn't have to go to the chemist shop with a script. When she got to know the ropes at the hospital the resident doctors would always write a script for her and she could get the Pill through the hospital pharmacy with no questions asked. She took the Pill in the ever decreasing available doses on and off for the next fifteen years.

Chris recalled her brief employment in a local pharmacy:

Chris:

"The pharmacist used to say...um..."if anyone comes in asking for any of THESE...(and these were foams and pessaries and stuff out the back)...just come and *GET ME!* My job was to wrap up the packets of Modess in brown paper."

If discussions with mothers about the Pill were limited, so were discussions about other forms of contraception:

Her mother had a red bulb sort-of-thing with a black curved nozzle in a box with "Continental" written on the side. It looked mysterious so it must have had something to do with sex. Her mother hid it in the bottom of the wardrobe with the box of Modess which they didn't talk about either.

Even where the relationship with their mothers was a relatively open one, discussion about contraception was problematic.

Liz:

"I can't remember my mother telling me about contraception . I knew *she* was on it. Contraception I can't remember her actually telling me but I was certainly aware that, you know, if you did it you'd be, you could get into trouble. And, um, we had animals, so I was used to seeing the animals mating so I knew ..."

Occasionally the boys provided contraception, although often they were as ignorant about the mechanics involved as were the girls:

He said he had "something" and showed her a small blue plastic tube that had a green jelly wrapped in cellophane inside it. He said she had to put it inside her and it would stop her getting pregnant. She didn't know whether the cellophane had to come off or whether it was dissolving. Because she didn't want to appear inexperienced and foolish, she pretended she wasn't interested. He put the plastic tube into a small metal oil drum and sat in the car rolling it around. He was drunk so she left, pretending to be contemptuous of him.

She knew he would have a condom, all the boys at the beach used to say that they had one in their wallets in case they had "a naughtie". "You never know, might go bunging on at Bungan." She knew you could get pregnant from sex and that you were pretty safe with a condom.

If contraception was difficult to acquire, then girls sometimes invoked some kind of 'magical thinking', a sort of reverse fertility charm, to convince themselves that pregnancy would not occur.

She sort of knew about the Pill, but didn't. She had known about condoms but couldn't remember how she found out and had never used them. She used to whisper, "Is it safe?" if she thought she was about to have sex with a boy, and he would always reply, "Yes". She did not know what 'safe' meant. She knew he could 'pull out before he came' but she had never seen anyone do it. She thought that boys could ejaculate before you started fucking, and that would mean they couldn't get you pregnant.

Liz:

"I've never *wanted* to get pregnant, I've never tried to get pregnant so, and I never did. Because I always took precautions, it was never the right time, and for some reason I, sort of, I knew, you know, like, some sort of responsibility thing, bringing up a child without a ..."

Chris:

"I can remember this particular night ... him saying ... 'Is it safe?' (LAUGHING) ... and I said, 'Well ... I think I'm pregnant, and if I'm pregnant I can't get pregnant again can I?' 'And if I'm not pregnant, well I just won't.., I, I won't worry about it now.' And I can remember using that sort of rationalisation often."

“Up the duff”

When magical thinking failed in the absence of contraception, the inevitable occurred as these memories of a “girl in trouble” reveal:

She remembers thinking it was sad and that the scandal in a country town would be relentless. She remembered her mother constantly saying that a bad reputation is easy to get and hard to lose. It was fifteen years later when L told her about the baby she had given up for adoption. She became pregnant not long after she had finished her nursing training. Her mother was present at the birth in a private hospital.

The memories of a “girl in trouble” revealed a contradiction in the disbelief at the “type” of girl to whom this happened. She was often remembered as either “strong” or “bright”, or popular, or not particularly attractive at all.

She liked Carol, she was spirited, outrageous, a bit wild and uncontrolled. She was also very honest and good at art. Carol was boy crazy, she flirted and hung around with a lot of boys. She wore a lot of make-up to school, hitched up her uniform, rolled her sox up and wore her school hat perched cheekily on top of thick teased bleached hair. Carol always had love bites on her neck. she was very adventurous. Carol wasn't secretive, all the girls knew she did it, she had a lot of boyfriends. She fell in love every few weeks with someone else. Suddenly Carol stopped coming to school. She was always in trouble at school more than anyone else. Her friends thought Carol may have been expelled. It was awful not knowing what happened to her.

The girls talked about pregnancy but it was girls at other schools who got pregnant: it didn't happen at their school. Perhaps it was that pregnancy seemed removed that she and her friends did not suggest that Diane could be pregnant. Diane always seemed so strong, so powerful and worldly compared to the other girls. No-one could admit that Diane could be pregnant. Diane was always in control. Maybe the situation was too difficult or too painful to discuss. She learned later that Diane had left school because she was pregnant. She had gone to a home for unmarried mothers and had adopted the child out in 1965 or 1966.

“home” to await the birth of the baby which would be ultimately surrendered for adoption.

It became common knowledge that a number of schoolgirls (at other schools) had babies - the standard was they would leave school once the pregnancy became obvious and went into retreat at home, perhaps due to hormones or shame. The girls spent time quietly at home with their mothers, and eventually went into girls' homes to await the birth. It was all kept hidden. The girls changed a lot as a result of the ordeal. She never heard that anyone kept their babies - it was girls, home and adoption - there was no other option.

On the other hand, a girl could conveniently change schools to cover up an unexplained absence as this memory explains:

Another girl, Ellen, suddenly left High School without warning. She later learnt that Ellen and Sue had been with some boys at Manly one night. Sue warned Ellen not to go off alone, but Ellen did, and apparently got raped. Somehow her parents found out and sent her to a `nicer' school where she could mix with `nicer' girls.

Keeping her baby was a rare occurrence for a middle-class woman in the 1960s as recalled in this memory which triggered a response from Liz:

In about 1966 or '67 at a party she met a woman of about 22 who had a delightful daughter aged about 5. The woman was single and had kept her baby. She asked her what it was like having a baby alone - the woman was glowing and warm - she said she loved her daughter and wanted to keep her. She was intelligent, strong and proud - glowing, something of a Bohemian. She didn't ask her about money or how she managed. This was the first time that she learned that it was possible to be a woman, with a child, alone and to be absolutely happy and content. There was no tragedy, no sadness, no regret, no shame. This was a revelation - it challenged all she had heard and learnt. However she saw it as isolated - good - but she didn't envision this could become the norm.

Liz:

"Well I think, and that was my experience and subsequently, from the background that I had, that anybody who was unmarried and had a baby was always considered lower in their socio-economic status... but don't forget I grew up in the western suburbs. And we were all very... well I had schoolteacher parents so I suppose we were middle class, but there were still a lot of people out there who weren't."

Whereas medical and social discourses as well as the media had objectively constructed the unmarried mother as “mad, bad, or stupid”, as the hegemonic discourses of the symbolic order had constructed her in Chapters 14 and 15, the women in the collective identified her as “one of us”. They recognised themselves in her, and her in them, as the midwives will similarly reveal in Chapter 18.

Discussion

Memory-work is embedded in the metaphor of material or cloth, of women weaving their relationships and re-weaving their lives, and of layering the garments of experiences. Memory-work is not only **(con)textual**, that is, found literally 'with text' or written narrative. but also occurs within a specific **context** which derives from the Latin *contexere* "to weave material". As Frigga Haug (1987:49) says,

"in making conscious the material out of which we have made ourselves...we are creating conditions for a more resilient fabric for our lives".

Frigga Haug (1987:186) recognised the "petty bourgeois norms" which surrounded and enforced women's sexuality. She has alluded to a

"world where something which was seen in retrospect to be so 'natural' was surrounded by prohibitions and restraints, shrouded in secrecy and obscurity." (Haug, 1987:186)

This was the world where young women in the 1960s tried to make sense of the sexual double bind in which they found themselves: a world which, on the one hand through the discourses of popular culture (Chapter 12), encouraged them to aspire to, and rewarded them for acquiring, the traditional feminine virtues which would ensure their marriageability. On the other hand, when they succumbed to the demands of that world, they were punished.

In this chapter I have presented the memories of four women, as they approach menopause, trying to make some sense of the sexual contradictions in their lives in the 1960s. There have been various consequences of their sexuality: difficult access to legal abortion; miscarriages as a result of the Copper 7 debacle; the *ad hoc* provision of contraception at the whim of medical practitioners and pharmacists; and the loss of babies to adoption. They controlled their sexuality in order to maintain a distorted illusion of propriety. The non-risk taker in the group, Liz, regretted the occupation of her uterus by fibroids before a foetus, resulting in a hysterectomy. However, far from seeing themselves as lacking agency, or as victims of their sexuality, these women have acquired a new understanding of the construction of their sexuality within and through the weaving of the fabric of their lives.

Chapter 18

THE MIDWIVES VOICES:

“What we did to those poor girls!”

"Midwives are the sort of people you'd be glad to see come striding through the door in an emergency. With their slow, wide-swinging gait, they radiate capable calm. Their professional mode is unflappability." (Garner, 1996:234)

"In the field of body-gynaecology, the nurse functions as the proximate and visible agent of painful and destructive treatment" (Daly, 1978:276)

Introduction

In 1991, while at a nursing research conference in Adelaide, I responded to the call for questions following a paper about the invisibility of nurses in abortion services and compared it with the invisibility of nurses who had participated in the delivery of babies taken for adoption. At that time, I had not considered including the study of midwifery practices in this thesis, until, a propos my mention of adoption, several midwives began to discuss their role in relinquishment. I was shocked by the flippancy of their remarks, accompanied by nervous laughter, until I realised that this demeanour was a defence against something more painful of which they seemed embarrassed to recall. The title of this chapter is taken from a throw-away comment made by one of those midwives.

By virtue of their numbers and employment in maternity hospitals, midwives participated actively in the delivery of babies which were subsequently taken for adoption. The mothers commented frequently on the role of midwives in the relinquishment process not only in the delivery suites at the time of their babies' births, but also in antenatal clinics, postnatal wards and the nurseries where their babies were held. Despite this involvement, midwives' practice in this area has been documented rarely.

Eherenreich and English (1973) have argued that the silencing of midwives' voices has been part of the wider suppression of women as healers, "often the only healers for women and the poor". When unmarried women sought relief from the stigma of their pregnancies, they resigned from their employment, became recipients of social welfare benefits and were relegated to a lower status (Shawyer, 1979:3) which demanded that they become "public patients". As such, their care was delivered by midwives rather than by specialist obstetricians, although the bodies of unmarried mothers became learning aids for medical students to acquire the skills of abdominal palpation, vaginal examination, and, to meet the obligatory requirements of medical education, the delivery of babies.

This chapter gives voice to the midwives' stories told through collective reminiscing, one of the methods which I introduced in Chapter 5. Following my approach to a professional organisation, I spoke with a group of midwives on two separate occasions. During the first meeting with two midwives I kept field notes (see Appendix 8) from which I would derive the research questions which would provide the focus for the second meeting. The questions included:

- Who were the mothers whose babies were taken for adoption?
- How did the midwives *feel* about adoption and the concomitant practices?
- What did the midwives *know* about adoption practices?
- What were the midwifery practices in caring for mothers whose babies were to be taken for adoption?

At the second meeting nine midwives (including the original two) shared their collective reminiscences about their midwifery practice which ranged from 3 to 42 years in response to the issues which I had identified. At the beginning of this meeting the midwives completed a short questionnaire providing details about their midwifery experience. These details have been included in Appendix 9 and ethical issues surrounding the data collection have been addressed at Chapter 6.

On meeting with the group of midwives, when asked why I was conducting the research, and "Are you a midwife?", I replied that I was 'an independent nurse researcher'. I was very moved by their accounts (which I will analyse in this chapter) as they spoke about 'the girls' whose babies were taken for adoption. At the same time I was most apprehensive about disclosing my own story, wondering how I could tell them that I was one of 'the girls' about whom they spoke.

During a three hour session, as the midwives spoke freely about their experiences, memories of my parallel experience as a patient at The Women's Hospital (Crown Street) returned with a haunting familiarity, the midwives' stories resonating with my own. At one point when they became engrossed in their collective reminiscing, the midwives seemed oblivious to my presence thus reinforcing my feelings of unreality. I was simultaneously subject and object, insider and outsider of their stories: I was one of those 'girls' about whom and with whom they were sharing their reminiscences. They were unaware of my involvement until our session ended when I disclosed my position.

At the end of the session I removed my 'independent researcher's hat', and told them my story. One midwife, Christine, drew in her breath noisily as if to mentally check that she

had not said anything incriminating; her expression clouded as we were both aware of some of the critical comments she had made. Jan said that she knew "it was something like THAT", and admitted that she suspected that I had been a former patient. When I received my hospital records I discovered that Jan was the midwife who had delivered my son in 1965.

I explained that I could not have told them my story beforehand because it would have biased the research data (mindful that all research carries some degree of bias with it), and reassured them that my disclosure would have detracted from the richness and authenticity of their stories. As I emphasised my previously impartial position I was aware that my hyperbole might not have the mollifying effect which I had intended. However, they had been generous with their time and their stories, and not to return their beneficence would, I believe, have been not only dishonest but unethical.

Nonetheless, once again, I felt like the 'bad girl', the girl 'in trouble' who was being brought before Matron, the maternal figure, for some transgression, a feeling which I had tried to overcome as I made my way to the sessions with the midwives. I had wrestled with the dilemma of whether to tell them before or after the session: my lack of courage forced me to take the latter course.

In retrospect, I realised that I had participated in a quasi memory-work collective: the transcription of Jan's and Rose's memories from the first session triggered further memories of the midwives at the subsequent session; as they shared their memories with each other I drew on my own memories to prompt them for further explorations of their practices; they identified contradictions and generalisations in their practice, but cited cases which either supported or refuted the cultural imperatives of the era. I came away feeling humbled but heartened that they and I had had the opportunity to share our stories of events about which we had not hitherto spoken.

Following the transcription of the collective reminiscences I assigned each midwife a random pseudonym to maintain her anonymity (see Appendix 9). These are the names to which they are referred below.

“The Girls”: The midwives talk about the mothers

Regardless of the mothers' ages, they were always referred to as “the girls” by the midwives. Inglis (1984:18) estimated the mean age of unmarried mothers in Australia to have been 19 years. In 1968, although 37.7% of all unmarried mothers in Australia were in the 15-19 years age group, 46.6% were aged between 20 and 29 years (Schlesinger, 1973). Of those mothers who were young adolescents:

“A lot of them were very young, under 16. Some were even school age. I delivered a girl who was only 12 and the father of the baby was her father. And that child had to give it up for adoption. It was not uncommon...And there were a lot of those girls who were very, very young, and still dependent on their families.”

(Christine)

Jan also remembered the youngest mother being only 12 years old and admitted to hospital carrying her teddy bear. On the other hand, the oldest mother she had attended was aged 49. Not only was the age of the mothers considered, but their social status was also an important factor:

“I think the greatest number were from the very conservative, middle class people, for whom it was a social stigma, or they were young school-aged children that the parents felt that they would have ruined their life. I know that in my family it would have been an absolute disgrace, and there wouldn't have been any provision. A lot of families were very black and white about their attitudes to having children outside wedlock. So all these girls felt burdened with this terrible thing that they had done even though it takes two to tango., but the fellow didn't really come into the question.”

(Christine)

“Mad, bad and stupid”

The midwives' descriptions of the mothers generally reflected the image of the unmarried mother as constructed by medical and social discourses and presented in Chapters 9 and 10: that is, as “mad, bad and stupid”. However, within these categories there were contradictions, inconsistencies and ambiguities in the midwives' references to the mothers' ages, social class and educational standard. Frequently descriptions of the mothers straddled all three categories.

Stupid girls

As the midwives speculated about why and how the mothers became pregnant, they ascertained that one reason for the pregnancies related to the mothers' ignorance about contraception and the physiology of their reproductive systems. As if their chronological age was insufficient evidence of immaturity, the mothers were also considered immature, even “stupid”, because of their lack of knowledge about their bodies and reproduction, a characteristic not necessarily limited to those who became pregnant

(Siedlecky & Wyndham, 1990:4). The mothers' knowledge deficits in these areas were acknowledged thus:

"There were a very large number of those girls who were psychologically immature, because their knowledge about sex education was very limited, and they paid the price for their experimentation if you like, and they hadn't really discovered how their body worked. So having a baby was quite a shock to their system. And I think a lot of them were quite stunned at the outcome. So giving up the baby for adoption was probably just another part of the process. of not comprehending the whole process in the first place." (Beverley)

The attitude of the midwives towards mothers who were "paying the price for their experimentation" did not go unnoticed by the latter during their hospitalisation as their own stories indicated. Not only were the unmarried mothers, "the girls", considered stupid, but their own mothers were often considered equally unenlightened:

"There was another girl whose mother just denied that she was having a baby altogether, and she had the baby and the mother still denied she had the baby. It was not the mother of the baby, but her mother. The girl was about 17 and she just didn't believe the whole process was happening. Probably there was no sex education in this family." (Christine)

as well as uneducated:

"It was really funny, because they'd be sitting up there with the nurses and you'd go past there and they were all busy reading those true romances and true love, and Mills and Boons. And, of course, they just lived their life out of these magazines, you know, they lived in a real fantasy world a lot of them. They read Mills and Boon, they were these, particular magazines called True Love and True Romance and Peg's Papers. And they really lived those lives, they really thought that they were examples." (Christine)

There was general agreement with Jan's contribution to this discussion:

"If I can say, they were comics, they were drawings, it was pointed out to me that they were likely to be doing that because they couldn't read."

Daphne's speculation about the reading habits and hence social standing and educational level of single mothers in the 1990s, brought the following response from Beverley:

"They don't read nowadays, they watch videos, Daphne. They don't read."

This contemporary stereotype of the uneducated unmarried woman who is often purported to have deliberately chosen single motherhood in order to receive social welfare benefits, has replaced the "mad, bad and stupid" image of the 1960s:

"I wonder if you went into the ante-natal clinics today and looked at the girls.. I just wonder when I hear that. here's no marriage and, very often, this might be a third baby, but who owns these other two? .Then. you've got these social issues coming in where there's money available, and you've got a mother, she might have three children, three different fathers." (Daphne)

Support for this view was offered by Christine:

“Well, I do think too, that some of the children today are just as confused about their position in society or more confused. They’re brought up with their mother, but they may have, as you say, several different fathers, but they’re brought up with several of them, brought up now with a mother, the man being another part of family life, and also with them sort of thinking about single sex people and whatever, we don’t know what sort of an effect some of these things are going to have on the children. Because children, children love security, and consistency and they look towards their parents as being a stable environment, and if that’s not stable, then the fabric of the family breaks down.” (Christine)

Further endorsement for this position was provided by Daphne:

“That’s right, and sure, they get money, and I mean, probably if you look at the social, monetary side of it, coming into that home is a considerable amount of money. And then you see the kids with everything that they want and can buy. But the thing that’s missing is where’s dad?” (Daphne)

It was generally agreed that

“These days, they don’t have to worry about parting with the child if they’re not married. They keep them, if they want to.”

On the other hand, although her views were not representative of the group, Beverley drew a comparison with earlier times when marriage in adolescence was an acceptable, if not desirable part of a woman’s life course:

“It is, society because my grandmother was only 16 when she was married. My grandfather had come home from the first world war and married her. Ah she was 16 when she had her first baby. Now, I think if you look back in family trees in that era, that would have been fairly normal, it would have been accepted that 16 year old girls could marry and could have families. Today 16 year old girls are not expected to be able to marry for a lot of other reasons .but they are still at that age where their sexuality needs to be expressed. .I mean, it’s difficult for society to sort out those issues, because it is complex, really but as we go through the eras it changes from what’s acceptable for these young girls, and what’s an acceptable age to be sexually active and to marry and to have your children, and to be able to keep them. And it changes, it changes every 15 years, which makes it really hard for people and families to move on through that .What do we expect nowadays?” (Beverley)

While one midwife agreed that “If you reached 21 in my family and you weren’t married, well, there was something wrong with you”, Jan and Sylvia both gave examples of young marriages as features of non-Anglo-Irish cultures.

Jan recalled the case of an intellectually disabled girl would not allow herself to be examined and, consequently, had her baby delivered under general anaesthetic. Others spoke of mothers who had a disability:

“I remember a lass who was a hunchback and she had an affair with a very nice man who was, and stayed with her until she eventually died..but I think they kept that baby” (Iris)

“There was another girl who had spina bifida and had very limited control and some guy used her for sex and let her sleep on the floor, but that baby..adoption, but anyway, the spina bifida is fairly obvious I suppose” (Sylvia).

“And the poor little ones who were a bit simple. This was the tragedy.They were the ones that got pregnant, and it was a terrible tragic thing really.” (Iris)

Daphne spoke with compassion about “a young (unmarried) couple” who surrendered their baby for adoption:

“This young couple that I referred to, they were only kids, and neither really had any money and they were relying on their parents and I’ve thought of them a lot over the years, and I often wonder how they got along. I hope they were happy, they were a nice young couple and they made a mistake”.(Daphne)

The midwives believed that their feelings of compassion for the mothers were unambiguously genuine as Christine’s comments represent:

“At the hospital where I was at the peak of the time of the adopting business ..I don’t think we emitted any sort of, um, sort of feeling that, that they were people that were fallen women, if you like. I think that we had a very good attitude to the problem that, that they had, if you could say having a baby was a problem”

and endorsed by Vera:

“We respected them, we respected them...as people...No, they were mothers, just like anyone else...having babies.”

Bad girls

The midwives seemed convinced that many of mothers were promiscuous, as one midwife implied:

“...there was always a great problem because, you’d go past, they were, a lot of them, they were the unmarried girls, I don’t know whether they giving their babies up or not at that stage, but, we used to always have a chuckle because the boyfriends were in bed with them before we’d even got in to pull curtains around (LOTS OF LAUGHTER) and they were going hammer and tongs in there anyway.” (Christine)

However one midwife’s opinion of a particular mother, while not intentionally judgemental, reflected the irresponsible “fallen woman” image of exnuptial pregnancy:

“We had a lot of problems with people who use to sign themselves out, particularly one girl. She used to live very close to the hospital and she was always having babies and she used to get herself out of the hospital before she signed the baby over and of course we had those children going to court all the time to be made a ward of the State, and it was really a problem when you had those sort of women who didn’t sort of care terribly much. We had those girls who were really stressed about it, but you had quite a number of women that used to make a practice of the whole process. But she kept the babies, she didn’t adopt them out. The social workers took [the babies] away from her because she just neglected them She was incapable of managing.” (Peg)

Two of the midwives also drew an association between an increase in the number of exnuptial pregnancies and visits by groups of men from overseas.

“Remember in Adelaide the first visit from the black basketball team, and we had nowhere near the numbers, but quite a few little black babies nine months later.” (Daphne)

“The first time, after the Captain Cook celebrations [in 1970], when we had all that huge influx, and we had, what, about 7000 babies in the year and we had 2500 were for adoption...no, 3500...sounds an incredible number, and, and they were all the result of sailors visiting Sydney. And, of course, um, it was pre-the-Pill and so the girls were just, sort of, one-night stands, or whatever with these sailors... and they were three months later, they’d say ‘here come the terminations’, then post-abortion, and nine months later the babies would be arriving. And they were the sailors off the ships.” (Christine)

Despite, according to official figures (Registry of Births, Deaths and Marriages, 1994), 3,630 adoption birth registrations being recorded in 1971, it seems incredible that almost all of these could be attributed to some very busy sailors.

Not all mothers earned the epithet of “mad, bad and stupid”. Those who were university students at the time of their confinement were noted by Daphne, in the case of a student from Adelaide who gave birth to twins, and by Christine who recounted the case of a married student couple whose decision was regarded with disapproval:

“I had a university couple and they were married and I, I actually wasn’t in labour ward at the time, I was at the, it must have been when I was doing my training. And, they were a very well educated couple, they were at one of Sydney’s universities and it was decided that they would give the baby up because it didn’t fit into the scheme of their lifestyle.” (Christine)

This sentiment was endorsed by Daphne who asked, “And what did education do for them?”

“What to do?” - The midwives discuss the options

Contrary to Christine’s above assertion, the contraceptive Pill had been available since 1961, but although its use was widespread by 1970 among married women it was still restricted to single women and those under 21 years of age (Siedlecky et al, 1990). However unwanted pregnancies were occurring not only because of the failure to use contraception but also as a result of the failure of contraceptive methods themselves, in particular the diaphragm and intra-uterine devices (IUDs) such as the Lippes Loop, Dalkon Shield and, in the 1970s, the Copper 7 (Siedlecky et al, 1990:40). In an ironic twist, pelvic inflammatory disease (PID), with its double aetiology in infections caused by IUDs themselves and the increase in sexually transmitted diseases (STDs)

attributed to women's greater sexual freedom, was considered the precursor to infertility for which relief was sought through adoption (Shawyer, 1979:26).

Prior to the early 1970s a woman confronted with an unplanned pregnancy had several options for its resolution to which the midwives referred. However these options were not readily available, and each came with a different physical, social or financial cost. A woman could choose marriage, either to the baby's father or to another man, or could seek an illegal abortion. If she chose to keep her baby she would have "to manage", or she could arrange for her baby to be adopted into her own family. The final option was to surrender her baby for adoption.

Having to "get married"

For many women, marriage was the preferred, and often an acceptable, solution to an exnuptial pregnancy, as recounted in Christine's description of the prevailing moral climate:

"My father was a JP (Justice of the Peace). And the number of underage consent forms that my father signed for shotgun weddings was just absolutely staggering. I mean, so many women had six month pregnancies: it was amazing in that time. So really, it had to be sanctioned by marriage, or everybody was counting the months. And there was so much focus on the propriety of, of people's personal lives, even though, really it had no business of anybody else's, but everybody took it on as being something to gossip about."
(Christine)

Beverley quoted her mother as saying "It's the first baby that comes any time, it's the second one that takes nine months", a popular countermand to gossip which Sylvia also attributed to her own mother's wisdom.

Just as Christine was convinced that in her family to be pregnant and unmarried "would have been an absolute, absolute disgrace and there wouldn't have been any provision.", so Sylvia expressed a similar opinion:

"Yes, it would have been a stigma in [my family], but there is always a renegade in the family and my mother was one of them, and she always said 'What you never had you never miss so don't do it in the first place. But if you do, I don't want to know two or three months down the track, I want to know straight away afterwards.' So, well, you just didn't, because that was, that was her way of making sure. But the rest of my family, well, as soon as somebody got married they practically put the date up on the calendar and watched it. And that was the type of activity in the lower middle classes at the time."
(Sylvia)

Having an abortion

One resolution to an unplanned pregnancy was to terminate it. Jan recalled the effects of “backyard abortions”, also described by Siedlecky et al (1990:71):

“I talked to some of the older midwives who were talking about the poor single girls who came in with their terminations, and in my experience it was Lysol, but all sorts of things that they’d douche themselves with .Persil [a washing powder], one woman did, yeah. She did it..and the baby survived, and, and was delivered with the most appalling skin rash.” (Jan)

Keeping the baby or giving it up

Depending on the circumstances, the midwives had definite ideas about whether mothers should keep or surrender their babies for adoption. Although they generally expressed concern and sympathy for the mothers, they frequently favoured adoption - even if only as a last resort:

“The girl was the obvious burden - she carried this burden of disgrace. This was a big encouraging factor for those girls [to adopt out], even though at that time the nurturing and the natural motherhood type thing was really what they wanted to do, there was also this other side of them that was constantly saying it’s not socially acceptable, it’s going to ruin my life, I’m not married and all those other sorts of different attitudes gave them the impetus to give them up” (Christine).

“...And they couldn’t in that era just go and live in a flat or get a house to live in if there wasn’t somebody else to help support them.. I mean, I knew a lot of girls who wanted to keep their babies, but couldn’t. There just was no form of support for them”. (Jan)

“In the period when there were a great deal of adoptions, I can remember discussing several times, about, whether babies should be adopted or not. And, I remember, several, several times it came up that most of us thought that it would, the best thing to do for families of the young people without any prospects of caring for the child, that if this baby went to a good home it would be better off than being with its own mother.if they couldn’t care for it.” (Iris)

However not all midwives supported the idea of adoption as Iris continued:

“But - there was one sister who was against us, and she said - (she came from a country background) - and she said, ‘I think the little things should be with their own kin.’ I’ve never forgotten that...” (Iris)

For most unmarried mothers during this era information about how “you could manage” was unavailable even if it was known to women such as Vera. Similarly, many women did not have the family support presumed by Jan, as Christine’s comment indicated:

“At that stage there wasn’t the funds, there wasn’t the community support and there was stigma on the mother and the baby and they knew what support there was from their parents or their boyfriends.” (Christine)

The introduction of the Supporting Mother's Benefit in 1973 appeared to have a significant effect on the number of babies available for adoption, as Jan recalled:

"After [the single mother's pension], the numbers in the babies that were given for adoption started to change quite dramatically and quite quickly. So there'd obviously been something political going before that stage, but I think we were aware of it, because for me, a lot of my girlfriends had babies, and if they didn't have shotgun weddings, there was no way that their parents would help them to look after a baby, So it wasn't until there was a supporting benefit for them, that gave them some sort of financial assistance, to be able to think of, 'Well, I want to keep my baby'." (Jan)

Where the mother was in a relationship, the midwives believed that she should keep her baby regardless of other social factors. Clearly, the sole condition which differentiated the right of a mother to keep her baby and her responsibility to do so was her marital status. Nonetheless, opinions were divided concerning those couples who were considered to have surrendered their babies for reasons of personal selfishness, and those for whom the surrender was a sacrifice for the sake of the child. In reference to the university couple who surrendered their child, Christine added:

"And I think when the time came, it suddenly sunk in that they had made this, this agreement, and I thought what, how absolutely appalling, I was absolutely appalled that they were so busy with their lifestyle that the baby just couldn't fit into that. And they did adopt it out. They did adopt it out. And I thought how absolutely dreadful. Because, why did they marry?" (Christine)

Beverley suggested:

"That mother would probably be one of the ones that would complain most now and say, you know, 'this baby was snatched from me!'" (Beverley)

to which Christine responded:

"Yes! And there they did, they gave it up willingly, a married couple, perfectly healthy people, there wasn't anything the matter." (Christine)

On the other hand, sympathy was expressed for a couple who surrendered their baby in what was considered an unselfish act.

"Well this young couple that I referred to they were only kids, and really neither had any money and they were relying on their parents and I've thought of them a lot, over the years, and I often wonder how they got along, hope they were happy. They were nice young couple and they made a mistake." (Daphne)

Compassion was also expressed for mothers who, having lost their first baby to adoption, married the father and had another child which they kept.

"And the number of girls even still as single mothers who came back through, twelve, eighteen months later, having their second baby that they did keep and was probably still to the same partner. And I know some girls who are still 30 years later, having given up their first baby for adoption are still with the father of that baby, and have had other children in that same relationship. And that to me seems sad." (Jan)

Occasionally married women also lost babies to adoption as Iris recalled with remorse:

“Can I say that some of the saddest, some of the saddest women were - there weren’t many - but they were the married women. And it always distressed me because they were so very upset about it. You hear that .perhaps there was an extra-marital affair or something went wrong. And those babies were adopted.”
(Iris)

Keeping it in the family

One arrangement which was considered by the midwives as reasonable, albeit unusual, was where the baby was adopted by the mother’s family, even to the extent of being raised as the mother’s sibling, as Daphne recalled:

“I managed a young girl when she was almost 12, she hadn’t turned 12, and she was a very well developed girl for that age, and she had the baby and the family took it, and they were going to rear it as if it was her sister. So there was no problem there. There was obviously a loving family, that was obvious when they brought the child in. I’m from the country and my next door neighbour in the country, , and this girl my neighbour, she was brought up with her mother as a sister. It all seemed to be a very stable, happy relationship.” (Daphne)

“Sent away - or on a holiday with aunty”

When marriage, abortion or keeping the baby were not options the only perceived alternative was for the mother to “go away” until the baby was born and taken for adoption, as Jan and Iris remember:

“And the other thing that certainly happened in that era, was that a lot of girls didn’t stay in their own country town, or probably even in the city, they didn’t go to a hospital within their own area. They were sent away...they were sent away to homes for unmarried mothers...when they got into trouble.” (Jan)

“It was sad, the girls were sent off somewhere and had their babies and then came back home.” (Iris)

Christine supported the reminiscences of Jan and Iris with these words:

“A lot of them came from the country, from interstate. They came from different areas altogether. They, they came there to have the baby away from their town or whatever, so that no-one would know they were pregnant. And then when they went back, they were always on a holiday with aunty, or in the city...”

The midwives discussed the maternity homes and hospitals which catered particularly for unmarried mothers bearing names such as “The Home of Hope for Fallen and Destitute Women” at South Sydney which reflected the mission of the institution and the morality which underpinned it. Other institutions of which they spoke were operated by religious organisations, such as Bethesda at Marrickville in Sydney run by the Salvation Army. According to both Daphne and Sylvia:

“...the girls had to work while they were there. They had a certain amount of area out the back of the hospital where the girls lived.”

Jan recalled that many institutions seemed to be religion specific:

“And all these were partly the church’s involvement, so that while they were providing hospital care, , they then went on to help the single girls, so you’d get the Catholics going to St Margaret’s and the Salvation Army picking up the girls...Carramar with the Anglican Church, Braeside at Stanmore...” (Jan)

with the Catholic hospitals having a reputation where the nuns “will be really tough on you!” It was generally agreed that these institutions “took in girls” not only from the city, but also from country towns, interstate and overseas from New Zealand and even the United States because, as Sylvia suggested, “There was no other support.” Jan concurred that

“all those places, the church homes, provided some sort of work for them, a roof over their heads, food for their stomach and some care.” (Jan)

Other ‘girls’ went out to Tresillian homes for convalescing mothers and babies or worked in private houses under a charitable arrangement.

The Women’s Hospital (Crown Street), one of the major maternity hospitals in Sydney, took single mothers into two facilities, Waiting Patients in the hospital grounds and the Lady Wakehurst Home, the latter specifically for mothers before and after relinquishment.

Daphne described Crown Street as “a big hospital where they got the ultimate care because of the seriousness of whatever the problems were”. As Christine recollected:

“But at Crown Street we had Lady Wakehurst and the girls used to come in the last few weeks of their pregnancy, or the last trimester, and if they were having medical difficulties they’d stay there and they used to do the basic chores and whatever out of, out of Wakehurst.” (Christine)

There appeared to be “a sort of friendly competition” among maternity hospitals, a type of snobbery regarding the class of patient as Jan explained:

“We can perceive Crown Street to be like a nurturer and take in the wounded and the, you know, open their arms and take in everyone. So that they did take in people on drugs, they did take the girls off the street, they did take the people who were living in hovels and those sorts of things....Crown Street was always compassionate.” (Jan)

Other midwives remembered that Crown Street also took women “barefoot from King’s Cross” and “all the Aboriginal women from La Perouse”. When Crown Street hospital closed its doors in the 1980s and another inner city hospital had to take patients from its catchment area, Jan recalled its objection with some indignation:

“When they’d have to take the Crown Street people it lowered the tone of their hospital. and doctors and midwives both said to me they did not have the

number of single girls. They went elsewhere and I don't know whether they did or didn't because when I worked [elsewhere] there was what we called 'huts out the back' which people had banished, selectively got them out, and that as far as we knew were for, they'd say, oh girls with their terminations." (Jan)

"There but for the grace of God...."

As frequently occurs in many groups in contemporary western society, there is a personal adoption story as Jan recounted:

"One of my girlfriends that, had to give her baby away because her parents just said she wasn't allowed to bring it home. She's now 25 or 26. Judy, the girl who relinquished the child, carried a photo of that baby with her still in her purse all of that little girl's life. She had two more children to the same father. The second little boy had muscular dystrophy and at one point the doctor said that he believed it was important that her first little girl, knew that there was this family history. The marriage went wrong at that stage, because the husband would not accept that this little boy in no way could be his, because nothing like that had ever happened in his family ever before, so, she had to have been off with somebody else. But when they tried to, Judy was able to quite readily contact the adopting parent and she had contact from that point on with the mother who had adopted her daughter. But the daughter did not want anything to do with Judy, which broke Judy's heart. But only eighteen months ago that daughter had her own baby boy, and has come around. Judy had not wanted to give that baby away. That's what the little girl had seen, like the rejection, 'My mother didn't want me'. So, now, until she had her own baby and realised all of that, I suppose the maternal feelings again. So Judy has had some contact with her since. But it was necessary to contact to say, because that was important. So when she was having that baby she was able to have as many of the tests that they can do to this point in time" (Jan)

On the other hand, Vera expressed a contrary personal view:

"I can tell you this, if I had had a baby out of wedlock I certainly couldn't have given it up. I would have had to keep it. There were ways of doing it. You could do it. You could manage." (Vera)

Jan supported Vera's position:

"I'd have been, I'd have been like Vera. I grew up in a family and when we were learning what was expected of little girls, I had an aunty, who, and it wasn't until I think I was near my 21st birthday...there was a chap who used to arrive from out in the middle of Lightning Ridge or Wilcannia somewhere, and Aunty would be having another baby. But the family always looked after her, and, that was my family's attitude, that the babies belonged with the family and if ever any of my sisters or I had got pregnant, home was the first place to go, and, the family would have helped us to look after those babies. We knew it wasn't expected, but if that had happened that's where we would have gone and that's what support that the family would have given." (Jan)

Beverley's rationale for the midwives' compassionate attitude was because

"They identified - 'There but for the grace of God, go I!'... You know, 'That could have been me!'" (Beverley)

What the midwives did

Among them, the midwives had accumulated many years of midwifery experience in major city maternity hospitals as well as in suburban and country hospitals. One practice which merited a considerable amount of discussion was whether mothers should see their babies or not. Christine recalled that instructions

“about whether the mother was going to, whether the mother wanted to see the baby when it was born or whether they didn’t. I don’t remember in the labour ward where I was, when I was working, that, that we really abided by any, any specific rule that we knew about that was laid down. I suppose it was just sort of, we were guided by the chart really. And it was all on the chart, and all on the card. You would, you had to read that up before, and you were, you were sort of given the mother to look after I suppose on the shift.” (Christine)

The practice of placing a pillow on the mother’s chest during delivery, possibly to prevent bonding with the baby was alluded to by both Christine and Vera:

“During that time when the babies were being, ah, snatched and pillows on the tummy and all that sort of thing, it was surprising the number of mothers who came down to the office and said they wanted to see the babies before they went home.” (Vera)

Jan advised, amid echoes of agreement from the other midwives, that

“the argument that we were given, rightly, or wrongly, for not letting them see the baby [was] because it was the emotion of the moment at birth that was so overpowering [that] a lot of girls changed their minds right at that time.” (Jan)

Likewise Sylvia recalled that the Matron at Bethesda, a Salvation Army hospital

“considered that the girls should, for a number of reasons, should hold the baby, should feed it for a certain period of time. Firstly that the child needed nurturing at that time, so that was to give the baby, um, a time of being wanted.” (Sylvia)

However Sylvia also suspected that there might have been a punitive reason for maintaining the mother with her baby:

“...and secondly, that it might have been rather an archaic type of thought, but it may just give them, ah, the thought that next time they were going to embark upon something, that it might just give them the feeling that perhaps I shouldn’t do this because perhaps it might just result in the same way.” (Sylvia)

Peg reported that in England the policy was for mothers to breast feed their babies:

“You could say, they wet nursed them for a fortnight, or whatever it was...”

But Jan recalled that “the practice of giving the babies to the girls for a while” was no longer carried out by the 1960s. For Beverley this was a source of frustration in 1972 :

“I started working and doing midwifery and working in the hospital there, that we were not letting these women look after their babies. And yet I had friends of mine that had babies in the late 1960s and early 1970s that came to Sydney to have

their babies - I wouldn't be able to remember which homes - but actually looked after their babies for, for six weeks." (Beverley)

Despite the example provided by Beverley, breastfeeding babies for adoption was obsolete in most maternity hospitals and the mothers' lactation was suppressed with the synthetic hormone, diethylstilboestrol (DES) with or without the addition of breast-binding.

Jan and Beverley also referred to instances where mothers were not informed of their babies' gender, or whether their babies had survived. Jan cited one case where the mother, supported by the baby's father, was in "terrible distress" when their baby was stillborn:

"What had happened was [that] the membranes ruptured and it had a cord across its head and it got slipped. It was a very recent stillbirth sort of thing, it had only been dead minutes. But, um, I can remember her saying, 'Oh, we weren't able to keep the baby, but I didn't want it to die.' Now that girl would have known because it wasn't alive in the room. She would not have heard it crying and things, um, in that situation. But other than that it was just my understanding that they weren't told." (Jan)

Daphne, who had spent 25 years working in labour ward, spoke about her concern when babies were born:

"The other thing that worried me was when I'd see them, um. just take [the baby] out and then they were taken down to what we'd call our sick nursery and of course they were put on, ah, various things and...the mothers would be, suppressed lactation. They would go home as soon as possible." (Daphne)

Daphne, who discovered as an adult that she had been adopted herself when a baby, remembered how "When I saw these other babies being taken out and I used to think, 'I hope they're as lucky as I was'."

Although the midwives participated in the process of removal of babies from their mothers for adoption, in some cases they expressed ambivalence surrounding the practice, as Daphne's comments indicate:

"I can remember a girl that I managed who had twins and she'd come from Adelaide, she would have been a university student, and, um, ah had these twins and they were ripped away, and, ah, I spent some time with that girl...Anyway, her mother and aunt came over from Adelaide to see her and it's the only time I've ever done this and I could still see the stress and I felt, boy, I can't, in my heart, I couldn't let that happen" (Daphne)

Whereas mothers whose their babies were to be taken for adoption were denied access, the midwives explained that the separation of *all* mothers and babies was common practice:

"The other practice that some of the adoption mothers would complain about [was] that in the nurseries in that era even the mother of a normal baby, if it was, that was in the nursery, they didn't get to get in the nursery to see their

baby, it was through the glass and that wasn't just for adoption mothers that was for everybody. And if you had a preemie [premature] baby it was behind three lots of glass right at the back. So these girls say that about, about their adoption babies but it relates at times to this overall practice". (Iris)

One practice which was categorically denied by the midwives was that of tying mothers to the bed as Christine pointed out:

"I worked with a lot of people from different age groups, and I really don't think that I can recall anybody that, that treated them in a way that they were molested . and never was there, um, a time, ever, that I can recall where the girl was tied down and they took her baby while she's saying 'Don't take my baby, don't take my baby!'" (Christine)

Similarly, the midwives denied that the mothers were routinely sedated as had been claimed on a recent radio program, bringing the response from one midwife, that "they had so many drugs in them that you wouldn't have given to a dog." Jan conceded that

"Those who had really bad pre-eclampsia, they were sedated, but they were sedated for a medical reason. .they weren't being treated differently from how a married woman would have been. They weren't sedated at Crown Street, because they were making that decision." (Jan)

Jan described the high incidence of medical problems not only of the mothers:

"In terms of the numbers of these adopted outs that were really, really sick, like girls that were, had other sorts of underlying medical problems."

but also of their babies whose adoptions were deferred:

"There were problems about adopting some of those children out .because they were months in hospital, in the adoption ward waiting to be passed."

From her experience of talking with some of the mothers Beverley identified a division of opinion:

"But there were a lot of girls who tell you.the dramas and 'They didn't let me see it' and 'They did this..' and 'They almost forced me to give it away for adoption', but there are other women who just wished the whole thing could die because they made that decision.20, 30 years ago and that's what they did at that time, because of X, Y and Z and they've lived a long life since then and, 'I was quite happy with that decision that I made then and I'm still happy with that decision I made then'. There is a lot of people who are not, but there are still some women who wished that it would A-L-L just go away" (Beverley)

"You weren't supposed to...": Breaking the rules

Some midwives engaged in what has been termed 'responsible subversion' (Hutchinson, 1990) by breaking the rules regarding mothers seeing their babies as Vera admitted:

"I used to take [the mothers] up and put them into the nursery...I...I disagreed entirely with this separation bit" (Vera)

and Jan affirmed:

"[You would] shut the door and leave them alone, you know, let her stay there as long as she wanted and then you'd go back. You weren't supposed to."

Christine recounted a typical scenario in the labour ward after a baby's birth:

"And some of them nursed the baby. and you'd sort of give the baby to the mother and they'd nurse it, and then, then you'd say something, you were always sort of saying, 'Well come on dear. We'd best take it outside' or whatever it was, because they'd want to hang on to it, and they'd sort of be ..It was really very difficult, because you sort of, you didn't really know what they were sort of going through. They've gone through a traumatic experience having the baby and then you really didn't know what they wanted. They didn't know what they wanted to do then - they were in a real dilemma. Because it was all very well to make these decisions, you know, in the cold light of day when they didn't have the baby there to nurse. But when they, when they then had the baby and held the baby, then they had, they had another set of decisions to make. That was very hard." (Christine)

Keeping the secret

The midwives colluded with the dominant view that unmarried motherhood was shameful and therefore warranted secrecy. Measures which they undertook in order to keep the secret included providing the mothers with wedding rings and referring to them as "Mrs", despite the collective knowledge of the mothers' true marital status. Even where the mothers' hospital records clearly indicated their single status and they were held in a ward, annexe or separate institution for unmarried mothers, the charade persisted.

A practice which some mothers had personally described related to a residual tag of perineal skin when an episiotomy was performed. Daphne recalled the procedure as being performed in order to reconstruct "a bit of hymen to rupture on their wedding night" and so reinvent the mother's virginity. The mothers' interpretation, however, was the reverse: that the tag of skin remained to "mark" them when they had subsequent deliveries. Occasionally when multiparous women tried to pass as primiparous, nonetheless their secret was betrayed by their episiotomy scars.

The midwives were keen to maintain the secrecy of a previous pregnancy when a mother was admitted for a subsequent delivery because:

"... those women that married later on, like, they might have been 15 or 16 year old girls that had babies, they didn't want the fellow they married to know that they had even had a baby."

The midwives agreed unanimously that they would pretend that the mother was a 'primip' (primiparous), that this was her first baby, as Daphne explained:

"If there was anything on the card, like, um, there. .we never discussed it. There was one thing, we were.. because it was such a common practice in the hospital, because there were so many unmarried mothers, that if a person comes in, and came in, and had a baby subsequently, you didn't discuss their previous babies with them if it had on the card 'previous baby adopted'."

Beverley agreed, adding:

"And also you perpetuated the myth that [they were primips].If somebody said, 'Gee she had that first baby quickly', because they were really fishing, we used to say 'Oh well, some babies are like that' .Or 'She's lucky she had a five hour labour. That's terrific!'. Confidentiality was most important." (Beverley)

Daphne endorsed Beverley's words, bringing general agreement:

"We were, we were warned. We, we, we were told. And of course, for a long time on labour floor you had to be careful.. I'd warn the staff because that was policy and it stuck.. but you could always tell whether..." (Daphne)

Midwives in delivery suites would know which babies were for adoption because of a coding system on the mothers' hospital charts, as Christine explained:

"On the cards when they came from outpatients and they had UB+ or UB- and you'd know whether they were going to keep it or not"

where 'UB+' indicated "unmarried, keeping baby" and 'UB -' meant "unmarried, not keeping baby". Lest the mother hear and be distressed by the word 'adoption', this code replaced the earlier term "BFA" (baby for adoption) in use during the 1950s and 1960s.

"Our nursery, our babies"

Regardless of the different racial characteristics of the babies, the midwives recalled them with exuberant fondness:

"The first black baby...really, really black little, little babe. It was just dolly in pink...and we kept on walking around with this gorgeous thing. The little, the little baby was just a cheeky thing with these tiny tight curls, it was a gorgeous thing. And none of us could put it down because, it was the first time we'd seen someone so, so dark..." (Iris)

Iris's comment brought forth agreement mixed with laughter, as often occurred when the midwives discovered a shared experience:

"I know they used to fight to bath the Chinese babies because they were so lovely, ah, you know? And they'd cry, yes, and you'd never know if they were jaundiced or not!" (Jan)

Peg agreed with Jan, citing occasions when mothers were breastfeeding:

“and we’d say, ‘Haven’t you finished with that baby yet?’ And they were ‘our babies’.. definitely, our babies, our nursery. We just lent them to them.” (Peg)

Beverley suggested that the habit of separating mothers from their babies was not confined to what “these girls say about that, about their adoption babies but it relates at times to this overall practice”. Daphne, on the other hand, “at the risk of sounding self righteous”, could not acknowledge this custom, attributing its occurrence to an era after she had retired from practice.

Naming the babies

One practice which seemed widespread was that of naming babies for adoption as Beverley explained:

“They were all given a Christian name often by the midwife who delivered them, if it wasn’t the mother who had a particular name she wanted the baby called. We gave the babies a first name, yeah. Mind you, we kept some of ours for quite a long period of time, to getting the [adoption]arrangements. [There was] one that was nearly 18 months old.”

In other instances

“we just had ‘Baby’ with the surname..[The names] were on or weren’t on it..It was just random.It wasn’t anything to do with adoption. They maintained the name of the baby and had it on the cot.”
(Beverley)

The midwives’ talk about adoption

The only midwife in the group to have had a personal involvement with adoption, Daphne described how she counselled a young mother:

“So I went down and I talked to them and I let them ask me questions and I said, “well.. ah, I’m adopted” and they talked to me about it and they asked me all sorts of questions, and I said, “Well, to be honest, I was three weeks old. I understand my mother died in childbirth.” And I said I also know to this very day that I can’t imagine it was a bad thing. So, it was, you know, to me it was my mum and dad and. .when they were sort of leaving, she came in and said how much she’d appreciated it ..I’d never done that with any other patient because I didn’t feel that it was the right time, that this was a personal thing.”

Even Daphne, who was herself adopted, was reluctant to broach the subject with the mothers, however “if they talked to me, I would talk to them”. Christine, however, refuted the possibility of engaging in conversation with the mothers and justified the practice of relying on the written chart for information:

“I mean we were just so busy delivering babies, it was not unusual for us to have 21 babies in a shift. So you didn’t, you couldn’t sort of get too chatty with anybody for any great length of time, I mean, somebody else was having a

baby behind the curtain. So you really, you had to have something set out for the process.. because you really had very little time ” (Christine)

“These guys that get these girls pregnant...” : the putative father

The midwives generally agreed that the fathers of the babies “got off Scot free” both financially and legally. “Somewhere along the line,” said Iris, “men should take responsibility.” Another voiced her opinion that “They don’t want to pay the money for the children.”

On the other hand, Vera suggested that there were instances where the family of the baby’s father wanted to keep the baby:

“Sometimes the father’s parents, we used to have them come to the office, the parents of the boy concerned would be anxious to keep the baby, because ‘the blood of their blood’, that sort of thing, but they had no rights, they had absolutely no right at all to have the baby.” (Vera)

Daphne expressed concern about including the father’s details on the mother’s hospital papers, as she cautioned:

“You had to be careful of what names you put on the papers too. You had to put the mother’s name, nobody else’s. Like, you couldn’t put the father’s name alongside it..it was just the girl that was pregnant and that was all there was to it.” (Daphne)

Jan was reminded, ruefully, of the on-going effects of the denial of the father’s right to claim paternity:

“When you were talking about fathers being on the birth certificate, the number of girls who would have been in what today would be classed as a stable relationship. And even back then they were still in a stable relationship and they went back home. That baby was given up for adoption, but the next one they had was not” (Jan)

When an amended birth certificate was issued following an adoption, the adoptive father’s name was included, as Daphne explained from her own experience:

“I just got a piece of paper about that size, but then when I needed a passport, here was the details, like you see on any birth certificate, the daughter of Mr and Mrs John S---, but nothing about adoption.” (Daphne)

Twins: “Like buying a pair of shoes”

Although there were instances of the separation of babies from multiple births in other countries (one of the most notorious being the Texas Adoption Project), this was not the practice in Australia according to Daphne and Sylvia. Jan volunteered that

"If there were people wanting to adopt baby twins, then they would be placed with twins, but I gather that before I trained there weren't always lots of people queuing up to adopt and so whoever they could get them placed with was, ah, [taken]." (Jan)

Vera laughed as she cited an anecdote where she had overheard the matron of a large city hospital arranging the adoption of twins by telephone:

"I actually heard her, she - I was working in the nursery - and she rang up and said, 'Oh, yes, yes, yes, oh well now you've got everything there haven't you?' She rang this woman that had, had adopted twin girls, a year or two before, and placed twin boys with her this time. She said, 'Oh, you've got everything now, haven't you? Oh that'll be nice, yes, yes. Lovely little babies'" (Vera)

The incident brought laughter and wry amusement from the group, particularly Vera who described the transaction as "like buying a pair of shoes". Iris also recalled the matron having "a lot to do with the arrangement of the adoptions", a familiar theme in adoption stories in the print media analysed in Chapter 11.

Signing the consent

The midwives had mixed understanding about the process of signing a consent to adoption. Although five days was routine for a post-natal stay, Peg was of the opinion that mothers had to remain in hospital for five days until they had signed the consent form. Her view was that

"..they'd have to stay in anyway, and if they wanted to go home they weren't allowed to because they had to be there to sign ..." (Peg)

Another erroneous view is evident in this statement:

"I mean, which is what you would imagine from what some of them say that they were seda...Because the answer was, certainly when I was there, we, ah, and some did say 'Look I've changed my mind,' ah, the answer was, 'Really, think about it, but you've got three days, so that's fine.' We can take the baby away, put it down in the nursery 'til you talk, or I'll ring up the social worker now."

Beverley, with agreement from other midwives, believed that

"In a later era, they actually had more than three days...they signed the first lot of relinquishing papers at that time and they signed the second lot of relinquishing papers a month later which makes it more than 28 days. But if they didn't want to sign it then, they didn't have to. So that there was no pressure brought to bear. ... going out to Lady Wakehurst there were a number of things, you know, I may be wrong, I may be remembering you've got five days, but certainly they, that was only the first signing of an intention."

The midwives appeared to genuinely believe that “that the girls were given a fair assessment in the eyes of the time and thinking of time as to what the chances were.”

Christine offered the view that

“[In]my talk with the girls, or the women, when they were labouring, that they’d been given, both sides of view, and I also believe a lot of them had made the decision to surrender their baby for adoption because it was the best thing for the baby. And they still had, some regrets about it, but that’s what their minds had made up. Because, they’d say, ‘What do you think?’ and I’d say, ‘It’s too late to be talking to me about what I think’, and I’d say, ‘But you don’t have to make up your mind, and you’ve got another three days to consider what you would like to do’. Because a lot of those girls that came to Crown Street the decision was already made before they even got there. It was decided by their family or their social situation...”
(Christine)

Christine recalled with some amusement those mothers who used to leave hospital before they had signed a consent to adoption:

“And actually, we had, we used to have a lot of problems with people who use to sign themselves out, particularly one girl who used to come, she used to live very close to the hospital and she was always having babies and she used to get herself out of the hospital before she signed the baby over and of course we had those children going to court all the time to be made a ward of the State, and it was really a problem when you had those sort of women, who didn’t sort of care terribly much. And you had those girls who were really distressed about it, but you had quite a number of women that used to make a practice of the whole process.”
(Christine)

Peg acknowledged that it would be difficult to sign a consent “particularly after a hard and difficult labour” or, as Vera noted, “especially if you’re on any tablets or anything”. Another midwife posed a question which was affirmed by Jan as occurring frequently:

“What about the mothers who signed that paper at five days and then when the 30 days were up they went back on it?”

Whereas this information was known to the midwives, from the stories recounted by the mothers many of them were unaware of the implications of their consent or that there was a revocation period.

“We either like it, or we don’t”: The adoptive parents

Not only were the midwives involved in delivering babies for the mothers, but they also took part in delivering babies to the adoptive parents who also, frequently changed their minds about keeping the baby as Beverley recalled from her experience:

“When I went to Broken Hill, and because of the distance from Sydney, adopting couples would come racing up, grab the baby at the airport. The baby

would be rushed out there, they'd grab the baby and get on the plane and go back to Sydney. Never having looked at it, ...it used to worry me."

Another midwife recounted how

"we had one that rang from Dubbo and wanted to bring the baby back, decided she didn't like it when she got back"

which drew the comparative comment:

"Like buying a dog isn't it? We like it or we don't."

Beverley found the handing over of the babies difficult:

"I could never cope with the plane handover, the handover at the airport. And I mean, you know, a lot, in a place like that a lot of people knew, and probably were guessing and had every idea who, you know, you were from the hospital ...and whose baby it was, even."

This anecdote brought a response which questioned the presumed secrecy of the process: "It hardly seems legal, does it?"

The chosen child

Although they recounted stories of serendipitous allocation of babies, the midwives seemed convinced that there was a reliable matching process between the baby and the adoptive parents as Christine noted:

"One of the things someone just mentioned there just triggered off...when they were actually adopting the children out, the family, the social worker or whoever made the arrangements for them, looked at the various features of the people too and whether the family, the baby was going to look very like the family...genetics as well."
(Christine)

Vera narrated an anecdote where the mother's appearance could easily be confused with that of the adoptive mother:

"An adopting couple came, as they often did, into the office to see the baby, and I happened to go over with them to see it. Now at Crown Street we used to take them over, the baby would be brought to them, we encouraged them to have the whole family come, in this case there were no siblings, but anyway we went over, and as it happens the potential father was a doctor, the wife was a fair haired girl and she had a red dress on We went over and saw the baby, and we used to strip the baby and let them play with it and look at it and decide, and they knew all the social history before they got there. So they only had to look at the baby and see if they really, if they took to it. And occasionally we had people who didn't like the baby and wouldn't take it. Now this couple did, they liked it, they took it. The real mother had come to see her baby, she was a fair-haired girl and she had adopted from out of state and so she went up and she spent some time with the baby and off she went and the next day the couple came and collected. Now it just happened that that mother, the adopting mother, looked so much like this original, the real mother, it was all I

could do not to say you're so like the baby's mother. Couldn't of course. Couldn't say a word. But oh...!" (Vera)

However, on another occasion, Jan recounted an incident where an opportune baby became available in what was known as 'rapid adoption':

"We had a mother who had a terrible history and lost, ah, twins, I think they were premature, and [the social workers] rang up the other hospital and were able, over the phone, to arrange an adoption. And that baby came over. They said, "Sorry we can't get you twins", and that, but they got a baby that was for adoption. And the mother breast fed it, you know, she took it as her own."(Jan)

However the midwives denied the popular story of the "Chosen Child" recounted in Chapter 8:

"The matching was done, but they didn't go into the nursery and array these forty-two babies and, like, you know, choose one. because the social workers had taken all of that history." (Jan)

Although the midwives were never shown it officially, Jan described in detail the information which the adoptive parents were given in the form of a booklet compiled by the social workers:

"It was quite a nice little booklet, and it gave the history of the mother, and, if she had a job, and like she was dark-haired and she had blue eyes and she had this and that and the other thing. And if there was, a little story about the father. Because I saw more than one of those little books and that was given to them, and they used that genetic information. The social workers would have used that genetic information to try and match." (Jan)

Jan described how matching went beyond physical characteristics:

"It was more than the colouring, it was the sort of interests of the parents and whether they were musical, or sporty or those sorts of things. And also it was what sort of work they did, educational standards, a few of those, so that there would be some standards." (Jan)

Consequently Jan found it difficult to understand

"so many of these [adopted] children not knowing anything, because the [adoptive] parents were often given quite a bit of information."

Daphne reminisced with Beverley about the adoption nursery and how the babies' medical and social histories were documented:

"Don't you, don't you remember walking around the adoption nursery, and seeing the babies that were coming up for their, placement examination, and, you know, to be examined by the doctors, and the social worker would come and put the history on their backs." (Daphne)

Beverley, however, expressed doubt that this information in the form of a book as described by Jan actually went to the adoptive parents. The midwives were not only unaware of but also expressed surprise at discovering that, prior to the Adoption of Children Act (1965), the adoptive parents knew the mother's name from the Order of Adoption documentation.

As if to suggest a lack of matching in social status, Peg volunteered the information that babies from Carramar (an Anglican maternity home) “went to the western suburbs, you know to change from Turramurra (on the North Shore) to the western suburbs (of Sydney)”. One mother’s story has verified this assertion. However, Peg also recounted a personal story of successful matching:

“I’ve got a god daughter who was adopted, and she’s 22 now and her sister’s 21. Well, those two girls look very much alike and everybody thinks of them as sisters, but they’re, they’re not sisters. But also the genes, you know, I mean, you know, the, like somebody who was quite bright would, they’d try and match a bright child ... you know ...”
(Peg)

Unfortunately, Peg’s account was not often reflected in other instances of adoption as the mothers’ stories told.

A common practice at one maternity hospital was to give each adoptive mother a set of baby clothes. Christine and Iris agreed that this gesture was not restricted to adoptive parents:

“We used to hand out a lot of clothes from the office regularly, lovely clothes. Anybody that you felt needed them. They’d only have to ring the office and [we’d] give them a whole layette.”

“Once the social worker got the baby...”: Who made the rules?

Although the midwives exercised a certain amount of autonomy in their own domains, it seemed that they were relatively powerless where policy was concerned. At one major maternity hospital the Matron oversaw most of the adoption arrangements as Iris recounted:

“Well, I remember Matron, who, really I think, in the early period she used to have a lot to do with the arrangement of the adoptions. Around about 1947 or 1948, I took a young, oh actually middle-aged primip down to be discharged, who had a baby, and Matron assured her, ‘Oh yes, baby’s, her name’s down at the best school,’ and, you know, that this child was going to be in a very good family. Now that’s, I remember that quite well.”
(Iris)

This account is consistent with that reported by Suzanne Chick (1994), adopted in the 1940s by the brother of a prominent hospital Matron.

Likewise, the Medical Superintendent was influential in the control of nursing practices such as breastfeeding:

“All adoption babies were breastfed. It was stopped because the Medical Superintendent said he was so tired of seeing these poor little girls in tears, knowing that they were going to part with their babies. So he stopped it. Just like that.”
(Iris)

The Medical Superintendent was also responsible for providing contraceptive advice as Iris reported:

“Well my knowledge of the women with repeated pregnancies and the children for adoption, the Medical Superintendent apparently used to care for these people. He’d see them after, down in outpatients, and arrange, I suppose, maybe, I don’t know, contraceptive advice or whatever, but I, a couple of them slipped through and wanted a reference to go to the Medical Superintendent and I told him, the Medical Super, and he said, oh yes we must take care of these people, because they can’t take care of themselves. And so they were advised.” (Iris)

Although the Matron arranged adoptions one midwife recalled that

“in the early days when there weren’t so many babies for adoption, as time went on we got all these adoptions and they had to have the social worker, a big army of them, about eight, I think...”

In spite of the influence of senior nursing and medical staff, the social workers seemed to exercise the greatest control over adoption procedures. Daphne pondered how much influence the social workers must have had

“because we couldn’t do anything, once the social worker got the baby my role was to feed it and keep it clean and contented”

to which Jan responded:

“I think a lot of the practices were determined by the social worker saying, telling us ... the social workers said whether [the mothers] could or couldn’t see the baby.”

Jan’s observation was supported by a verbal claim to me in 1995 from a senior social worker who had worked at a large maternity hospital during the 1960s that she, personally, had been responsible for the discontinuation of the labour ward practice of placing a pillow on the mother’s chest during delivery.

It was generally agreed that the reasons for the social workers’ power over midwifery practice were

“because they had a university degree and got paid more money and...a lot of this was arranged before [the mothers] actually got to the labour ward and all of this was already done. And I think they just grabbed it...”

Daphne suggested that “this could be hospital policy, too, the policy of the maternity ward.” It was also noted that the social workers were more likely to have the continuity of care before and after the midwives’ minimal involvement as Iris observed:

“[The mothers came] through outpatients to visit the social worker, if they had a social problem and so the social workers consulted with them over quite a few visits, I noted they had quite a few, visits to the social worker if they had problems like financial problems, if they had any sort of home difficulties where they lived, and especially when they were people come from the country.”

Christine proposed that the protocol for care of the mothers would have been

“worked out with the social worker and perhaps the sister in that place, you don’t know how much input they had. But, certainly all that information was there on the chart that you got, and then we were sort of guided by that. It wasn’t set in concrete, because I think that, because we saw so many mothers with babies with so many different social backgrounds and so many problems, if you like, we were not inflexible or rigid with those guidelines, and, sometimes the mothers just changed their mind and we’d just say, well, you know, you, we were there at the, I suppose, the top end, we were just there when they produced the baby.” (Christine)

Discussion

The midwives’ collective reminiscences contained many ambiguities and contradictions of which I became slowly but acutely aware: they were knowledgeable about their midwifery practice and yet there was a gaping lack of knowledge, particularly about the processes and effects of adoption. They held some power over their practice but were relatively powerless in the hospital’s hierarchical web of authority, particularly where policy formulation was concerned; they were also aware of that relative powerlessness. In addition, they expressed empathy for and identified with the mothers, “the girls”, but at the same time distanced themselves from such identification.

In this section I will examine the ambiguities and contradictions in the midwives’ reminiscences as they contribute to the tensions between the semiotic and symbolic orders which I will analyse further in Chapter 19.

“The Girls”

Although the midwives’ experience had occurred over many years in the past, they still referred to the mothers as “the girls”, a term usually associated with the female occupants of institutions such as schools and reformatories. This sobriquet bore little reference to the mothers’ chronological age: many were of the same age or older than the midwives at that time. It is almost as if the mothers had been locked into a time warp of adolescent frivolity and irresponsibility which had been a rationale proposed for taking their babies for adoption. Consequently the use of the term has served several purposes: it has maintained mothers who lost their babies to adoption in an inferior position relative to married mothers and the female players in adoption, namely adoptive mothers, social workers and midwives.

Language, as Hewison (1995) has noted, is an integral part of nursing interactions and reveals the power dimension inherent in those interactions. In this way, language constrained unmarried mothers in a position of powerlessness associated with pre-adult status, a position which could ensure their compliance, their invisibility and their silence. Reinharz (1988) described being treated in a similar way by hospital staff when she was having a miscarriage:

"They said little to me and when they did talk to me, they used sexist, condescending expression in order to make me easier to manage: 'Be a good girl; stop screaming.'"

Lakoff (1975:25) has suggested that the use of 'girl' is euphemistic in that "stressing the idea of immaturity, it removes the sexual connotations lurking in 'woman'", connotations of a reputation which could be sanitised by removal of her baby for adoption.

Another reason for the persistent preference for 'girl' over 'woman' might be consistent with a linguistic rule proposed by Lakoff (1975:67) whereby a term is used to convey sympathy and "to make the addressee feel that the speaker likes [her] and wants to be friendly with [her], is interested in [her] and so on". Whereas in the discourse of exnuptial pregnancy the term 'fallen woman' has condemnatory inferences, the term 'girl' indicates the recognition of a more moderate, sympathetic perspective consistent with the nonjudgemental approach which the midwives insisted that they demonstrated.

"Mad, bad and stupid"

The populist notion supported by the discourses of the symbolic order that an unmarried mother was either "mad, bad or stupid", despite Vincent's (1961) challenge to this stereotype, seems to have had an influence on the midwives' opinions and informed their practice, albeit inconsistently. While they did not use those precise adjectives, the midwives' accounts implied that these descriptions were occasionally compatible with their underlying beliefs about the mothers.

Struggling to reach a common sense-making of their experiences the midwives inserted the beliefs and values of the symbolic order into their reminiscences at the same time as insisting that they were *not* judgemental in their care of the mothers. They seemed trapped between sadness, regret and remorse. Nonetheless, the midwives were clear about which mothers were deserving or undeserving of the circumstances surrounding their hospitalisation and the care which they received.

Whereas the "mad unmarried mother" had been scrutinised by the medical gaze as discussed in Chapter 9, the midwives seemed oblivious to those theories of unmarried

motherhood which had been proposed by medical discourse: they did not attribute exnuptial pregnancy to psychological or psychiatric causes, but instead drew on societal beliefs informed by the prevailing morality. Without intending to appear moralising, the midwives clearly defined some mothers as “bad” in terms of their presumed promiscuity and irresponsible behaviour. Nonetheless, such promiscuous behaviour (descriptions of which bordered on the burlesque) was regarded by the midwives with the sense of humour that is reserved for those from whom one is clearly distanced. Consistent with discourses of the symbolic order, the midwives correlated a fitness for motherhood with personal conduct

In spite of their belief, on the one hand, that exnuptial pregnancy and promiscuity were connected, the midwives also felt that they themselves were vulnerable. They admitted that they had friends who had lost babies to adoption and had obviously given consideration as to what course they would have followed had they themselves been unmarried and pregnant. They were very keen to project an image of unconditional caring for unmarried mothers consistent with the nonjudgemental attitude expected of all nurses. Where this had been allowed to “slip” inadvertently, as in Christine’s case, there was a hasty embarrassed attempt to make reparation for such an indiscretion. In spite of their censorious descriptions of some of the mothers, the midwives generally agreed that relinquishment was mainly a middle class solution to the stigma of unmarried pregnancy and believed that the mothers had little choice otherwise.

It was implied by the midwives that some mothers were “stupid” regarding sex education and knowledge about their bodies when such a knowledge deficit was a function of their “psychological immaturity”. On the one hand, the mother was blamed for being ignorant about her body’s reproductive functions yet punished for her “experimentation”, first through pregnancy and childbirth and secondly through adoption. One midwife acknowledged that having a baby would be a “shock to the system” for the mother, with the subsequent shock of adoption being absorbed as part of the process and, presumably, less traumatic. The idea of childbirth and adoption as punishment for sexual activity also found expression in the midwives’ rationale for why mothers were allowed to breastfeed and care for their babies in some institutions: to act as a deterrent to future sexual activity.

Further evidence for the mothers’ stupidity was provided by reference to their reading and television viewing habits. Although “True Romance” may have been on the reading lists of many young women during this era, Mills and Boon paperbacks drew their largest readership from older, married women (Radway, 1984:57) Although critical of the

mothers' reading habits, the midwives themselves were acquainted with this literary genre, and their salacious tales of the sexual exploits of some mothers may well have been extracted from the pages of the confession magazine. Several factors may have contributed to the mothers' selection of this reading material, not the least being its availability in a public hospital. Frequently the material reflected the choice of former patients, visitors or the volunteer workers who distributed the contents of a trolley from the "hospital shop". As did most patients in hospital, the mothers probably sought relief from the boredom and ennui of hospitalisation in the limited distracting activities available to them.

Instead of being regarded as indicative of inferior intelligence, and hence inferior morality, the reading of "True Romance" and other confession magazines could be interpreted as textual engagement with proscribed feminine roles within socially approved heterosexual relationships (Radway, 1984; Ehrenreich, Hess & Jacobs, 1986). Little consideration seemed to have been given by the midwives as to whether the mothers' reading and viewing habits were reflective of their intelligence or the hospital culture and the broader social milieu: that is, of either the semiotic or the symbolic order.

Just as the midwives described the stereotypical unmarried mother of the 1960s, so they offered a contemporary portrayal of the young woman who supposedly chooses single motherhood in order to reap the bounty of Social Security benefits. Contrary to this popular myth (Macken, 1997:1S), the rate of teenage pregnancies has more than halved since 1966, and only 3% of female recipients of the Sole Parent Pension are aged less than 20 years (de Vaus & Wolcott, 1997:97).

There was grave concern and compassion expressed by the midwives when a mother deviated from "mad, bad, and stupid", for example where she had a physical or intellectual disability, or where sexual assault had occurred. They commented on the frequency of pregnancies in very young adolescents, often as a result of incest, although statistics would not support this claim where, for example, in 1968 there were only 121 babies Australia wide born to mothers in the 10 to 14 years age group (Schlesinger, 1973:61). There was also an expression of sadness and regret for the mother who, having lost her first baby to adoption, subsequently married the baby's father and had more children.

The midwives also had difficulty reconciling the surrender of a baby for adoption where the mother was supported by the baby's father or where they were both healthy and educated, implying that these parents had a responsibility to keep their baby with them, even if they were not married. There was also little sympathy for a married couple who surrendered

their baby because they were not ready for parenthood. On the other hand, they shared concern for a married woman who, because her husband was not the father of her baby, lost it to adoption. Although they did not actively endorse adoption and asserted that a single mother *could* manage on her own, the midwives tended towards the belief that children should be raised by both a mother *and* a father.

Power and powerlessness in the hospital hierarchy

Drawing on theories of oppressed group behaviour (Brown in Cambridge Women's Studies Group, 1985:242), I contend that the reason why *some* midwives engaged in *some* practices which the mothers regarded as punitive was because midwives were perceived as, and perceived themselves, as being on the lowest rung of the hospital hierarchy. Similarly unmarried mothers, who were attended by midwives rather than by specialist obstetricians, were at the very lowest stratum of the patient hierarchy, and consequently, in the overall hierarchy in maternity hospitals (Carver in Romalis, 1981; Rothman, 1982). As Shaw (1974:28) has perceptively noted: "The lower the status of the patients, the lower the status and skill of the (care) deliverer."

Midwives' attempts to redress their powerlessness could be interpreted in terms of Mary Daly's description of nurses as "token torturers":

"Nurses shave women about to give birth and give enemas to women in labour. It is they who give injections and it is they who withhold pain medication begged for by the patient. Programmed not to answer women's questions, they sometimes magnify suffering by unreasonable and degrading nonanswers" (Daly, 1978:277).

While on the one hand the midwives described an active autonomous involvement in the adoption process, on the other they practised according to guidelines devised by medical officers, social workers and, occasionally, senior nurse administrators. Social workers and medical practitioners made the rules and the midwives were required to follow them. Leeson and Gray (1978:20) have proposed that this exclusion of women, particularly midwives, from the ranks of healers seems to have been an integral part of the gendered professionalisation of medicine.

The conspicuous presence of social workers in the care of unmarried mothers can be attributed to several factors (Kunzel, 1993:40). First, social workers had laid claim to professional status as early as the 1920s in order to distance themselves from charity workers. Secondly, they justified their professional status by equating their role with medical practitioners - "doctors to society" - and engineers - "social engineers". (It is interesting to note that more recently social workers have regarded the latter term, invented by themselves, as a pejorative.) Third, social workers embraced the new

language of science and psychoanalysis, intending to confer legitimacy on their work. The net result of the professionalisation of social work was that social workers could claim to be experts in the science of social problems.

Although social work has been recognised traditionally as a female dominated occupation it has enjoyed a relatively privileged position in the hospital hierarchy. I suggest that this privilege is not only because of social workers' professional autonomy and the level of education required but also because social work is not associated with the "dirty work" of nursing, as described by Jan:

"My role was to feed [the baby] and keep it clean and contented."

Adrienne Rich (1977:125) noted that the inferior position of the midwife could be attributed to the imperious arrival in the seventeenth century of the man-midwife who made "her name synonymous with dirt, ignorance and superstition". Jocelyn Lawler (1991:47) identified aspects of nursing as dirty work to include not only activities associated with domestic cleaning but also tasks associated with the cleaning of and cleaning up bodies. The cleaning metaphor also extended to the social cleansing of unmarried mothers in which midwives actively participated.

Initially, the midwives were reluctant to speak frankly in their criticism of social workers, but then commented freely on why they perceived social workers to hold more power than they, bringing to mind a saying popular among nurses at the time of my hospital training that social workers were more "social" than "work". It has been suggested, however, that the blame attributed to social workers is really little more than scapegoating from which medicine has been spared (Leeson & Gray, 1978:76), and is another example of the gendered power which exists in hospitals.

That some midwives expressed empathy and solidarity with the mothers I contend was also a result of the power relationships described in maternity hospitals (Schur, 1984:96), where midwives ranked lower than the medical officers and social workers, and, in some instances, hospital cleaners and attendants. In recalling friends and relatives who had become pregnant without marriage some of the midwives were reminded of their own potentially tenuous position as women negotiating the matrix of contraception, abortion and pregnancy. Perhaps as they reflected on their own powerlessness they understood the powerlessness of those women who "got caught" in that matrix.

The midwives' knowledge base

The nursing literature has been particularly silent on the specific care of women who had babies taken for adoption and consequently midwives have been rendered as invisible as the mothers for whom they cared. The reasons for this can only be speculative: that unmarried motherhood, relinquishment and adoption were believed to be the province of other disciplines such as medicine, psychology and social work where research and publication were considered imperative and valued endeavours. Midwifery knowledge and practice were subjugated to the dominant discourses of a patriarchal health system: the influence of these discourses on nursing discourse is evident from the literature cited in the earliest nursing articles about adoption and presented in Chapter 9. Or perhaps, simply, midwives did not consider or recognise that their care for relinquishing mothers was sufficiently unusual to warrant particular attention. Such a position would be consistent with the prevailing populist view that adoption was the accepted panacea for unmarried motherhood, illegitimacy and infertility.

I was curious about the basis for the midwives' knowledge given that the midwifery text books and journals have provided scant information about relevant practice guidelines. I found, as did Reinharz (1988) when she sought information about miscarriage, that references to "relinquishment" were usually absent from midwifery texts. If the topic of "relinquishment" was addressed at all, it was subsumed under the more general heading, "adoption". Not only was the experience of losing a baby to adoption (or miscarriage) overlooked in the professional literature, but it was more significantly absent from feminist writings specific to women's health and pregnancy (for example, Oakley, 1986; Romalis, 1981; Rothman, 1982).

According to Rosemary Mander (1992), practising nurses, including midwives, have usually acquired information in several ways: from reading specific nursing literature, through educational opportunities such as in-service programmes, and from reflection on both occupational experience and personal experience of loss, motherhood and even adoption itself. One midwife, Daphne, described their knowledge acquisition in one word: "inefficient". Iris, on the other hand, drew on her own experience as an adopted person to counsel a mother contemplating losing her child to adoption. In the era when the midwives in this study were practising, the era when more babies were taken for adoption than in any other, access to information was limited to hospital libraries, frequently the domain of the medical rather than nursing staff, and to prescribed text books, often outmoded.

Much of the literature from medical, social and nursing discourses which has been reviewed in Chapters 9 and 10 would not have been as accessible to midwives during the peak period of adoptions in the 1960s and 1970s. As a result, most midwives would not have read this literature, and if they were aware of the research findings they would have received this information second or third hand. Under the influence of the dominant discourse of medicine, nursing curricula at that time gave greater attention to the physical and technical dimensions of obstetrics rather than to the psychological, emotional and social (Mander, 1992). However the current availability of this literature should provide midwives with the opportunity to reflect upon and reappraise past practices in the light of more recent research into the nursing care of mothers who have or who might lose their babies to adoption and the deleterious sequelae of that loss

In the past the importance for nurses of reading professional literature, even if it was accessible, was not emphasised: of even less significance for Australian nurses was the necessity to publish accounts of their practice. Hence, the epistemological foundations of nursing practice were communicated frequently by word of mouth, either within one institution or among several. In the case of prestigious institutions, such as The Women's Hospital (Crown Street, Sydney) which had responsibility for the training of many pupil midwives, traditions of practice became enshrined as part of the hospital's culture but were disseminated to other institutions as its graduates took employment elsewhere, "passing on experience from neighbour to neighbour and mother to daughter" (Ehrenreich & English, 1973:3) as had women healers for centuries.

In Chapter 16 mothers expressed bewilderment about the lack of provision for them of information about adoption practices. In hindsight they deduced that this information may have been withheld deliberately from them. Given the discrepancies between what information *should* have been conveyed according to government policy and what was actually given, it appears that the mothers' subsequent feelings of betrayal by the health and social welfare systems have been justified. However, blame cannot be apportioned to the midwives because it would appear that they, too, were ignorant of this information.

In their reminiscings about adoption practices, the midwives revealed that their knowledge was little more reliable than the mothers', and appeared to be informed by populist opinion of the type found in the women's magazines of that era and analysed in Chapter 11. They were ill informed, for example, about the procedure of giving and

revoking a consent, about the rights of mothers to see and hold their babies and about the social support available to single mothers. Consequently, had the mothers sought information from the midwives there was no guarantee that this information would have been current or correct.

Unlike social workers who promoted adoption and regarded it as the most satisfying area of their practice (NSW Child Welfare Department, 1958:34), the midwives were guarded in declaring their support for the separation of babies from their mothers.

The excerpts from their collective reminiscences suggest that some of the midwives have continued to harbour negative stereotypes about mothers in spite of the New South Wales' Health Commission's assertion (1982) that "there have been marked changes in hospital practice over the last ten years", (that is, throughout the 1970s) and that "(c)hanges in practice have been the result of a growth in psychological knowledge".

The midwives and their practice

Nurses in maternity hospitals worked in all areas: ante-natal clinics, delivery suites, post-natal wards and infant nurseries. As a result of their diverse experience they encountered a broad cross-section of the community which demanded skills in diplomacy and tolerance in their interpersonal relationships.

Care of the mothers

Despite the controls by medical officers and social workers described above, midwives have always been defensive of their right to autonomous nursing practice (Mander, 1993), and I deliberated on how they viewed their role as part of the adoption process.

The midwives claimed that at all times they felt compassion and caring for the mothers, and never discriminated among or against them although some of their comments and descriptions might indicate otherwise. There appears to be some degree of cognitive dissonance in their practice, a discord between what the midwives did and what they believed that they should do.

An integral part of the midwives' care for a mother was keeping the secret of her exnuptial pregnancy. To this end, midwives colluded in maintaining the facade of marriage at the time of the mother's first confinement, and underplaying a previous pregnancy if she had subsequent babies. Maintenance of the secret of unmarried motherhood was imperative

not only for the mother's first pregnancy but also for the remainder of her life. This was a secret which was reinforced through adoption legislation at the time.

Seeing the baby

The midwives justified the separation of mothers and newborn babies by explaining that "Even married mothers were not allowed to have their babies with them or see their babies." Rather than providing an excuse for the practice of separating mothers and their babies, this explanation provides further evidence for the lack of control by women over childbirth as described by many authors (see for example Oakley, 1980; Romalis, 1981; Rothman, 1982; Shaw, 1974). Reinharz's experience of a miscarriage in 1972 left her feeling out of control of her body, confused about the care she had received, and alienated from the those whom she expected to help her (Reinharz, 1988).

The practice of placing a pillow on the mother's chest during delivery was seen as important at that time, the rationale being that if the mother did not see the baby she would not bond with it. However, many midwives broke the rules and personally asked the mothers if they wanted to see their babies and lifted the pillow, or else manoeuvred the crib so that the mothers could see them. The social workers and the medical practitioners made these rules and the midwives were required to follow them.

The midwives believed that single mothers were frightened, had "no education" and had longer labours. Obstetricians were reluctant to intervene, and in order to maintain the integrity of a mother's uterus Caesarean sections were rarely performed thus obviating the need for surgery in subsequent pregnancies. This was also the era before epidural anaesthetic, where pain relief was provided with pethidine via intramuscular injection or nitrous oxide via a mask. So that their pregnancy was not obvious, mothers often "ate for two", a factor which put them at further risk for complications. Whatever form care of the mothers took, the midwives emphasised that the over-riding rationale for all procedures was "the interest of the mother" and that care was always given in the "best interests of the girls",

Putting a pillow on the mother's chest, or a sheet or anaesthetic frame in front of her face in order to prevent her seeing her baby was neither liked nor approved of by many midwives. It was ceased purportedly at the urging of the senior social worker, a person of great influence, in a major maternity hospital. The midwives, however, believed that if a mother wanted to see her baby she should be allowed.

Mothers' hospital records were marked "UB+" (unmarried, keeping baby) or "UB-" (unmarried, not keeping baby) in keeping with their marital status. This practice superseded the use of the abbreviation "BFA" (baby for adoption) in the 1960s, so that the mother would not be distressed by hearing the word 'adoption', although it remained in use until the 1970s. On the other hand, it could be construed that the use of the term "BFA" was abandoned so that mothers would be less aware of the adoption imperative and therefore less likely to withhold their consents.

Although single mothers were frequently given sedation both pre- and post-partum, the midwives claimed that this was because they were a particularly high-risk group for hypertension and pre-eclamptic toxæmia (PET), a finding not supported by other research (Gill, 1977:59). However, married women were not sedated to the same degree, as mothers who had a second baby within the same era were able to vouch (Parliament of NSW Standing Committee on Social Issues, 1998).

It is significant that the New South Wales Health Commission sought, in 1982, to distribute the first policy document on adoption practices, providing specific guidelines for the care of mothers and the taking of consents to adoption among other issues. It would appear that this document (to which I have referred in Chapter 9) was produced as both a response and a counter to the groundswell of criticism which was emerging among mothers about past hospital practices in relation to adoption. In this document the Health Commission noted that

“a number of practices have been identified which occur in some public hospitals in relation to adoption matters which are contra-indicated on either mental health or legal grounds” (NSW Health Commission, 1982).

While this statement falls short of a public acknowledgment, it does indicate that the government was aware of the practices which had been occurring and in which the midwives had participated.

Care of the babies

Because the midwives regarded the babies as “our babies” they described the adoption nurseries, which often held more than fifty babies in large maternity hospitals, as a “real hassle to work in”. The midwives wanted to devote more time to the babies than they were able and they regretted not having sufficient time to cuddle them. Babies considered “unadoptable” for whatever reason stayed in hospital longer than those who were suitable and some babies described as “deferred adoptions” remained until they were toddlers before being transferred to orphanages. Mothers who had signed adoption consent forms

in the first week following the births were often unaware that this was to be the subsequent status and fate of their babies.

On discharge from hospital, all babies were delivered to Matron's office from where the adoptive parents took the baby. In other instances the adoptive parents would come to Matron's office and whoever was on duty would take them to the adoption nursery. While in some hospitals the adoptive parents had the choice to accept or reject from several matched babies, in others the notion of the nursery as a "baby supermarket" was refuted vigorously. Nonetheless, a shopping metaphor involving deliveries, choice and rejection of inferior products seems particularly pertinent.

Responsible subversion

As a result of their relative powerlessness in the hospital web of authority, the midwives frequently resorted to a form of subversive resistance through rule-bending, for example, by allowing mothers to see their babies. The practice of placing a pillow on the mother's chest during delivery was seen as important at that time, the rationale being that if the mother did not see her baby she would not bond with it. Many midwives broke the rules by personally asking the mothers if they wanted to see their babies and lifting the pillow off her chest, or else manoeuvring the crib so that the mothers could see them. Social workers and the medical practitioners devised these rules and the midwives were expected to follow them.

Some midwives recognised the mothers as predominantly middle-class, more affected by the stigma of an unmarried pregnancy, and identified themselves and their peers in the mothers' predicament. Although these mothers were considered more deserving of the midwives' compassion, such compassion was delivered from a distance lest it be misconstrued as endorsement of immoral behaviour. It seemed as if the midwives were afraid of railing against the prevailing morality and medical ideology on the one hand, but attempting to subvert it on the other.

Concluding comments

Whereas the midwife quoted in the title of this chapter was obviously expressing some concern, if not guilt, about the nursing care of mothers whose babies were taken for adoption, the midwives whose voices are heard in the body of this work believed that they were practising in an ethical way. Nonetheless, the midwives seemed to classify mothers as "deserving" or "undeserving" according to their presenting circumstances and subsequent outcomes. They distanced themselves from the practices of nursing administrators and medical practitioners, but were more vociferous in their criticism of social workers.

The last word on what the midwives did and their subsequent reminiscences was left to Jan but was endorsed by the rest of the group:

"Be careful not to put, your era's practices on what happened ten years before...What happened in '75, was very different from what happened in '65, there'd been a total change from what happened in the '50s. You know, it was really quite different."

Part 7

THE SEMANALYSIS

Tensions of meaning

*"... the quiet shore of contemplation that I set aside for myself,
as I lay bare, under the cunning orderly surface of civilizations,
the nurturing horror that they attend to.."*

(Kristeva, 1982:210)

*"The point of semanalysis...is to put itself and all signifying
systems into crisis"* (Oliver, 1993:94)

SEMANALYSIS

Introduction to Part 7

The over-arching theoretical framework for my analysis, as presented in Chapter 2, has drawn on Julia Kristeva's work on maternity, the speaking subject and abjection with reference to the work of Michel Foucault, Michelle Fine and Frigga Haug. Through the principal organising strategy of semanalysis as explicated by Julia Kristeva, I have presented the multiple and competing discourses of losing a baby to adoption as they have been articulated by the symbolic and semiotic orders. The interplay between the symbolic and semiotic that comprises the matrix for this thesis continually pulls in different directions, thereby creating tensions between them which may, possibly of necessity, be irresolvable. Nonetheless, it is those tensions to which I will turn in this chapter.

I embarked on this thesis to analyse the meaning of losing-a-baby-to-adoption through the process of semanalysis which explores the tensions between the discourses of the symbolic and semiotic orders. Embedded in the hegemonic discourses of the symbolic order I found implications for the themes of discourse, discipline, docility, power, knowledge and sexuality which had been addressed in the works of Michel Foucault (1978, 1979). Within the semiotic order, the themes of resistance and silence resonated, calling into the discussion the work of Michelle Fine. This is not to suggest that these themes lie exclusively in the discourses of either the symbolic or the semiotic, but that there is a dialectical relationship between them which creates certain tensions. Nor does my analysis imply that the writings of Foucault and Fine preempted the themes of power, sexuality, resistance and silence as they correlate with the phenomenon of losing a baby to adoption. Rather, I have employed these themes as heuristics through which to derive a sense-making of this phenomenon.

In this chapter, I propose to weave together the threads which have been unravelled in the preceding chapters. The resulting fabric is not a smooth piece of cloth: it contains the holes of ambiguity, the dropped stitches of silence, the frayed edges of contradiction, and the knots of resistance where the threads twist around themselves, rejecting disentanglement. In many places, the weft of the semiotic (a term also used by Kristeva cited in Guberman, 1996:22) resists the warp of the symbolic. The tension in this fabric is never constant; neither the texture nor the text is ever smooth. Roudiez in his introduction to "Revolution in Poetic Language" (Kristeva, 1984) has used a similar analogy to illuminate Kristeva's work but recognises the limits of such an analogy:

"The text cannot be thought of as a finished permanent piece of cloth; it is in a perpetual state of flux as different readers intervene, as their knowledge deepens, and as history moves on" (Roudiez in Kristeva, 1980:5).

The way in which the threads are interwoven determines the presence or absence of what Kristeva has called "poetic language" (Roudiez in Kristeva, 1980:5); that is, not poetry in the literal sense of the word, but a signifying process which articulates between the semiotic and the symbolic (Roudiez in Kristeva, 1980:7).

Through the method of semanalysis I will first address the broad tensions of meaning between and within the symbolic and the semiotic orders and the discourses and counterdiscourses contained within them. Secondly, I will address the tensions between the meanings of power, resistance, silence, sexuality and maternity as they have been articulated in both the hegemonic discourses constituted by the symbolic and in the women's voices expressed within the counterdiscourses constituted by the semiotic.

To return to the metonymy of fabric, I finally propose that the common thread which binds the warp and weft of the symbolic and semiotic in this thesis is Kristeva's (1982) notion of abjection.

Chapter 19 **TENSIONS:** **Between the symbolic and the semiotic**

The symbolic and semiotic orders have been described by Kristeva (1980:139) as a "permanent contradiction", which instead of occupying conflicting spaces, reinforce each other. Likewise the *discourses* of the symbolic and the semiotic confront and yet reinforce each other.

I have shown in Part 4 how the hegemonic discourses of the symbolic order - politicolegal, medical, social, media and popular discourses - are discourses which privilege certain knowledges, positions and speakers over others. That is, they are discourses which assume a scientific, rational position and subjugate other discourses rendering them speechless. In this way, attempts have been made to stifle the counterdiscourses of the semiotic. Such attempts have not always been successful.

In so far as Kristeva (1980:135) has noted that "univocal, rational, scientific discourse" hides the poetic language of the semiotic and the thetic, so the hegemonic discourses of the symbolic suppressed women's counterdiscourses of the semiotic. Through their

poetry and art of the thetic phase and their narratives expressed in the semiotic, mothers have unsettled the univocal, rational, scientific discourses of the symbolic.

Whereas the hegemonic discourses of the symbolic order constructed the normal nuclear family into which adoption was inserted, the "mad, bad and stupid" unmarried mother whose baby could be legitimated into a family through adoption, and a female sexuality which could be controlled and whose reproductive currency could be deployed, the counterdiscourses of the semiotic order resisted these discursive constructions.

Resistance by the semiotic to the symbolic has been demonstrated through a refusal to accept the epithets accorded by medical and social discourses to mothers who lost their babies to adoption. Of greater importance is the manifestation of resistance through silence: that is, through the voices of mothers and midwives which refused to continue to maintain the silence which allowed the wholesale appropriation of babies for adoption.

Discourse, discipline and docility

Medical and social discourses of the symbolic order pathologised the unmarried mother as mad, bad and stupid. Her pregnancy was a manifestation of either her deranged mind, her flawed character or her impaired intellect. Such categorization of the unmarried mother predisposed her subjugation to the dominant discourses of medicine, psychology and social work and, consequently, to the experts whose practice derived from those discourses.

As I have shown in Chapter 9, in medical discourse the unmarried mother was constructed as "mad": the reasons for her sexuality lay in her defective personality and unresolved Oedipal conflict. Her decision to keep her baby was regarded as pathological; to surrender her baby for adoption was healthy, and her pregnancy was considered a minor mental aberration which could be treated. Foucault(1979:44) proposed that

"since sexuality was a medical and medicalized object, one had to try and detect it - as a lesion, a dysfunction, or a symptom - in the depths of the organism, or on the surface of the skin, or among all the signs of behaviour".

Elsewhere Foucault (1979:147) described the medicalization of women's bodies (in this thesis the bodies as well as the minds of unmarried mothers) as

"carried out in the name of the responsibility they owed to the health of their children, the solidity of the family institution and the safeguarding of society".

Unmarried mothers were exhorted frequently that to surrender their children was in "the best interests of the child", a term had been enshrined in adoption legislation. The prime reason for the adoption mandate was not only so that the child would have two parents but also that she or he would be as "if born to them" in a reconstructed family, the cornerstone of Western capitalist societies. Through the appropriation of their reproductive economy for adoption, unmarried mothers were assured that they were acting responsibly.

*"Whenever I would mention something [against] adoption to my mother, she'd launch into the same old tried and true equation: giving up the child equals love and kindness; keeping the child equals selfishness and cruelty. I kept on trying to figure out ways that I could keep my child without hurting her or anyone else."
(Kerry, mother)*

In Chapter 14, I showed how discourses of social deviance constructed the unmarried mother as "bad": she had transgressed the social mores, not only that of engaging in premarital intercourse, but also of providing the evidence of that transgression by her pregnancy and violation of the illegitimacy taboo. However, the voices of the midwives and the mothers have revealed that women who became pregnant outside marriage were the antithesis of the "bad girl" described in medical and social discourses.

*"I think the greatest number were from the very conservative, middle class people, for whom it was a social stigma, or they were young school-aged children that the parents felt that they would have ruined their life."
(Christine: midwife)*

An effect of the transformation of young unmarried women's sexuality into medical and social pathologies was to discipline it through "the specific technique of a power that regards individuals both as objects and instruments of its exercise" (Foucault, 1979:170), for example through scientific analysis, and thus to render it, and the body which it inhabits, as docile. According to Foucault (1979:136) "(a) body is docile that may be subjected, used, transformed and improved", and it is docility "which joins the analysable body to the manipulable body".

*"Unmarried mothers were sort of used for the training of the medical students whom I don't think had any respect for us whatsoever."
(Carol, mother)*

*"I have a feeling they used a lot of us for experiments, so that they could test one, so that when they got their private fee paying patients, they wouldn't [make mistakes]. I'm quite suspicious of most of these processes having done nursing."
(Lee, mother)*

Through the power of medical and social discourses the unmarried mother was first analysed as "mad", and then as "bad", in order to explain her sexuality, analyse her and consequently establish her docility through which she could be manipulated and

separated from her baby. Mothers spoke of being under the effects of sedation when they signed consents to adoption on the third day after the birth of their babies.

*"I never even felt him being born let alone cry. I was drugged from within a short time of arriving at the labour ward until three days before I was released."
(Mary, mother)*

*"When I went to hospital I remember having a lot of labour pains, but as for having the baby I have no memory...I was obviously drugged and blindfolded."
(Carol, mother)*

*"According to my nursing notes I was given pentobarb and valium - a memory fades because I was too doped up. I was certainly too doped and spaced out to ask to see the baby."
(Kristen, mother)*

On the other hand, the midwives denied that mothers were unnecessarily sedated, or that they were sedated in order to secure their consents.

*"Those who had really bad pre-eclampsia, they were sedated, but they were sedated for a medical reason...they weren't being treated differently from how a married woman would have been. They weren't sedated because they were making that decision [to adopt]."
(Jan, midwife)*

Discourse, power, knowledge

It is in discourse, says Foucault (1979:100) "that power and knowledge are joined together...as a multiplicity of discursive elements that can come into play in various strategies". A powerless and ignorant body is, by Foucault's (1979:101) definition, a docile body because

"discourse transmits and produces power; it reinforces it, but also undermines it, renders it fragile and makes it possible to thwart it".

*"There were a very large number of those girls who were psychologically immature, because their knowledge about sex education was very limited, and they paid the price for their experimentation if you like...and they hadn't really discovered how their body worked."
(Beverley: midwife)*

The knowledge-power nexus identified by Foucault was evident in the powerlessness of unmarried mothers which emerged from their ignorance about their bodies. Mothers were simultaneously dismissed as being immature and uninformed about reproduction, as were the majority of the peers at that time, and yet were denounced for this immaturity

Knowledge enshrined in and appropriated by medical discourses was employed not only to confine unmarried mothers' bodies in a powerless space but it also attempted to maintain mothers in that space. In addition, medical discourse was appropriated by midwives, themselves often powerless, to constrain the bodies and the voices of unmarried mothers.

"All adoption babies were breastfed. It was stopped because the Medical Superintendent said he was so tired of seeing these poor little girls in tears, knowing that they were going to part with their babies. So he stopped it. Just like that."
(Peg, midwife)

The sexuality of young unmarried women was deployed by adoption to create and recreate families on which the patriarchal system depended. So that the control of women's extramarital sexuality could be secured, the body of the unmarried mother had to be rendered docile, and Foucault considered that the principal way in which docility could be effected was not only through discourse but also through discipline.

"I remember this battle-axe of a nurse saying to me not to be so stupid, that it wasn't that bad. I remember thinking at the time, 'If it's not that bad, you get up here and have it.' "
(Julie, mother)

In what Foucault (1979:139) later called "a biopolitics of population", he contended that the function of discipline is to "increase the forces of the body (in economic terms of utility) and diminish these same forces (in political terms of obedience)" (Foucault, 1977:138).

"My baby was basically a premium, blue-ribbon piece of adoption meat to be acquired and owned for their disposal to the adoption industry mill. I never felt like I had any choice, nor did I feel at any time like it was 'my' decision. It was plainly a case of fraud, coercion and duress of the worst kind because my baby as a healthy white newborn was a hot in demand commodity!" Theresa, mother)

"You've played your part - a machine which delivers a baby; cloning, scientific, feels like an egg donor, or incubator for someone else. (Mother, Chapter 14)

By reducing it to its reproductability, the body of the unmarried mother was disciplined in terms of its utility. Her power was diminished by the same forces that demanded obedience of her. A further explanation for the disempowerment of the unmarried mother could be interpreted from Foucault's description of discipline which

"In short...dissociates power from the body; on the one hand it turns it into an 'aptitude', a 'capacity' which it seeks to increase; on the other hand, it reverses the

course of the energy, the power which might result from it, and turns it into a relation of strict subjection" (Foucault, 1977:138).

According to Foucault, such discipline could be achieved through

"Small acts of cunning endowed with a great power of diffusion, subtle arrangements, apparently innocent but profoundly suspicious, mechanisms that obeyed economies too shameful to be acknowledged, or pursued petty forms of coercion". (Foucault, 1977:139)

The voices of the mothers have revealed many "small acts of cunning", and "subtle arrangements" which have hitherto been presumed "apparently innocent" but have subsequently been exposed as "profoundly suspicious".

"No-one asked me if I wanted to see my baby, or gave me the option of changing my mind."
(Kristen, mother)

"And then to see what went on, as an adult now, and knowing what all these drugs are, seeing what went on and what they actually did to you without your knowledge and consent, it's just amazing."
(Lee, mother)

"They kept saying to me, 'If you love your child and you've got to do the right thing, you've got to atone for this terrible deed that you've committed', and you believe it."
(Jackie, mother)

The mechanisms of acquiring the consents to adoption, which "pursued petty forms of coercion" were those that obeyed the reproductive economies of infertility and relinquishment, both "too shameful to be acknowledged".

"I remember going into the social worker's office, by myself, and sitting down. I tried to look calm, but sitting down was difficult. The social worker talked to me but her words were incomprehensible. I was sweating, feeling faint. I remember a document being placed in front of me. I was supposed to read it but couldn't. I could only see one word at a time and couldn't comprehend what the words meant. I remember having a pen in my hand, but I don't remember signing the paper."
(Kerry, mother)

"An older woman claiming to be a social worker came to my hospital room. She immediately began pressuring me to surrender my child to adoption. I told her I loved my little girl and wanted to keep her. My response was completely unacceptable to this woman."
(Theresa, mother)

In describing the "putative mechanics of power", Foucault (1979:85) defined it as power which

"is poor in resources, sparing of its methods, monotonous in the tactics it utilises, incapable of invention, and seemingly doomed always to repeat itself".

The midwife participants in adoption described themselves in this way, justifying the limits of their practice in terms of lack of power and inadequate resources.

"As time went on we got all these adoptions and they had to have the social worker, a big army of them, about eight, I think... we couldn't do anything, once the social worker got the baby my role was to feed it and keep it clean and contented.
(Jan, midwife)

Within the bio-politics of reproduction that dictated adoption practices, midwives also expressed powerlessness.

"I think a lot of the practices were determined by the social workers telling us ... the social workers said whether [the mothers] could or couldn't see the baby."
(Daphne, midwife)

Similarly the mothers felt that they themselves were caught in this web of power, a power which Foucault (1979:85) states "has only the force of the negative on its side, a power to say no; in no condition to produce, capable of only posting limits".

"When I had the baby I was not allowed to see it! Was not informed if it was a boy or girl, no weight, or any information. I asked a sister what weight my baby was and she replied, 'You have no right to ask.' I only knew she didn't die"
(Cheryl, mother)

For, in Foucault's terms, this was a power

"whose model is essentially juridical, centred on nothing more than a statement of the law and the operation of taboos" (Foucault, 1979:85)

This was the model of power that informed adoption practices but which was itself constructed on and mediated through the socially constructed taboo of illegitimate pregnancy.

Sexuality and silence

In the analysis of the discourses of popular culture during the 1960s (Chapter 12), I have shown how the apparatuses of popular culture served the symbolic order, first, to construct young women's sexual desire and, second, to control that desire. In an era when consumerism was advanced as the antidote to post-war frugality, the Baby Boomer generation provided a newly created and ready market for that consumerism. Sex became an advertising strategy which could be used to sell anything, including sex itself and thus became equated with success. Many young women bought the sex=desire=success package only to discover that there were elements missing, and the package was non-returnable and non-refundable. Their sexuality, into which they

had put so much effort developing in order to subscribe to the model extended by discourses of popular culture, became their nemesis.

In Chapter 17, four middle-aged women reconstructed the sexuality of young women during the 1960s from their personal memories of the era. Their voices echoed those of the mothers in Chapter 16 who also found that trying to negotiate the sexuality minefield meant avoiding the invisible dangers which became apparent only after they had exploded.

"I think one of my biggest fears in life was getting pregnant. (Bronwyn)

"Well, I was always scared of it. I was always terrified. When I look back now, and I think of that incredible fear month after month of waiting for your period to come...." (Chris)

"If I recount something here about a night when I was about fifteen under a blanket at a birthday party. And just that amazing awakening that, you know, you can have at that time. We were girlfriend and boyfriend for about four years when we were teenagers. and were absolutely and utterly in love- but didn't do it." (Liz)

"I can remember saying to my mother when I was 18, 'Don't worry mum, I'll never have sex unless I'm married.' Now that wasn't quite true but I meant it at the time." (Helen)

One social panopticism that kept young women's sexuality in check involved the maintenance of the "good reputation", a reputation which was continually under scrutiny of the social gaze.

She remembered her mother constantly saying that a bad reputation is easy to get and hard to lose. It was fifteen years later when a friend told her about the baby she had given up for adoption. She became pregnant not long after she had finished her nursing training. Her mother was present at the birth in a private hospital. (Bronwyn's memory)

Her mother spoke with warning about the risk of pregnancy. She always said "Of course you would never do anything like that - you are too sensible". She sensed that her mother was trying to reinforce 'good' behaviour!! Mother told her it was not only the bad reputation, but a lot of men wouldn't want to marry someone who'd done it a lot, or had a child, but she also talked about it with sadness and that it would be a cruel experience for someone young and for all concerned (Liz's memory)

Preserving the appearance of a "good girl" was as important as maintaining her reputation. If her reputation or appearance slipped, then there was a suitable punishment in store.

Diane was boy crazy, she flirted and hung around with a lot of boys. She wore a lot of make-up to school, hitched up her uniform, rolled her socks up and wore her school hat perched cheekily on top of thick teased bleached hair. Diane always had love bites on her neck. she was very adventurous. Diane wasn't secretive, all the girls knew she did it, she had a lot of boyfriends. She fell in love every few weeks with someone else. Suddenly Diane stopped coming to school: she was always in trouble at school more than anyone else. (Helen's memory)

The metaphor of the Panopticon applicable to the unmarried pregnant woman lies in Foucault's explanation that

"the panopticism of every day may well be below the level of the emergence of the great apparatuses and the great political struggles" (Foucault (1979:223).

Foucault continued that "a disciplinary society is connected with a number of broad historical processes" which I have shown in Part 4 are mediated through its politicolegal, medical and social discourses. In these discourses the unmarried mother was analysed and hence disciplined to achieve, first, her visibility and then, her docility, her silence and invisibility.

Evidence of her sexuality required the unmarried mother to place herself under surveillance, within another type of Panopticon, the unmarried mother's home. Her visible pregnancy could be hidden socially or geographically in an institution, in another city, or another state, where she could be reconstructed temporarily as a married woman, while at the same time, being under surveillance to produce the baby which, through adoption, would allow her to return to the invisibility of society. Her invisibility, and consequently her silence, could only be acquired through her first becoming visible to and compliant with the social apparatus which could guarantee her invisibility and her anonymity to her.

"A lot of girls didn't stay in their own country town, or probably even in the city, they didn't go to a hospital within their own area. They were sent away, they were sent away to homes for unmarried mothers when they got into trouble."
(Jan, midwife)

"I knew of at least three girls who had 'disappeared' for a while - everyone knew why. I knew of someone from university who had done the same. No-one would ever know. What a preposterous plan, what terrible fear, cowardice and bravery it took."
(Kristen, mother)

The tension between sexuality and silence takes on a particular irony when examined in the context of women's sexuality in the 1960s as I have shown in Chapter 12. In an era which has attracted such monikers as the "Swinging '60s" and the "Sexual Revolution", women's sexuality was on display. In some ways Foucault has rightly

rejected the hypothesis of sexual repression during this period. However, this was less a time of sexual freedom than a time for the commodification and marketing of sex, and hence a time of sexual vigilance. Young women were presented with strategies which could enhance their sexuality and hence their desirability by a male partner. The door of feminine sexuality opened into marriage. When women attempted to open the door prematurely, their bodies were jammed into the pejoratives reserved for those dared to be sexually active outside marriage. With evidence of their sexual activity manifested in pregnancy, they were removed lest they disrupt the carnivalesque display.

Power of /as sexuality

The power of women's sexuality lies in what Kristeva (1982:158) has called "the baleful power of women to bestow mortal life". This generative, reproductive power which strikes fear into the hearts of men, had to be subdued (Kristeva, 1982:77). This is the power of women which, without assuming a biologically determinist position, is the power which men will never have, despite their attempts to control it. This is a power which resides in

"the desirable and terrifying, nourishing and murderous, fascinating and abject inside of the maternal body: (Kristeva, 1982:54)

In the discourse of reproductive technology (for example Arditti et al, 1984; Raymond, 1994; Rowland, 1992), regardless of whose fertility is called into question, women retain the power of reproduction. In surrogacy, reproductive power is *non sequitur* and can only be controlled through fiscal power, specific legislation or force (see for example Chesler, 1988). In adoption, the power of reproduction can be usurped.

The unruly sexuality of a young unmarried woman, evidenced by her pregnancy, presented a challenge to the patriarchal ideal of the family constituted through childbearing within marriage and therefore challenged the ideal of marriage itself. According to Foucault (1979:39), "there were two great systems conceived by the West for governing sex: the law of marriage and the order of desires". If, as Foucault (1979:40) asserted, "Don Juan overturned both [these laws]" , then the unmarried mother, often depicted as the promiscuous female equivalent, was equally responsible for committing "infractions against the legislation (or morality) pertaining to marriage and the family" (Foucault, 1979:39).

The challenge of unruly sexuality needed to be checked otherwise it would threaten the very core of patriarchy, the family, which Foucault (1979:108) describes as

"the interchange of sexuality and alliance: it conveys the law and the juridical dimension in the deployment of sexuality; and it conveys the economy of pleasure and the intensity of sensations in the regime of alliance".

Indeed, Haug (1987:187) has recognised that "sexuality is repressed and prohibited by the very family in which it initially emerges." Thus was the case of the family which denied its daughter's sexuality when it emerged in the shape of a pregnancy.

"The guilt and shame put on you by your family, especially my father and the Catholic Church, was really quite horrendous..." (Carol, mother)

"My parents let me stay at home but only on the condition that I remain out of sight for the duration. My father remodelled the fence around the back yard so that I would be able to go outside unobserved. My mother worked out plans and procedures so that I could live in the house and the rest of the family could carry on with their normal lives." (Kerry, mother)

I have referred elsewhere (see Chapter 12) to the power of young women's sexuality which, in its unbridled state, has been shown to wreak havoc on men notwithstanding the power and social position of the latter (for example, the Clinton/ Lewinsky affair, 1998).

According to Foucault (1977:147) "power speaks of sexuality and to sexuality" through the themes of progeny and the future of society. As such, the power of the unmarried mother to keep her baby would need to be contained and undermined if the power of her sexuality was to be repressed. This was a power which Foucault (1979:45) describes as

"The power that lets itself be invaded by the pleasure it is pursuing; and opposite it, power asserting itself in the pleasure of showing off, scandalizing, or resisting".

Power and resistance

"Where there is power, there is resistance" claims Foucault (1979:95), a resistance which "is never in a position of exteriority in relation to power". Resistance, however, is not contained within refusal, revolt or rebelliousness but instead there is a

"plurality of resistances, each of them a special case: resistances that are possible, necessary, improbable; others that are spontaneous, savage, solitary, concerted, rampant or violent; still others that are quick to compromise, interested, or sacrificial" (Foucault, 1979:96).

The pluralities of resistances to adoption practices have been heard within the semiotic order, that is in the voices of the mothers and also the midwives, frequently contradicting each other.

"[You would] shut the door and leave them alone, you know, let her stay there as long as they wanted and then you'd go back...you weren't supposed to."
(Jan, midwife)

"I was never told any of my rights, nor was I allowed to see my baby. I asked the nurse in the nursery if I could see her and she just held her up for a second. She was the most beautiful thing I have ever seen." (Mary, mother)

"We respected them, we respected them...as people...No, they were mothers, just like anyone else...having babies."
(Vera, midwife)

As if to counter the professional power of social workers in the hospital hierarchy, midwives occasionally resorted to responsible subversion (Hutchinson, 1990) as a form of resistance.

"I used to take [the mothers] up and put them into the nursery...I disagreed entirely with this separation bit"
(Vera, midwife)

"[You would] shut the door and leave them alone, you know, let her stay there as long as they wanted and then you'd go back...you weren't supposed to."
(Jan, midwife)

"And some of them nursed the baby...and you'd, you'd sort of give them the baby to, um, the mother and they'd nurse it, and then, then you'd say something, you were always sort of saying, 'Well come on dear. We'd best take it outside'"
(Christine, midwife)

Resistance and/as silence

The contradictions between the hegemonic discourses of the symbolic and the counterdiscourses of the semiotic have been played out through the tension between silence and resistance in the voices of the women who lost their babies to adoption as well as in the voices of the midwives who attended them.

Without suggesting a binary division (whereby 'silence' could be construed as feminine and 'discourse' as masculine), Foucault (1979:27) has proposed that the other side of discourse is

"silence itself - the things one declines to say, or is forbidden to name, the discretion that is required between different speakers...that element that functions alongside the things said, within them and in relation to them within over-all strategies".

"It was the shame and the guilt that was put on us by everybody that was so horrendous, and of course it was a big secret and I was never game to talk to, tell anyone about it"
(Carol, mother)

The hegemonic discourses of the symbolic order required a conspiracy of silence among the women who were the objects of its gaze: the mothers maintained a silence between each other and within themselves; the midwives contributed to the maintenance of the silence by perpetuating the secrecy of adoption. Above all, the symbolic order demanded a conspiracy of silence in order to maintain the illusion of the patriarchal family, a feminine sexuality, proscribed motherhood, and the integrity of adoption. As there was no one voice, so Foucault (1979:27) acknowledges that

"there is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses".

"I have had trouble with saying I had a child that I gave up for adoption. It is so hard for me to get those two sentences out after carrying that secret for 18 years. It's so hard, I'm very articulate, it's just getting those words out." (Anne, mother)

Michelle Fine has posed a dilemma, the answer to which lies in an interpretation of the mothers' resistance to adoption as silence:

"When injustice persists with no evidence of unhappiness, rebellion, or official grievance, we need to study the reasons why" (Fine, 1992:23).

During the "boom" period of adoptions between 1960 and 1974, when more than 36,000 adoptions took place in New South Wales (see Appendix 1), of which more than 27,000 were infant adoptions, there was "no evidence of unhappiness, rebellion or official grievance", and yet many of these adoptions took place in a climate of injustice. I have attempted to study why this was so through the narratives of the mothers who lost their children to adoption and who "resist, in their narrative, the culture that both threatens and protects them" (Fine, 1992:221). Such a culture incorporates a system of injustice in which victims are victimized, non-victims benefit, and 'consensus' prevails that victims either 'enjoy it' or at least they 'don't mind'" (Fine, 1992:23).

"She began telling me I was worthless and unfit and would destroy my daughter's life if I kept her. I received no help or support of any kind from anyone to keep her. I was kept in complete ignorance of my legal rights or any alternatives to adoption. I never met such cruel, barbaric, conceited, unfeeling people in my whole life." (Theresa, mother)

The "victims" of this injustice were primarily the mothers and their children, although adoptive parents have also seen themselves as caught up in the web of deceit which surrounded adoption. The "non-victims" who benefited were the social workers who, according to Department of Child Welfare documents (McLean, 1955), described adoption as the most satisfying area of their work. This is not to deny that others did

not benefit, but the distinction must be drawn between those who regarded themselves either as "the exploited" or "the exploiters". The prevailing view was certainly one whereby no party was considered to "mind", thus legitimating adoption practices.

"My doctor always stressed that I was doing the right thing not to keep my baby as it would be a burden and the presumably wealthy adoptive parents could give my baby a promising future." (Denise, mother)

Collusion of mothers in the adoption process has been offered as an explanation to support the notion of mothers' agency and thus remove them from the category of victim:

"What about the mothers who signed that paper at five days and then when the 30 days were up they went back on it?" (Peg, midwife)

"During that time when the babies were being snatched and pillows on the tummy and all that sort of thing, it was surprising the number of mothers who came down to the office and said they wanted to see the babies before they went home." (Christine, midwife)

"But there were a lot of girls who tell you, 'They didn't let me see it' and 'They did this..' and 'They almost forced me to give it away for adoption', but there are other women who just wished the whole thing could die because they made that decision: 'I was quite happy with that decision that I made then and I'm still happy with that decision I made then'." (Beverly, midwife)

"Margaret, [the social worker] indicated to me that the options were limited and that it would be difficult. That the choice was entirely mine, and whatever I wanted and they would do what they could." (Anne, mother)

Until the 1990s, women who had lost babies to adoption had been reluctant to speak about their experience openly and without anonymity. They had spoken under pseudonyms or their stories were recounted by others. Poised between the dual paradoxes of shame and respectability, they kept their secret from their families, friends, to themselves and often from themselves. They had tried to do what they had been exhorted at the time of their babies' births: to pretend the event had never happened, put it behind them and get on with their lives.

"When I went home I was sort of patted on the head and told to put it all behind me. Never once has my family spoken about this.... So it was sort of out down there with all the other memories and forgotten." (Carol, mother)

They were afraid to speak out because of the disruptions which their disclosure might cause to their present and past families, and to the children whom they had lost. They

had maintained their secret for so long and had thought that their experience was such a solitary one that it was unimportant. They suffered alone and in silence.

Unlike those other social engineering exercises of the same era which masqueraded as being "in the best interests of the child" - child migration and aboriginal assimilation - adoption had a double face: it also claimed to represent the interests of the mother by removing the stigma of illegitimate pregnancy. While child migration schemes and the kidnapping of aboriginal children are now recognised for the dislocation to families and individuals which they incurred, adoption continues to be promoted as a long term solution to a short term problem of care for children. The voices of mothers, previously suppressed, are now beginning to speak up and out not only about their own pain and the pain of their families but also about the iniquities of adoption.

Because women who lost babies to adoption have been silent, there has been an assumption that they had done precisely what was expected of them: they had forgotten. Instead their silence can be interpreted in terms of what Fine (1992:29) has referred to as

"a profound discursive flight from their experiences..., a powerful distancing from their embodied experiences, and a serious severing of their minds from their bodies".

However, the bodies of mothers who lost babies to adoption could not contain their secret, and remained sites of contested spaces of silence and resistance:

"If women's bodies display the individually embodied and negotiated politics of gender, a look at socially constructed shadows and silences reveals those collective spaces in which those women's stories have been buried and repressed, and in which women's resistances have been fermenting" (Fine, 1992:97).

The inscriptions on the individual bodies of the mothers - brown areola, stretch marks, episiotomy scars, linea nigra, cervical changes - reveal that they were indeed mothers. However they have been socially constructed, reconstructed, and have constructed themselves, as nulliparous women. Women's stories have been buried and repressed within the "shadows and silences" of the socially constructed family: their families of origin, families of procreation and adoptive families. Within the collective spaces occupied by women's lives, their "resistances have been fermenting". Women, each in her own space, her own time and in her own way, are beginning to disclose what happened to them with a collective voice. Fine (1992:98) pre-empted what I have found in this thesis that:

"Any deep examination of structured shadows and silences bumps up against the insight that within spaces of oppression lies the fermenting of resistance - renaming lack, filling silence, and infusing outrage into spoken talk".

In discussing adolescent sexuality and education, Fine (1992:43) questioned the silencing of abortion as an option for unintended pregnancy. In her critique, she cited two life education curricula which list adoption as the first option, and she has accepted this unequivocally. While this -position is puzzling on the one hand, given Fine's openly feminist stance, on the other hand it is consistent with the pro-adoption position taken by many white, middle-class American feminists including Sarah Ruddick in "Maternal Thinking" (1989) and Barbara Katz Rothman in "Recreating Motherhood" (1989). Because adoption belongs in what Fine (1992:99) calls "ideologies about `what is natural'", it has contributed to the silencing of the voices of the women who in medical and social discourses were presumed to be "unnatural". What is required, concurs Fine (1992:223) is "denaturalizing what appears so natural".

Manifestations of resistance to silence

The points, knots, or focuses of resistance are, as Foucault (1979:96) says:

"spread over time and space at varying densities, at times mobilizing groups or individuals in a definitive way, inflaming certain points of the body, certain moments in life, certain types of behaviour".

The resistance of mothers to the loss of their children to adoption has surfaced in diverse ways: mobilizing them for political, social and legislative change, but also contributing to chronic illness and infertility, depression at certain moments in their lives such as their children's birthdays, and in certain types of behaviour for which the only explanation can be the loss of their children.

"Every birthday, every Christmas I would wonder where she was and what her day was like and if she was being treated well." (Robyn, mother)

Frequently mothers were told that they would get married and "have children of their own": many did, many had no further children. Even when mothers claimed to feel secure in and responsible for the decision of surrendering their babies, their loss manifested itself in other ways: fractured relationships with parents, partners and other children, psychological problems such as psycho-affective disorders and traumatic stress syndrome, and physiological problems related to infertility, substance abuse and chronic physical illness.

Strong evidence of the social, emotional, psychological and physiological sequelae to the trauma of losing their babies to adoption has been presented in detail in the mothers' narratives in Chapter 16.

Resistance as activism

Although most mothers were exhorted to “get on with their lives” and forget about the children they had lost to adoption, many did not, but attempted to heal their wounds by sublimating their rage through political activism.

In 1982 mothers began to insert themselves into a landscape from which they had been previously absent. Prior to the Third Australian Conference on Adoption held in that year, mothers did not play a role in the adoption debate. This was a domain reserved for bureaucrats and social workers. When mothers began to “at almost every session strongly, often fiercely, put their views” (McDonald, 1988:12) the result was a discomfort with which adoption protagonists had not formerly needed to contend. As a result of their dissent at this conference, the Association of Relinquishing Mothers (ARMS) was formed to provide support for mothers to express their grief at the loss of their children and their anger at the social pressures which had forced them to place their children for adoption (Lee cited in Swain & Swain, 1993:18).

One of those mothers, Judy McHutchison, was one of the first to speak out publicly under her own name about the treatment which unmarried mothers received, calling for a Royal Commission into adoption practices (Williamson, 1985). McHutchison, a founder of ARMS, provided a new voice in adoption discourse: she did not conform to the negative image which had been constructed by the hegemonic discourses of the symbolic order. She was articulate and university educated; the identifying photograph which accompanied the article showed a determined woman, not a victim. Not only did McHutchison express her resistance as activism but she also converted her resistance into a research thesis which provided a voice for other women to speak out and contributed to the counterdiscourses on adoption (McHutchison, 1986). Media discourses on adoption discussed in Chapter 11 revealed that many mothers had begun to shake off their anonymity as their stories carried not only their names but also photographs with their reunited, now adult, children.

In subsequent government and legal inquiries mothers began to speak up and out about the separation from their children with new voices that found courage within themselves and among each other. For these women Kristeva’s (1982:27) words may provide reassurance:

“One must keep open the wound where he or she who enters into the analytic adventure is located - a wound that the professional establishment, along with the cynicism of the times and of institutions, will soon manage to close up”.

Chapter 20

ABJECTION:

The thread that binds

The work of Julia Kristeva, in particular her analysis of the concepts of abjection and horror (Kristeva, 1982) and her poignant writings on motherhood (Kristeva, 1980; Kristeva in Moi, 1986) had profound impact on me. I found her theory of abjection illuminating for understanding the ambiguous process of maternity without motherhood, and motherhood without a baby, which women who lost their babies to adoption experienced. Through Kristeva's dual theories of maternity and abjection the meaning of losing a baby to adoption will be analysed.

In this chapter I will examine the notion of abjection as it binds together the threads of the loss of a baby to adoption: abjection as entrapment, infertility, reunion and above all, relinquishment as object motherhood, the ultimate horror.

Abjection as entrapment

Mothers whose babies were taken for adoption were trapped not only within their own lives, within the semiotic, but also within the discourses of the symbolic.

"I'm afraid to ring too often, afraid to write too often, so I don't. And she calls me 'Jacqueline'; she sounds like she's talking to her child rather than her mother. She often has a somewhat disapproving note. And even though I look forward to the possibilities for the future, I'm just going to hang in there and one day she'll be able to acknowledge me for who I really am." (Jackie, mother)

Continually referred to as "the girls", these women were trapped within their youth, their inexperience and within their non-marital status as the midwives recounted in Chapter 18. The mothers' only projection into an adult life was through the advice that one day they would marry and have children of "their own".

"They were all busy reading those true romances and true love. They just lived their life out of these magazines. They lived in a real fantasy world a lot of them. They read Mills and Boon, they were these, particular magazines called True Love and True Romance. They really lived those lives, they really thought that they were examples." (Christine, midwife)

"...And they couldn't in that era just go and live in a flat or get a house to live in if there wasn't somebody else to help support them.... I mean, I knew a lot of girls who wanted to keep their babies, but couldn't. There just was no form of support for them". (Jan, midwife)

In the intervening years, mothers have come to realise that they lost their babies permanently because circumstances might not have been such that they were able to provide for them temporarily.

"You've just got to meet someone to give you a bit support for six months, and then you're on your feet aren't you?"
(Lee, mother)

This was also an observation that had not escaped the midwives:

"I can tell you this, if I had had a baby out of wedlock I certainly couldn't have given it up. I would have had to keep it. There were ways of doing it. You could do it. You could manage."
(Vera, midwife)

Just as the 'mother' self remains forever within the semiotic, the pre-Oedipal maternal space, so the child remains there too.

"He was wrapped up so I couldn't check if he was OK. I could only see his head and hands. He looked so peaceful and I remember thinking how beautiful he was. I reached out to touch his face, and managed to before the sister whisked him away. I never held or saw him again until he turned 19."
(Denise, mother)

The mother's 'other' self continues to reside in the symbolic order into which the semiotic tries to intervene and subvert through the mothers' poetry and art in the thetic phase.

"With the passage of time, the intensity of the pain dissipated somewhat, and my emotional life attempted to re-establish itself. Unexpectedly, reminders of my lost child would confront me from without, causing more trauma."
(Barbara, mother and artist)

As with Oedipus (Kristeva, 1982:84), for the woman who has lost her baby to adoption abjection is a result of the permanent ambiguity of the parts she plays either as a nulliparous woman or as a mother, without her being aware of the ambiguity of playing these contradictory roles even when she is consciously aware of acting them out.

Abjection as infertility

Many mothers had no further children, yet still retained their sense of self as mothers through 'abjection' which

"preserves what existed in the archaism of pre-object relationship, in the immemorial violence with which the body becomes separated from another body in order to be" (Kristeva, 1982).

"I was never able to have any other children after my son. I have an adopted daughter and also a foster son"

Infertility, in the absence of physiological causes has been described as psychogenic (Deykin et al, 1984). But to ascribe yet another biopolitical label to these mothers is to diminish their resistance to the bearing of further children. Instead, Kristeva's words contribute to an understanding of their infertility:

"In the symptom [that is, infertility], the abject permeates me. I become abject. Through sublimation I keep it under control. The abject is edged with the sublime" (Kristeva, 1982:11).

"After marrying in 1967 and trying for four years to have a child, doctors could find no medical reason for my not conceiving and stated that my emotional and mental attitude to my relinquishment was the cause for my sterility. We subsequently adopted a boy and a girl."

Although some form of "physical shutdown" may be a possible cause of their unexplained infertility (and this has neither been researched nor adequately explained), mothers themselves have offered explanations for why they have had no further children: unresolved sadness, a sense of inadequacy as mothers and disloyalty to their lost children. The subsequent infertility of women who had lost babies to adoption could be understood as the obverse of their babies acting as "fertility charms" for adoptive mothers' subsequent pregnancies (Andrews, 1970:73).

Abjection in/as reunion

Reunion with the lost child has not provided a panacea to the mothers' loss. Moreover, it has intensified their loss and reinforced a mother's position as the abject mother.

"I just have to wonder why I had to go through it all again only to lose her a second time. I just have to wonder whether it was worth it as I envisaged a lot happier times for us all."
(Cheryl, mother)

In spite of the "happy reunion" stories that have appeared in the media, there remains a sub-text that the stories and the photographs do not reveal

"I went through some really tough times in the months just after the reunion. Dealing with all the old stuff that started surfacing after the reunion was not fun."
(Kerry, mother)

Although many mothers were "stuck" in a pre-Oedipal space with their infant children, the reality has been that, when a reunion was effected, they find an adult who has been shaped by her or his social circumstances. They are intimate strangers. Their lives are interwoven in a similar way to the semanalysis helix, but touching only at certain points

where the pain of adoption and relinquishment recedes to permit a connection. Outside that connection lies abjection where a mother and her child are at the margins.

*"But they did NOT welcome her,
would not even acknowledge her,
would not even grant her -
her humanity.
She was - and is - the "other" mother.
She did not know she was not allowed to love him,
not allowed to care, not allowed to BE".*
(Poem by Lori, mother)

In a nuclear family, there is room for only one mother. Nowhere is this positioning more acutely felt by the abject, "other", mother than at family celebrations such as weddings and Christmas:

"Her adoptive mother let me arrange for the wedding cake to be made. It cost \$200 but they still thought it only good enough to invite me to the church. I could have been a 'friend of the family' at the wedding but they had their own friends there, and didn't want anyone to know that Sarah had gone looking for her 'other' family.
(Cheryl, mother)

Even where mothers were rejected by their now adult children, they felt no hostility, only sadness in the reunion that reinforces abjection. The reunion becomes abjection when understood through Kristeva's words:

"It is something rejected from which one does not part, from which one does not protect oneself..." (Kristeva, 1982:4)

"I gave her birthday presents, Christmas presents, invited her and her husband...I could go on, and on. You can imagine how hard it was for me when I got her 'dear John' letter to say that she felt guilty about coming to us for Christmas and visits when she had her own family." (Cheryl, mother)

Relinquishment and abjection

As I read Kristeva's "Powers of Horror: An Essay on Abjection" (1982) I found myself substituting 'adoption' for 'abjection' in the lines:

"Abjection...is immoral, sinister, scheming, and shady: a terror that disassembles, a hatred that smiles, a passion that uses the body for barter instead of inflaming it, a debtor who sells you up, a friend who stabs you..."

The smiling face of adoption belonged to the social workers and adoptive parents who derived satisfaction from placing newborn babies with adoptive families. In order for this practice to be successful, the confidence and trust of unmarried mothers had to be secured.

"Nobody ever tried to dissuade me from that unwise decision although evidence exists which shows that even then it was known to be very psychologically damaging. I made it easy for them, didn't I?"
(Kristen, mother)

"I don't ever remember anyone talking to me about my options, that is, what other options were available to me, or even that there were other options. I never once remember anybody during my whole pregnancy talking to me about the option of keeping my child. It's like it was the normal thing to give up you child if you were a young unmarried mother."
(Julie, mother)

"In the period when there were a great deal of adoptions, I can remember discussing several times whether babies should be adopted or not. And, I remember, several times it came up that most of us thought that it would, the best thing to do for families of the young people without any prospects of caring for the child, that if this baby went to a good home it would be better off than being with its own mother. if they couldn't care for it." (Iris, midwife)

Frida Kahlo's painting entitled "My Birth", (in Zamora, 1990:45) depicts a scene not unfamiliar to women whose babies were taken for adoption at birth. In Kahlo's painting a woman is giving birth, her head entwined in a sheet.

"I had a pillow held in front of my face when she was born I remember fighting to get it away but two nurses held it tight while my baby was taken away."
(Robyn, mother)

"Towards the end they put my legs up in stirrups and I was lying flat on my back and they put a sheet up over my legs so I couldn't see anything or anybody, and they'd just call out to me from behind the screen."
(Jackie, mother)

In Kahlo's painting the emerging baby bears the unmistakable facial features of the artist. The birthing woman is alone, except for the religious iconography above her bed, a reminder of a Christian morality: the cleavage of woman as simultaneously Madonna and whore.

"Everybody left the room and they just left me lying there on the delivery table. I don't know how long I was left there on my own."
(Julie, mother)

This painting is a metaphor for abjection and relinquishment, rendering the mother invisible and at the same time permitting her to 'rebirth', to 'get on with her life' as she was frequently advised:

"During that course in which "I" become, I give birth to myself amid the violence of sobs, of vomit" (Kristeva, 1982:3)

Kristeva (1984:70) has compared art with rebirth since it is art that blurs the border between the symbolic and the semiotic as I have shown in Chapter 15.

Abject mothers

In the "immemorial violence with which the body becomes separated from another body in order to be" (Kristeva, 1982:10) when a woman gives birth to a child, her identity changes irrevocably. In obstetric terms she is no longer nulliparous and her parity is difficult to conceal subsequently. In social terms, she is a mother since she has borne a child but her reality will never be the same as it was before the birth.

Mothers have tried to incorporate this duality whereby

"some split themselves into a 'public' side that reunited with society, conformed and did everything acceptably, and a 'private' side that hid, grieved, and felt unworthy" (Jones, 1993:40).

Kristeva's model of maternity as a "process without a subject" (Grosz, 1989:79) assumes a greater "immoral sinister, scheming, shady" tone, - that of abjection - when another split between mother and baby, the separation demanded by adoption for the relinquishment of motherhood, is superimposed on the separation by birth. In this way Kristeva's notion of abjection is interwoven with her notion of maternity as a process without a subject. In relinquishment and adoption, maternity is a process with neither subject nor object: it is abjection.

"One does not give birth *in* pain", says Kristeva (in Moi, 1986:167), "one gives birth *to* pain" and for the woman who loses her baby to adoption the pain of relinquishment assists her to remember and preserve her sense of self as 'mother'.

"I pushed and pushed and pushed and then finally the last push was just dreadful, the pain was so great I lost consciousness. I remember beginning to push and then I don't remember anything else until I came to." Jackie, mother)

"I didn't realise how much pain I still have from all this because within my family it's still a big secret that no-one talks about" (Carol, mother)

In our society we are bombarded frequently with images of babies at various stages of their development. When mothers see such images they are reminded that they have been deprived of the opportunity of seeing their babies at the stages of smiling, talking and walking. The developmental stages of childhood have been absorbed into the lives of others. Adoptive parents' fear that the mothers of their children would one day return to reclaim their babies is chronologically impossible.

"Our babies are gone...and we know nothing of their baby-ness. Our arms are forever empty of their warmth, their tiny movements. We will never know the tug of their strong little mouths on our breasts, nor the pain of letting the milk come down into their mouths. We will not feel their naked skin next to ours. We will not know the soft downiness of their back, not the fineness of their hair, nor the perfectness of their tiny fingers. We will never see the openness of their stares studying our faces, the first faces they are ever to see. We will never know their cries. We will never know their smell. Our babies no longer exist.

Some mothers, myself included, have found these images of babyhood not only alienating and too painful to contemplate, but at the same time reinforcing our position as abject mothers, mothers who were not, and are still not, there. In Kristeva's (1982:83) words,

"Abjection breaks out only when driven to distraction by a desire to know"

"At first I used to look in prams for her. As the years went by I would look at children going to school and wonder if she might be one of them."
(Robyn, mother)

*"Anyone in the street with a baby, I struck up a conversation with to find out if it was a boy or a girl, its age or if the baby was adopted." (Cheryl, mother)
I would look at every red-headed kid that I ever saw in the street, that would be about the right age, any little girl, and always in the back of my mind was - you never know, miracles might happen - I might find out where she was. And I never stopped fantasising about it." (Jackie, mother)*

Kristeva describes the abject as "the jettisoned object (which) is radically excluded ...and yet, from its place of banishment, the abject does not cease challenging its master" (Kristeva, 1982:2). In response to this challenge, the mother has tried to preserve her private sense of self as 'mother', while presenting a projected self as 'Other' or non-mother. Abjection is the way in which a woman deals with the horror of relinquishment: by preserving her private inner self as 'mother' she is able to incorporate the threat of the abject. In becoming the 'other' she attempts to resist the abject's challenge, which if she acknowledges it, may annihilate her.

"I began thinking about her more and more when she was about 18. I found myself fantasising about her, fantasising that she'd come looking for me, and the fantasies were never happy, they were always scary." (Kerry, mother)

When children were taken for adoption at birth, the child's name was recorded as "Unnamed male" or "Unnamed female" with the mother's surname; no father's name was recorded on the birth certificate. In this context, the adopted-away baby could be

interpreted as the abject, as "something rejected from which one does not part, from which one does not protect oneself" (Kristeva, 1982:4) and which is only qualified in terms of opposition to the subjective mother.

Following adoption of the baby and its concomitant change in identity, from the unnamed to the nameable, it is the mother who becomes the "jettisoned object", the "abject", an object of defilement, and who is perceived as the threat. Where the child was an 'other', now the mother without a child becomes the referent, that is the 'other': abjection resides in the ambiguity of the childless mother. Above all, says Kristeva (1982:10), abjection is ambiguity (My emphasis).

The ultimate horror

The maternity experience for women whose babies were taken for adoption at birth has been recounted with varying degrees of horror, which must be emphasised because

the control exerted by horror - the abject - can only be the greater if it remains hidden, unknown - unanalysed... Through a refusal to confront the abject... a fundamental aspect of individual and social life remains in oblivion, and our understanding and capacity to cope are thereby greatly diminished' (Lechte, 1991:158).

"I had no idea what was going to happen, what the process was. I'd never heard anyone talk about childbirth or labour. I just had no idea. I was so petrified. Eventually the labour pains became more and more intense and I went into full labour and I went through a dreadful night and the next day dawned and I thought I just couldn't keep going. It was just dreadful. I felt like I had been half out of my mind and half out of my body for days, endlessly, on and on, like floating on top of an ocean. Like I'd ride over the top of the pains when they came, just throw myself right out of my body." (Jackie, mother)

"I was so frightened. I didn't have a clue what was going to happen to me. At first I was put into a very large ward with only curtains between the beds. I remember lying there listening to mothers giving birth. Then I must have slept for a while and woke up screaming in pain." (Robyn, mother)

"I had no idea what to expect. The terrifying ordeal had begun. It was like being beside the execution yard. You could hear the victims screaming. I wonder if prisoners on death row feel the same way when the due date of execution comes. I know how torture victims feel - the apprehension, the fear. It was a living horrible nightmare." (Kristen, mother)

"Nobody had told me what happens, or what to expect. I went into the delivery room where I was completely and roughly shaved. I remember lying on the table in the delivery room. The baby must have been coming quite fast as they gave me an injection in the vaginal area and then didn't wait for it to take effect. They cut me and I let out a scream." (Julie, mother)

Kristeva (1982:8) writes of the "land of oblivion...that is constantly remembered...(the) once upon blotted-out time...the ashes of oblivion (which) now serve as a screen and reflect aversion, repugnance."

"Nobody would come and speak to me and then the social workers came and I had to sign some things, I don't remember what they were. They assumed that I was going to give my child up for adoption. I don't remember telling anyone - maybe I did, but it's funny, I don't have any memory of saying the words."
(Jackie, mother)

This is the land which Haug (1992) describes as filled with distortions, contradictions, compromises and silences and to which Kristeva(1982:9) refers as ambiguity. Through semanalysis, the distortions, contradictions and ambiguities embedded in the hegemonic discourses of the symbolic and the counterdiscourses of the semiotic, the meaning of relinquishment as abjection has been exposed and revealed.

If, according to Kristeva, abjection, that is adoption, is the unnameable, the unspeakable, then according to Haug, "silence is a way of coming to terms with the unacceptable" (1992: 18) but not a necessarily effective way because it denies the experience, and impedes emancipation and the creation of a new consciousness. This is a point of intersection between Kristeva and Haug. Thethetic phase transcends this intersection, removing the control of the object, horror - relinquishment - when, according to Kristeva (1982:8)

"forgotten time crops up suddenly and condenses into a flash of lightening an operation that, if it were thought out, would involve bringing together the two opposite terms but, on account of that flash, is discharged like thunder.

Such discharges of thunder and flashes of lightening threaten the perceived peaceful harmony which Haug (1987) claims is a fantasy, wishful thinking and "detrimental to the expansion of our knowledge", but which are essential if we are to come to terms with abjection and relinquishment, the hitherto unnameable and the unspeakable.

"Without warning, the return of the terror and incapacitating pain of loss would overwhelm me. This picture [The Devil's Furnace] has been painted with jagged strokes indicative of the separation of the soul from the psyche. The light bulb indicates a rush of returning memory. At these moments, the idea of a living but irrevocably lost child triggered the terror experienced during the actual relinquishment."
(Barbara, mother and artist)

Part 8

EPILOGUE

"Does one write under any condition than being possessed by abjection, in an indefinite catharsis?" (Kristeva, 1982:208)

INTRODUCTION

In the public discourses of adoption there have been many generalizations based on flimsy assumptions and ill-thought through arguments, but which have found their way into conventional wisdom and hence have taken on meaning as an absolute truth, as adoption's metanarrative. In this thesis I have attempted to dispel the notion of an absolute truth by proposing another side to adoption discourse.

In this final chapter - the epilogue - I shall reflect on the methodology which I employed, examine the implications of my findings for social practice and propose some future directions indicated by the issues which have been exposed in the thesis. Finally, I reflect on my personal cathartic journey, itself a form of semanalysis.

Semanalysis as research method

Hitherto, the process of semanalysis has not been employed as a research method but has remained theoretical. It could be construed that this was not the intention of Julia Kristeva in her explication of semanalysis since she has emphasised the artificial dichotomies of theory and practice (Roudiez in Kristeva, 1980:12) and the dialectic oscillations between the symbolic and the semiotic (Oliver, 1993: 8).

The semanalysis helix

As I studied the hegemonic discourses of the symbolic and the counterdiscourses of the semiotic, I became aware of the emerging tensions of meaning between them, tensions which pushed apart at some points and drew together at others. The symbolic and the semiotic were inseparable and yet they *were* separate. Although Julia Kristeva's work has been described as a "double-bind" and a "dialectical oscillation" (Oliver, 1993), neither term grasps the strength of the relationship between the symbolic and the semiotic, nor do they recognise the thetic phase which ruptures the symbolic.

Represented by a double helix, semanalysis becomes comprehensible and accessible. It has application to many forms of social inquiry where there are contradictions between the social and the personal, and where language is used to identify those contradictions.

Adoption: modern or postmodern phenomenon?

To society's chagrin, mothers whose babies were taken for adoption refused to accept their non-mother status accorded them by the symbolic. They refuted the names to which they were referred in hegemonic discourses as they overwhelmingly described themselves as "mothers". They resisted the social exhortations to "get on with your life" and to forget about the children whom they lost. In spite of societal and self-imposed silences, they continued to think about their babies never losing the hope of an eventual reunion with them in adulthood. Contrary to their social and discursive constructions as otherwise, the mothers located themselves firmly within a maternal space.

In spite of the mothers' powerlessness in the adoption process, they played an unwitting part in both the construction of and resistance to women's traditional maternal role. Some mothers continued to resist this role by having no further children. Relinquishment as resistance was also a political act. However, resistance implies agency and the agency of these mothers was illusory. Although they signed a consent to the adoption of their children, the consents were frequently obtained through subterfuge or overt coercion. They submitted rather than consented to a practice from which they neither perceived nor were provided with an alternative. Their position was analogous to a woman who submits to a rapist rather than lose her life.

In subsequent years, mothers have turned their private silence into a voice for justice. It is in this public arena that the loss of a baby to adoption as a form of political resistance is most evident.

Although the individualism associated with liberal humanism has been decried by the demagogues of postmodernism, in the case of mothers it has been replaced with a call for other marginalised groups of women to have the right to become mothers. Lesbian women are calling for the right to become mothers whether through reproductive technologies, surrogacy or, more commonly, through adoption. There is an anomaly in these claims for individual rights: each claim is founded on the reproductive capacity of another woman. Each claim relies on a mother's abjection from her child.

In recent times there has been a move to adopt children from developing countries. While on the one hand this move could be interpreted as neo-colonialism, it could also be seen as a move to a global community. While on the one hand, children have been rescued from economically disadvantaged countries in the hope of "giving them a

better life" this life is firmly located within a white middle-class world, eliminating all former traces of the child's genealogy. Can such appropriation be justified in order to give children materialistic advantages at the expense of their histories? On the other hand, does international adoption go some way towards dismantling colonial boundaries?

It may be timely to locate adoption in a postmodern world which simultaneously reveres and critiques consumerism. Postmodernism is a discourse which speaks of individuality and yet decries the individualism which underpins liberal humanism; a world which has embraced the removal of imperialist boundaries and yet, when I look at my grandfather's stamp album, I see the return of those same countries - Bosnia, Herzegovina, Serbia. Is this merely a reinvention of the same? I am caught between the discourses of imperialism, individualism, humanism, feminism. Is there an answer? As Kristeva posits, am I a stranger unto myself? Perhaps this is the ultimate postmodern response.

In this thesis I have explored the adoption of children as an historical entity, informed by legislation. I have also questioned the discursive construction of "unmarried mothers" in the modernist, qua, symbolic hegemonic discourses which sought to define and contain women. In order to remove their children, mothers were constructed as "bad", "mad" or "stupid", and frequently a combination of all three. Even within the semiotic discourses of the midwives who attended the mothers, the hegemonic imperatives prevailed. Even among the mothers themselves as well as among the women who were struggling to make sense of their sexuality during that era, the dominant ideology of women as dangerous to themselves, their children and to society was ever present.

The historical, medical and social discourses of adoption have revealed a spurious class distinction among women: a distinction that a critical postmodern feminist discourse is trying to deconstruct. Feminist discourse, however egalitarian and equanimitous it might claim to be, remains a privileged discourse. However, if it claims to be a critical discourse then it must recognise the position of women who lost their babies to adoption in the name of consumerism, colonialism, patriarchy, individualism. Postmodernism refutes the notion of binary allocation. Albeit a modernist construct, adoption, and, in particular intercountry adoption, challenges this very notion. Adoption also calls into question the constructs of class, race, religion, family, sexuality and motherhood. However, without attempting to resort to any sort of essentialism - biological, sexual, historical, geographical - the position to which one must always

return is one of abjection. In adoption there are always abjects - the abject mother or the abject child.- whether in historical, medical, social, media or popular discourses. The abjects are both subjects and objects, simultaneously subject and object, confronting but always abject to each other.

During the course of this thesis I was asked frequently, “What about the adoptive parents?” Without wanting to appear to diminish their position, I suggest that adoptive parents have been unequivocally located within the hegemonic discourses of the symbolic. This was a symbolic order that served the dominant interests of a patriarchal capitalist society which depended on the nuclear family for its survival. It could be shown that their interests were best being served by the symbolic - the presumed privileged position of the nuclear family provided the conditions within which the taking of babies for adoption could occur. To return to a consumerist metaphor - no market, no product. At the outset, I never claimed to be representing the interests of adoptive parents, nor of any side in the so-called adoption triangle. Not being an adoptive parent myself, I could never have spoken with any authenticity about their reality. Not being an adopted person, I have never presumed how it might feel to be the abject child. However, I lived for more than thirty years with the silent horror of abjection, as the abject mother of two children lost to adoption.

In a postmodern world, where the boundaries between private and public are blurred owing to both the intrusion of and access to the media, where the symbolic and the semiotic continue to insert themselves into each other, the mother who has lost her baby to adoption can now speak freely. Nonetheless she remains the abject, the abject mother to her child, abjected by the symbolic order and abject to herself.

The emergence of a critical postmodern feminism

Both critical theory and postmodernism by themselves seemed inadequate to address the meaning of losing a baby to adoption: the former might deal with relinquishment as another instance of the subordination of women and appropriation of their bodies within the context of women’s childbearing as a mode of production; the latter could provide a framework for analysing the meaning behind the language of relinquishment constructed in public and private discourses. As I read the works of Julia Kristeva and Michel Foucault, located within the postmodern paradigm, and Michelle Fine and Frigga Haug, emerging from critical social theory, I became aware of the dialectical relationships between them.

Feminism and critical social theory

According to Nancy Fraser (1989:113) 'no-one has yet improved on Marx's 1843 definition of critical theory as "the self-clarification of the struggles and wishes of the age"'. The assumptions which underpin critical social theory - emancipation from oppressive conditions and empowerment for social change - resemble those which inform feminism, and consequently, feminism may be described as an off-shoot from critical theory.

However, Fraser (1989) has identified some incongruencies between feminist theory and the work of Habermas which underpins critical social theory, namely that Habermas has ignored the issue of gender which is responsible for women's subordination at both system and life-world levels and in both public and private spheres. Where child-bearing and rearing, per se, are both symbolic and material reproduction practices under capitalism, the child-bearing of women who have their babies taken for adoption takes on another dimension which critical social theory must address (but hasn't): that of the exploitation of women's bodies for the purpose of reproduction to maintain and continue the capitalist ideal of the nuclear family. Zaret (1992) calls for empirical studies in critical theory which imply that "order and change in belief systems cannot be explained directly by social or cultural factors", which is precisely what is called into order by postmodernism.

Feminism and postmodernism

Although postmodernism defies chronological boundaries, it has been suggested that it has its origins in 1968 which signalled world-wide changes in culture, society and politics. It was in 1968 that Julia Kristeva arrived in Paris from Romania and became involved in the student movement and its critiques. (In the same year almost 7,000 adoptions of children took place in Australia.) Consequently Kristeva has come to be considered one of the originators of what has become known as the French school of postmodern feminism. Whereas critical theory has consciousness-raising as one of its goals, postmodern feminism expresses and externalises a feminist consciousness through the notion of "difference", that is through celebration of the uniquely autonomous feminine (not to be confused with the populist meaning of the word), a postulate which has become equated with essentialism by some American postmodern feminists (see, for example, the work of Judith Butler, 1993).

Why critical postmodern feminism?

I have wrestled with the order in which the above descriptors should follow, and may yet revise my present position. From an earlier Marxist orientation informed by the Frankfurt school of critical theory, particularly the work of Habermas, it would appear that a philosophical progression to postmodernism might be a logical one, even if only because of their historicity. Agger (1993:1) has proposed that the two earlier schools of critical theory need to give way to a third generation critical theory, and I suggest that this is where Frigga Haug's (1987, 1992) work sits, confronting and being confronted by postmodernism.

According to Agger (1993:4) the integration of feminism, postmodernism and critical theory opens possibilities for theorization and analysis of "the liberations of women and household labour, the imagination and the popular" which he claims have all contributed to the devaluing of women by male supremacy. However he underrates the French feminists, including Julia Kristeva, by charging them with "neobiologism" and of using the work of Jacques Lacan grounded in "difference theory" to "legitimate their withdrawal from 'male' politics. This appears to be an over-simplified trans-Atlantic reading of French feminism which is not of itself without its critics or its supporters. He discredits his position, and his continuous valorisation of women and feminism, with pejoratives about "erstwhile feminists like Gloria Steinem and Jane Fonda (who) have settled down to rather sedate lives with men" (1993:62) and his description of feminist theory as "a minor academic cottage industry". Nonetheless, Agger (1993:65) concedes that "feminist theory has genuinely emerged from the ground of practice" and examines some anomalies within postmodernism such as the notion of "the subject", much less a speaking one, and the denial of meta-theory and grand narrative of which postmodernism may well be another. However, I claim that, positing the word "critical" at the beginning of this triad implies critique of certain anomalies as well as incorporating some of the basic tenets of critical social theory and feminism.

I concur with Agger's (1993:70) proposition that the unifying theme for critical theory, postmodernism and feminism is the domination of reproduction as the distinctive way in which women are oppressed. However, whereas Haug (1992) claims that women's reproduction and control of it by capitalist patriarchy is at the root of women's oppression, Kristeva (cited in Oliver, 1993) suggests that women's oppression can be partly attributed to discourses on motherhood and misplaced abjection, and is the result of the reduction of the feminine to maternity and women to reproduction.

The development of what I have called a critical postmodern feminism derives from an analysis of each of the sub-paradigms: critical theory provides the historical and sociopolitical contexts for the oppression of women but does not examine the commodification of women and their bodies within contemporary culture; postmodernism provides a framework for deconstructing the discourses which underpin cultural practices, that is the language and meaning which they create and are created by them, but it lacks the political impetus for social change; feminism provides a utilitarian woman-centredness which transcends the androcentric origins of both critical theory (the Frankfurt school, Habermas) and postmodernism (Foucault, Derrida, Lyotard, Lacan), and informs the personal and political struggles of women for control over their lives. If critical theory represents modernity, the post-Enlightenment era, then postmodernity, according to Lyotard (1992) is undoubtedly part of the modern; it refuses to succumb to the nostalgia of modernity but invokes an understanding of the paradoxes of the future. However, Lyotard proposes an almost contradictory link between the two when he says that

“a work can only become modern if it is first postmodern. Thus understood, postmodernism is not modernism at its end, but in a nascent state, and this state is recurrent” (Lyotard, 1992).

It is at the interstices of the critical social theories of Frigga Haug and Michelle Fine and the postmodernism of Julia Kristeva and Michel Foucault, informed by feminist praxis, where I claim sits a critical postmodern feminism, derived from my research into the meaning of losing a baby to adoption.

Personal catharthis / professional restraint

When I first suggested the topic for my doctoral research I was asked if it would be a cathartic experience. At that time I did not know the answer. It was, however, an experience which demanded of me the restraint to separate the angry personal voice from that of the detached researcher. Such restraint was neither easy nor often successful since the very nature of this inquiry depended on my self-reflexivity.

In the seven years throughout which I have been researching and writing this thesis, I have come full circle: from the abject mother who had found her first child and was searching for her second to a re-abjected mother who has lost them both yet again. My reunions with my children were very public. In the ecstasy of our reunions we were seduced by print and electronic media to share the joy of our success, as I have recounted in Chapter 15 and Appendix 5. I believed that my story was different from those of the mothers which have appeared in this thesis. My story was one of success and joy, as all my children were reunited with their parents and with each other. However my beliefs were located within the fantasies to which I had clung for more than thirty years: that my children and I would, after our reunion, no longer be abject to each other. This has turned out not to be. I was not informed of nor invited to my daughter's wedding; my son has written to me that he wishes no further contact.

Relinquishment has again become for me, as for so many other mothers, abjection.

REFERENCES

- (1969) The adopted child. Sydney: New South Wales Government
- (1982) Hospital pressure against adoption. Adoption and Fostering, 6, 26-27
- Agger,B.(1993) Gender, culture and power. Westport: Praeger
- Al-Hibri,A (1983) Reproduction, mothering and the origins of patriarchy. In Trebilcot,J (ed) Mothering: Essays in feminist thought. Totowa: Rowman & Allenheld
- Allen,M (1978) Problems of the single pregnant girl. In Conference proceedings: Women's health in changing society, 3. Canberra: Commonwealth Department of Health
- Anderson,H; Sharley,A; Condon,J (1985) A total eclipse of the heart. Conference proceedings: Women's health in changing society,2. Canberra: Commonwealth Department of Health
- Andrews,RG (1970) Adoption and the resolution of infertility. Fertility and Sterility, 21 (1), 73-76
- Andrews,RG (1980) Adoption: legal resolution or legal fraud? Advances in Family Psychiatry, 2, 499-521
- Angus,G; Wilkinson,K (1993) Adoptions Australia 1991-92. Australian Institute of Health and Welfare: Child Welfare Series No 4, Canberra: AGPS
- Armstrong,L (1995) Of "sluts" and "bastards: A feminist decodes the welfare debate. Monroe, Maine: Common Courage Press
- Arney, WR; Bergen,BJ (1984) Power and visibility: The invention of teenage pregnancy. Social Science Medicine, 18 (1), 11-19
- Atwood,M (1987) The handmaid's tale. London: Virago
- Australian Association of Social Workers (New South Wales Branch) (c1950) Study group for the welfare of mothers and babies, Discussion Paper (Unpublished)
- Australian Association of Social Workers (New South Wales Branch) (1971) Manual of adoption practice in New South Wales. Sydney: Child Care Committee of the Australian Association of Social Workers, New South Wales Branch
- Australian Broadcasting Corporation (1996) 7.30 Report. Program broadcast on 6 May 1996
- Australian Bureau of Statistics (1979) Statistics of adoptions, New South Wales 1977-78, Sydney: Australian Bureau of Statistics, NSW Office
- Bailey,B (1988) From front porch to back seat: Courtship in the twentieth century. Baltimore: Johns Hopkins University Press
- Baker,NC (1978) Babyselling: The scandal of black-market adoption. New York: Vanguard Press
- Baran,A; Pannor,R; Sorosky,AD (1974) Adoptive parents and the sealed record controversy. Social Casework, 55, 531-536

Barth,RP (1987) Adolescent mothers' beliefs about open adoption. Social Casework, June, 323-331

Barthes,R (1993) Camera lucida. London: Vintage

Basavarajappa,KG (1968) Pre-marital pregnancies and ex-nuptial births in Australia, 1991-1966. Australian and New Zealand Journal of Sociology, 4 (2), 126-145

Bean,P; Melville,J (1990) Lost children of the Empire: The untold story of Britain's child migrants. London: Unwin Hyman

Beechey,V (1979) On patriarchy. Feminist Review, 3, 66-82

Beischer,NA; Mackay,EV (1988) Obstetrics and the newborn (2nd Ed). Hong Kong: WB Saunders

Beischer,NA, Mackay,EV; Purcal, NK (1987) Care of the pregnant woman and her baby. Sydney: WB Saunders

Benas,E (1975) Residential care of the child-mother and her infant: an extended family concept. Child Welfare, 54 (4), 290-294

Benet,MK (1976) The politics of adoption. New York: Free Press

Berger,AA (1995) Cultural criticism: A primer of key concepts. Thousand Oaks, CA: Sage

Bernstein,R (1960) Are we still stereotyping the unmarried mother? Social Work, (July), 22-28

Bernstein,R (1963) Gaps in services to unmarried mothers. Children, 10 (2), 49-54

Bernstein,R (1966) Unmarried parents and their families. Child Welfare, 45, 185-193

Birmingham Feminist History Group (1979) Feminism as femininity in the nineteen-fifties? Feminist Review, 3, 48-65

Blanton,TL; Descner,J (1990) Biological mothers' grief: The postadoptive experience in open versus confidential adoption. Child Welfare 64 (6), 525-535

Blum.LH (1959) Sterility and the magic power of the maternal figure. Journal of Nervous and Mental Disease, 128, 401-408

Bobak, IM; Jensen, MD (1987) Essentials of maternity nursing. St Louis: CV Mosby

Bobak,IM, Jensen, MD; Zalar,MK (1989) Maternity and gynecologic care: The nurse and the family. St Louis: CV Mosby

Bonan,AF (1963) Psychoanalytic implications in treating unmarried mothers with narcissistic character structures. Social Casework, 44 (6), 323-329

Bond,ML, Keen-Payne,R; Lucy,PW (1995) The ideal nurse for the relinquishing mother: Lessons from the labour room. American Journal of Maternal Child Nursing, 20, 156-161

- Borromeo,M (1968) Adoption - from the point of view of the natural parents. Social Service, 20, 1, 11-13
- Brandon,J; Warner,J (1977) AID and adoption: Some comparisons. British Journal of Social Work, 7 (3) 335-341
- Breines,W (1992) Young, white and miserable: Growing up female in the fifties. Boston: Beacon Press
- Brinich,P (1990) Adoption from the inside out: A psychoanalytic perspective. In Brodzinsky,DM and Schechter,MD (eds) The psychology of adoption. New York: Oxford University Press
- Brown,P (1985) Universals and particulars in the position of women. In Cambridge Women's Studies Group, Women in society: Interdisciplinary essays. London: Virago
- Brown,Y (1992) The crisis of pregnancy loss: A team approach to support. Birth, 19 (2), 82-88
- Brownmiller,S (1986) Femininity. London: Paladin
- Bull,M (1967) About adoption. Australian Journal of Social Work, 20, 1, 2-8
- Burnard,ED (1966) Cardiac output in the newborn infant. Clinical Science, 31, 121-133
- Burnell,GM; Norfleet,MA (1979) Women who place their infant up for adoption: a pilot study. Patient Counselling and Health Education, 1, 169-172
- Butler,J (1993) The body politics of Julia Kristeva. In Oliver,K (ed) Ethics, politics and difference in Julia Kristeva's writing. New York: Routledge_
- Cain,A; Cain,BS (1964) On replacing a child. Journal of the American Academy of Child Psychiatry,3, 443-456
- Campbell,LH (1979) The birthparents' right to know. Public Welfare, 37 (3), 22-27
- Canaan,J (1986) Why a `slut' is a `slut': Cautionary tales of middle-class girls' morality. In Varenne, H (ed) Symbolizing America. Lincoln: University of Nebraska Press
- Caplan,PJ; Hall-McCorquodale,I (1985) Mother-blaming in major clinical journals. American Journal of Orthopsychiatry, 55 (3), 345-353
- Carver,C (1981) The deliverers: A woman doctor's reflections on medical socialization. In Romalis,S (Ed) Childbirth: Alternatives to medical control. Austin: University of Texas
- Casper,LM (1990) Does family interaction prevent adolescent pregnancy? Family Planning Perspectives, 22(3), 109-114
- Castles,I (1989) Australia's children, 1989. Canberra: Australian Bureau of Statistics
- Cattell,JP (1954) Psychodynamic and clinical observations in a group of unmarried mothers. American Journal of Psychiatry, 111, 337-342
- Cervera,NJ (1993) Decision making for pregnant adolescents: Applying reasoned action theory to research and treatment. Families in Society, June, 355-365

- Cheek,J; Porter,S (1997) Reviewing Foucault: possibilities and problems for nursing and health care. Nursing Inquiry, 4, 108-119
- Cheek,J; Rudge,T (1994) The panopticon revisited?: an exploration of the social and political dimensions of contemporary health care and nursing practice. International Journal of Nursing Studies, 31 (6), 583-591
- Chesler,P (1988) Sacred bond. London: Virago
- Chiaradonna,W (1982) A group work approach to post-surrender treatment of unwed mothers. Social Work with Groups, 5, 47-68
- Chick,S (1994) Searching for Charmian: The daughter Charmian Clift gave away discovers the mother she never knew. Sydney: Macmillan
- Church,K (1995) Forbidden narratives: Critical autobiography as social science. United States: Gordon & Breach
- Cixous,H (1981) The laugh of the Medusa. In Marks,E & de Coutivron,I (Eds) New French feminisms: An anthology. New York: Harvester Wheatsheaf
- Claire,K (1995) Are ethics committees up to the task of dealing effectively with qualitative research? Conference paper presented at Research for practice: Making a difference. University of Newcastle, NSW, 6-8 July
- Clark, AL (1967) The crisis of adolescent unwed motherhood. American Journal of Nursing, 67 (7), 1465-1469
- Clift,C (1991) Being alone with oneself: Essays 1968-1969. Sydney: Angus & Robertson
- Clothier,F (1942) Placing the child for adoption. Mental Hygiene, 26, 257-274
- Clothier,F (1943) Psychological implications of unmarried parenthood. American Journal of Orthopsychiatry, 13 (3), 531-549
- Coddington,RD (1979) Life events associated with adolescent pregnancies. Journal of Clinical Psychiatry, April, 180-185
- Cole,J (1978) Reasons for unplanned pregnancy among university students - the need for education. In Conference Proceedings: Women's health in a changing society, 3. Canberra: Commonwealth Department of Health
- Coleman,K (1991) Discourses on sexuality: The modern abortion debate. Sydney: Macquarie University (Unpublished Doctoral Thesis)
- Concerned United Birthparents (1987) The birthparents' perspective on adoption. Monograph, Concerned United Birthparents, Inc, Des Moines IA.
- Condon,JT (1986) Psychological disability in women who relinquish a baby for adoption. Medical Journal of Australia, 144, 117-119
- Connolly,M (1987) The experience of living with an absent child. Phenomenology + Pedagogy, 5 (2), 157-172

Continuing Legal Education Department (1994) Developments in the law of adoptions. Sydney: College of Law Seminar Papers 94/70.1

Cousins,M and Hussain,A (1984) Michel Foucault. London: Macmillan

Coward,R & Ellis,J (1977) Language and materialism: Developments in semiology and the theory of the subject. Boston: Routledge & Kegan Paul

Coward,R (1983) Patriarchal precedents: Sexuality and social relations. London: Routledge & Kegan Paul

Cowell,J; Crow,K; Wilson,A (1996) Understanding reunion complexity. Paddington, Sydney: Post Adoption Resource Centre

Crawford,J; Kippax,S; Onyx,J; Gault,U; Benton,P. (1992) Emotion and gender: Constructing meaning from memory. London: Sage

Crumidy,PM; Jacobziner,H (1966) A study of young unmarried mothers who kept their babies. American Journal of Public Health, 56 (8), 1242-1251

Cummings,B (1990) Take this child.... Canberra: Aboriginal Studies Press

Cushman,LF; Kalmuss,D; Namerow,PB (1993) Placing an infant for adoption: The experiences of young birthmothers. Social Work, 38, 3, 264-272

Cutright,P (1971) Illegitimacy: Myths, causes and cures. Family Planning Perspectives, 3 (1), 26-48

Daly,M (1978) Gyn/Ecology: The metaethics of radical feminism. Boston: Beacon Press

Daniels, AM (1969) Reaching unwed adolescent mothers. American Journal of Nursing, 69 (2), 332-335

Davies,B; Harre,R (1991/1992) Contradiction in lived and told narratives. Research on Language and Social Interaction, 25, 1-36

Davies,B (1992) Women's subjectivity and feminist stories. In Ellis,C and Flaherty,MG (eds) Investigating subjectivity: Research on lived experience. Newbury Park: Sage

de Beauvoir,S (1949, 1982) The second sex. Harmondsworth: Penguin

Department of Child Welfare and Social Welfare (1958) Child welfare in New South Wales. Sydney: New South Wales Government Printer

Department of Youth and Community Services (1985) Adoption: Options for reform. Sydney: Government Printer, New South Wales

Derdeyn,AP; Wadlington,WJ (1977) Adoption: the rights of the parents versus the best interests of their children. Journal of the American Academy of Child Psychiatry, 16 (2), 238-255

Deutsch,H (1945) The psychology of women: A psychoanalytic interpretation. New York: Grune & Stratton

Devaney,SW; Lavery,SF (1980) Nursing care for the relinquishing mother. Journal of Obstetric and Gynecological Nursing, Nov/Dec, 375-378

de Vaus,D; Wolcott,I (Eds) (1997) Australian family profiles: Social and demographic patterns. Melbourne: Australian Institute of Family Studies

Deykin,EY; Campbell,L; Patti,P (1984) The postadoption experience of surrendering parents. American Journal of Orthopsychiatry, 54, 2, 271-280

Diamond,I; Quinby, L (1988) (eds) Feminism and Foucault: Reflections on resistance. Boston: Northeastern University Press

Dickson, GL (1990) A feminist post-structuralist analysis of menopause. Advances in Nursing Science, 12, 3, 15-31

Donnelly,BW; Yoydanoff,P (1991) Factors associated with releasing for adoption among adolescent mothers. Family Relations, October, 404-410

Doty,R; Merwin,R (1969) Parents relinquishing rights to first-born legitimate children. Child Welfare, 48 (2), 100-103

Douglas,SJ (1995) Where the girls are: Growing up female with the mass media. New York: Times Books

Dukette,R (1979) Adoption 1979: Sleeping Beauty awakes. Social Thought, Fall, 5-13

Dumaret,A (1985) IQ, scholastic performance, and behaviour of sibs raised in contrasting environments. Journal of Child Psychology and Psychiatry, 26 (4), 553-580

Edwards,C; Read,P (1989) The lost children. Sydney: Doubleday

Ehrenreich,B; Hess,E; Jacobs,G (1986) Re-making love: The feminization of sex. New York: Anchor Press

Ehrenreich,B; English, D (1973) Witches, midwives and nurses. London: Writers & Readers Publishing Cooperative

Ehrenreich,B; English,D (1978) For her own good: 150 years of the experts' advice to women. New York: Anchor Press

Elder,GH (1978) Family history and the life course. In Hareven,TK (ed) Transitions: The family and the life course in historical perspective. New York: Academic Press

Else,A (1991) A question of adoption: Closed stranger adoption in New Zealand 1944-1974. Wellington: Bridget Williams Books

Else,A (1995) Legal fictions: Women and New Zealand law on adoption and assisted reproductive technologies. Australian Feminist Law Journal, 5, 65-77

Engels,F (1884,1985) The origin of the family, private property and the State. Harmondsworth: Penguin

Estes,CP (1993) Women who run with the wolves. London: Rider

Fairclough,N (1988) Discourse representation in media discourse. Sociolinguistics, 17, 125-139

Fairclough,N (1992) Discourse and social change. Cambridge: Polity Press

Faludi,S (1992) Backlash: The undeclared war against women. London: Chatto & Windus

- Farganis,S (1986) Social reconstruction of the feminine character. Totowa NJ: Rowman & Littlefield
- Farrar,P (1996) Coming to doctoral research. Nursing Inquiry, 3, 119-121
- Farrar, P (1997) An annotated directory of adoption and related literature. Sydney: Department of Community Services
- Ferguson,A (1989) Blood at the root: Motherhood, sexuality and male dominance. London: Pandora
- Festinger,TB (1971) Unwed mothers and their decisions to keep or surrender children. Child Welfare, 1 (5), 253-263
- Few,C (1997) The politics of sex research and constructions of female sexuality: what relevance to sexual health work with young women? Journal of Advanced Nursing, 25 (3), 615-625
- Field,J (1990) Long-term outcomes for birthmothers before and after reunion: a New Zealand survey. Adoption and Fostering, 14 (3), 14-16
- Field,J (1992) Psychological adjustment of relinquishing mothers before and after reunion with their children. Australian and New Zealand Journal of Psychiatry, 26, 232-241
- Fine,M (1992) Disruptive voices: The possibilities of feminist research. Ann Arbor, MI: University of Michigan Press
- Fisher,HAL (1939) The unmarried mother and her child. The Contemporary Review, 156, 485-489
- Fitsell,A (1989) Relinquishing mothers share experiences. Adoption and Fostering, 13 (4), 39-41
- Foster,HH (1972) Adoption and child custody: best interests of the child? Buffalo Law Review, 22, 1-16
- Foucault, M (1976) The birth of the clinic: An archeology of medical perception. London: Tavistock
- Foucault,M (1977,1991) Discipline and punish: The birth of the prison. London: Penguin
- Foucault,M (1978) Politics and the study of discourse. Ideology and Consciousness. 3, 7-26
- Foucault,M (1979,1990) The history of sexuality, Vol I. London: Penguin
- Foucault,M (1986) The history of sexuality, Vol III. London: Penguin
- Fradkin,H; Krugman,D (1956) A program of adoptive placements for infants under three months. American Journal of Orthopsychiatry, 26, 577-593
- Furstenberg,FF (1971) Birth control experience among pregnant adolescents: the process of unplanned parenthood. Social Problems, 19 (2), 192-203
- Garner,H (1996) Labour ward, Penrith. In True stories. Melbourne: Text Publishing

- Gediman,JS; Brown,LP (1989) Birthbond: Reunions between birthparents and adoptees - what happens After... New Horizon Press, Far Hills, NJ.
- Gedo,JE (1965) Unmarried motherhood: A paradigmatic single case study. International Journal of Psychoanalysis, 46, 352-357
- Gerbner,G (1958) The social anatomy of the romance-confession cover girl. Journalism Quarterly, 35, 299-306
- Gerbner,G (1958) The social role of the confession magazine. Social Problems, 6, 24-40
- Gerson,M-J; Alpert; JL; Richardson,MS (1984) Mothering: the view from psychological research. Signs, 9 (31), 434-453
- Gerster,R; Bassett,J (1991) Seizures of youth: "The sixties" and Australia. Melbourne: Hyland House
- Gilbert,P; Taylor,S (1991) Fashioning the feminine: Girls, popular culture and schooling. Sydney: Allen & Unwin
- Gilding.M (1991) The making and breaking of the Australian family. Sydney: Allen & Unwin
- Gill,D (1977) Illegitimacy, sexuality and the status of women. Oxford: Basil Blackwell
- Gill,DG (1969) Illegitimacy and adoption: its socioeconomic correlates: A preliminary report. Child Adoption, 1, 25-37
- Gilman, CP (1908) "Aunt Mary's pie plant" in Kessler, CF (1995) Charlotte Perkins Gilman: Her progress toward Utopia with selected writings. New York: Syracuse University Press
- Gluck,SB & Patai,D (1991) (eds.) Women's words: The feminist practice of oral history. New York: Routledge
- Goldstein,J; Freud,A; Solnit,AJ (1973) Beyond the best interests of the child. Free Press, New York
- Greenland,C (1958) Unmarried parenthood: 1 - Unmarried mothers. The Medical Officer, 9 May, 265-272
- Greer,G (1984) Sex and destiny: The politics of human infertility. London: Picador
- Greig,C (1989) Will you still love me tomorrow? Girl groups from the 50s on. London: Virago
- Griffith-Kenney,J (1986) Contemporary women's health: A nursing advocacy approach. Menlo Park,CA : Addison-Wesley
- Gross,LJ (1984) "How are you, Baby Green?" A study of how receiving information helps mothers who have placed children for adoption. School of Social Studies Field Education Project A, Adelaide: South Australian Institute of Technology (Unpublished)
- Grosz,E (1989) Sexual subversions: Three French feminists. Sydney: Allen & Unwin

- Grosz,E (1990) The body of signification. In Fletcher, J and Benjamin, A (eds) Abjection, melancholia and love: The work of Julia Kristeva, London: Routledge
- Grosz,E (1994) Volatile bodies: Toward a corporeal feminism. Sydney: Allen & Unwin
- Grow,LJ (1979) Today's unmarried mothers: the choices have changed. Child Welfare, 58 (6), 363-371
- Guberman,RM (ed) (1996) Julia Kristeva interviews. New York: Columbia University
- Hale,M (1988a) Past relinquishing mothers - A forgotten group. School of Social Studies Field Education Project A, South Australian Institute of Technology, Adelaide. (Unpublished)
- Hale,M (1988b) Relinquishing mothers: the emergence of a neglected group. South Australian Social Worker, 4 (2), 4-6
- Hall,JM; Stevens, PE (1991) Rigor in feminist research. Advances in Nursing Science, 13, 3, 16-29
- Hareven,TK (1978a) Family time and historical time. In Rossi,A; Kagan,J; Hareven,TK (eds) The family. New York: WW Norton
- Hareven,TK (1978b) Introduction: The historical study of the life course. In Hareven, TK (ed) Transitions: The family and the life course in historical perspective. New York: Academic Press
- Hareven,TK (1982) Family time and industrial time: The relationship between the family and work in a New England industrial community. Cambridge: Cambridge University Press
- Harkness,L (1991) Looking for Lisa. Random Century, Sydney.
- Harper,P (1982) Changing laws for changing families. Proceedings of the Third Australian conference on adoption: "Changing families". Adelaide, Discussion Paper 9
- Hartman,A; Laird,J (1990) Family treatment after adoption: Common themes. In Brodzinsky,DM and Schechter,MD (Eds) The psychology of adoption. New York: Oxford University Press
- Harvey,I (1982) Transracial adoption in Australia. Adoption and Fostering, 6, 43-49
- Harvey,K (1977) Caring perceptively for the relinquishing mother, American Journal of Maternal Child Nursing, January-February, 24-28
- Haug,F (1987) Female sexualization: A collective work of memory. London: Verso
- Haug,F (1992) Beyond female masochism: Memory-work and politics. London: Verso
- Health Commission of New South Wales (1982) Health commission policy on adoption (Circular No: 82/297). Haymarket: Health Commission of New South Wales
- Heartfeld,M (1996) Nursing dosumentation and nursing practice: a discourse analysis. Journal of Advanced Nursing, 24 (1), 98-103

- Heiman,M; Levitt,EG (1960) The role of separation and depression in out-of-wedlock pregnancy. American Journal of Orthopsychiatry 30, 166-174
- Henneman,EA (1995) Nurse-physician collaboration: a poststructuralist view. Journal of Advanced Nursing, 22 (2), 359-363
- Heron,L (ed) 1985 Truth, dare or promise: Girls growing up in the fifties. London: Virago
- Hewett,D (1990) Wild card. Melbourne: McPhee Gribble
- Hewison,A (1995) Nurses' power in interactions with patients. Journal of Advanced Nursing, 21, 75-82
- Hite,S (1994) The Hite report on the family: Growing up under patriarchy. London: Bloomsbury
- Hobbs,DF; Cole, SP (1976) Transition to parenthood: A decade replication. Journal of Marriage and the Family, 38(4), 723-731
- Hoff,LA (1995) Women's health issues through the life cycle. (Unpublished paper)
- Hoffmann-Riem,C (1986) Adoptive parenting and the norm of family emotionality. Qualitative Sociology, 9 (2), 162-178
- Holder,AR (1988) Surrogate motherhood and the best interests of children. Law, Medicine and Health Care, 16 (1-2), 51-56
- Hollingworth,LS (1916) Social devices for impelling women to bear and rear children. American Journal of Sociology, 22, 19-29
- Horn,JM; Loehlin,JC; Willerman,L (1979) Intellectual resemblance among adoptive and biological relatives: The Texas Adoption Project. Behavior Genetics, 9 (3), 177-207
- Horn,JM; Turner,RG (1976) Minnesota Multiphasic Personality Inventory profiles among subgroups of unwed mothers. Journal of Consulting and Clinical Psychology, 44 (1), 25-33
- Howe,D (1990) The loss of a baby. Midwife Health Visitor, 26 (1 & 2), 25-26
- Howe,D; Sawbridge,P & Hinings,D (1992) Half a million women: Mothers who lose their children by adoption. London: Penguin
- Hudson,B (1984) Femininity and adolescence. In Mc Robbie, A & Nava,M (eds) Gender and Generation. London: Macmillan
- Hudson,F; Ineichen,B (1991) Taking it lying down: Sexuality and teenage motherhood. London: Macmillan
- Hughes, P (1987) The management of bereaved mothers: What is best? Midwives Chronicle and Nursing Notes, August, 226-229
- Human Rights Commission (1984) Discussion Paper No 5: Rights of Relinquishing Mothers to Access Information Concerning their Adopted Children. Human Rights Commission, Canberra

- Humphrey,M; MacKenzie,KM (1967) Infertility and adoption: follow-up of 216 couples attending a hospital clinic. British Journal of Preventative Social Medicine, 21, 90-96
- Humphries, B (1965) Barry Humphries: Chunder down under. Mono recording. EMI, Australia, PME0 9616
- Hutchinson,SA (1990) Responsible subversion: A study of rule-bending among nurses. Scholarly inquiry for nursing practice, 4 (1), 3-17
- Ingleton,C (1994a) Gender and how students learn. Adelaide: Flinders University. Unpublished paper.
- Ingleton,C (1994b) Memory-work: insights into gender, emotion and learning. Paper presented at the Discursive Construction of Knowledge Conference, Adelaide, February 20-25, 1994
- Inglis,K (1982) The relinquishment process and grieving. Proceedings from Third Australian Conference on Adoption: Changing Families, Adelaide, 166-173
- Inglis,K (1984) Living mistakes: Mothers who consented to adoption. Sydney: GeorgeAllen & Unwin
- Jackson,DD (1986) It took trains to put street kids on the right track out of the slums. Smithsonian, 17, 94-103
- Jacokes, LE (1965) MMPI prediction of the unwed mother's decision regarding child placement. Journal of Clinical Psychology, 21, 280-281
- Jameson,F (1988) Postmodernism and consumer society. In Kaplan, EA (ed) Postmodernism and its discontents. London: Verso
- Janowski,MJ (1987) The road not taken. American Journal of Nursing, March, 334-335
- Jardine,AA (1980) Theories of the feminine: Kristeva. Enclitic, 4 (2), 5-15
- Jardine,A.(1981) Gynesis: Configurations of woman and modernity. Ithaca: Cornell University Press
- Jensen,MD; Benson,RC; Bobak, IM (1981) Maternity care: The nurse & the family. St Louis: CV Mosby
- Jones, AR (1984) Julia Kristeva on femininity: The limits of a semiotic politics. Feminist review, 18, 56-73
- Jones,MB (1993) Birthmothers: Women who have relinquished babies for adoption. Chicago: Chicago Review Press
- Joy,C; Steel,EM; Elliott,R; Bransby,ER (1957) What happens afterwards: A survey of unmarried mothers and their children after three years. Moral Welfare, (January), 12-17
- Kadushin,A (1966) Adoptive parenthood: A hazardous adventure? Social Work, 11, 30-39
- Kane,E (1990) Birth mother. Macmillan, Melbourne
- Kasanin,J; Handschin,S (1941) Psychodynamic factors in illegitimacy. American Journal of Orthopsychiatry, 11, 66-84

Kaye,K (1990) Acknowledgement or rejection of differences? In Brodzinsky,DM and Schechter,MD (Eds) The psychology of adoption. New York: Oxford University Press

Kiely,R (1967) The unmarried mothers. The Bulletin (11 October), 24-27

Kiely,R (1982) Single mothers and supermyths. Australian Journal of Social Issues, 17 (2), 155-161

Kiely,R (1983) The natural mother's view of adoption. In Snow,E (Ed.) Understanding adoption: A practical guide. Fontana, Sydney, 112-130

King,CR (1992) The ideological and technological shaping of motherhood. Women & Health, 19, 2/3, 1-12

Kirk,HD (1983) Shared fate: A theory and method of adoptive relationships. Washington: Ben-Simon

Kirkham,MJ (1983) Admission in labour: Teaching the patient to be patient. Midwives Chronicle and Nursing Notes, February, 44-45

Klaus,MH; Jerauld,R; Kreger,NC; McAlpine,W; Steffa,M; Kennel,JH (1972) Maternal attachment: Importance of the first post-partum days. New England Journal of Medicine, 286, 460-463

Klaus,MH; Kennel,JH (1970): Mothers separated from their newborn infants. Pediatric Clinics of North America, 17 (4), 1015-1037

Kogan,WS; Boe,EE; Gocka,EF (1968) Personality changes in unwed mothers following parturition. Journal of Clinical Psychology, 24, 3-11

Kogan,WS; Boe,EE; Valentine,BL (1965) Changes in the self-concept of unwed mothers. Journal of Psychology, 59, 3-10

Kornitzer,M (1968) Adoption and family life. London: Putnam

Koutroulis,G (1992a) Like a red rag to a bull: Women's menstrual experiences with men. Paper presented at the Annual conference of the Australian Sociological Association, Adelaide, December, 1992

Koutroulis G.(1992b) Memory-work: Process, practice and pitfalls. Paper presented at the Annual National Conference of the Australian Sociological Association, Adelaide, December

Koutroulis,G (1993) Memory-work: a critique. Methodological Issues in Health Research, (3), 76-96

Kraft,AD; Palumbo,J; Woods,K; Mitchell,D; Dean,C; Meyers,S; Schmidt,AW (1980) The psychological dimensions of infertility. American Journal of Orthopsychiatry, 50 (4), 618-628

Kraft,AD; Palumbo,J; Woods,K; Mitchell,D; Schmidt,AW (1985) Some theoretical considerations on confidential adoptions, Part I: The birth mother. Child and Adolescent Social Work, 2 (1), 13-21

- Kravitz,H; Trossman,B; Feldman,RB (1966) Unwed mothers; Practical and theoretical considerations. Canadian Psychiatric Association Journal, 11 (6), 456-464
- Kreech,F (1975) A residence for mothers and their babies. Child Welfare, 54 (8), 581-592
- Kress,G (1983) Linguistic processes and the mediation of 'reality': the politics of newspaper language. International Journal of Society and Language, 40, 43-57
- Kristeva,J.(1974) Four types of signifying practice. Semiotext(e), 1,(1), 65-74.
- Kristeva,J (1975) The system and the speaking subject. In Sebeok,TA (ed) The tell-tale sign: A survey of semiotics. Lisse: Peter de Ridder Press
- Kristeva,J (1976) Stabat mater in Moi,T. (ed) (1986) The Kristeva reader. Oxford: Basil Blackwell
- Kristeva,J (1980) Desire in language: A semiotic approach to literature and art. New York: Columbia University Press
- Kristeva,J (1981) The maternal body. m/f, 5-6, 158-163.
- Kristeva,J (1982) Powers of horror: An essay on abjection. New York: Columbia University Press
- Kristeva,J (1984) Revolution in poetic language. New York: Columbia University Press
- Kristeva,J (1986) Women's time. In Moi,T (ed) The Kristeva reader. Oxford: Basil Blackwell
- Kristeva,J (1989) Black sun: Depression and melancholia. New York, Columbia University Press,
- Kristeva,J (1990) The adolescent novel. In Fletcher,J & Bernjamin,A (eds) Abjection, melancholia and love: The work of Julia Kristeva. London: Routledge
- Kunzel,RG (1993) Fallen women, problem girls: Unmarried mothers and the professionalization of social work 1890-1945. New Haven: Yale University Press
- Ladewig,PA, London,ML; Olds,SB (1986) Essentials of maternal -newborn nursing. Menlo Park, CA: Addison-Wesley
- Lamb,EJ; Leurgans,S (1979) Does adoption affect subsequent fertility? American Journal of Obstetrics and Gynaecology, 134 (2), 138-144
- Lamperelli,P; Smith,JM (1979) The grieving process of adoption: An application of principles and techniques. Journal of Psychiatric Nursing and Mental Health Services, October, 24-29
- Lancette,J; McClure,BA (1992) Birthmothers: Grieving the loss of a dream. Journal of Mental Health Counseling, 14(1), 84-96
- Lane,V (1996) Typists' influences on transcription: aspects of feminist nursing epistemic rigour. Nursing Inquiry, 3, 159-166

- Langshaw,W (1966) Implementing the Adoption of Children Act. Social Service, 18 (2), 2-13
- Lauderdale,JL; Boyle,JS (1994) Infant relinquishment through adoption. Image: The Journal of Nursing Scholarship, 26 (3), 213-217
- Law Reform Commission of New South Wales (1992) Review of the Adoption Information Act 1990 (Report 69), Sydney: NSW Law Reform Commission
- Law Reform Commission of New South Wales (1994) Review of the Adoption of Children Act, 1965 (Discussion Paper 34), Sydney: NSW Law Reform Commission
- Lawler,J (1991) Behind the screens: Nursing, somology, and the problem of the body. Melbourne: Churchill Livingstone
- Laws, JL (1979) The second X: Sex role and social role. New York: Elsevier
- Lechte,J. (1990) Julia Kristeva. London: Routledge
- LeMasters,EE (1957) Parenthood as crisis. Marriage and Family Living, 19 (4), 352-353
- Lesko,N (1988) The curriculum of the body: Lessons from a Catholic high school. In Roman,LG; Christian-Smith,LK; Ellsworth,E (eds) Becoming feminine The politics of popular culture. London Falmer Press
- Levesque-Lopman,L (1988) Claiming reality: Phenomenology and women's experience. Totowa, NJ: Rowman & Littlefield
- Lewis,M (1965) Unmarried mothers. Paper presented at the Australian Welfare Workers National Conference
- Leynes,C (1980) Keep or adopt: A study of factors influencing pregnant adolescents' plans for their babies. Child Psychiatry and Human Development, 11 (2), 105-113
- Lifton,BJ (1988) Lost and found: The adoption experience. (2nd Ed), New York: Harper & Row
- Lightman,E; Schlesinger,B (1979) Pregnant adolescents in maternity homes: Some professional concerns. In Stuart,IR and Wells,CF (eds) Pregnancy in adolescence: Needs, problems and management. New York: Van Norstrand Reinhold
- Loesch,JG; Greenberg,NH (1962) Some specific area of conflicts observed during pregnancy: A comparative study of married and unmarried pregnant women. American Journal of Orthopsychiatry, 32, 624-636
- Lytard, J-F. (1992) The postmodern explained to children. Sydney: Power
- MacCannell,D (1987) Marilyn Monroe was not a man. Diacritics, 17, 114-127
- MacDermott,K (1984) Rights of relinquishing mothers to access information concerning their adopted children. Human Rights Discussion Paper No 5. Canberra: Human Rights Commission
- Macintyre,S (1977) Single and pregnant. Croom Helm, London

- Mackay,N (1966) The responsibility of the social work profession in adoptive practice. Social Service,18 (2), 14-17
- Macken,D (1997) The great escape: Why we are losing touch with reality. The Sydney Morning Herald, July 12, Spectrum 1,4
- Maitland, S (Ed) (1988) Very heaven: Looking back at the 1960s. London: Virago
- Malinowski,B (1930) Parenthood - The basis of social structure. In Roberts,RW (ed) The unwed mother. New York: Harper & Row, 25-60
- Mander,R (1991) Midwifery care of the grieving mother: how the decisions are made. Midwifery, 7, 133-142
- Mander,R (1992) See how they learn: experience as the basis of practice. Nurse Education Today, 12, 11-18
- Mander,R (1992) Seeking approval for research access: the gatekeeper's role in facilitating a study of the care of the relinquishing mother. Journal of Advanced Nursing, 17, 1460-1464
- Mander, R (1993) Autonomy in midwifery and maternity care. Midwives Chronicle and Nursing Notes. 106 (1269), 369-374
- Mander,R (1993) Who chooses the choices? Modern Midwife, Jan/Feb, 23-25
- Mander,R (1995) The care of the mother grieving a baby relinquished for adoption. Avebury, Aldershot UK
- Marshall,BL (1988) Feminist theory and critical theory. Canadian Review of Sociology and Anthropology, 25, 2, 208-230
- Martin,RD; Mazurkewich,S; Fischer,DG (1976) Pre and post-parturition personality in "keep" versus "give" unwed mothers. Canadian Counsellor, 10, 68-70
- Mason,DJ, Backer,BA; Georges,CA (1991) Toward a feminist model for the political empowerment of nurses. IMAGE: Journal of Nursing Scholarship, 23, 2, 72-77
- Matthews,JJ (1984) Good and mad women: The historical construction of femininity in twentieth century Australia. Sydney: George Allen & Unwin
- McDonald,M (1988) Adoption in the 1980s. Current Affairs Bulletin, September, 10-16
- McHoul,A; Grace,W (1997) A Foucault primer: Discourse, power and the subject. Melbourne: Melbourne University Press
- McHutchison, J (1986) Relinquishing a child: The circumstances and effects of loss. University of New South Wales: Bachelor of Social Science. (Unpublished honours thesis)
- McLaughlin,SD; Manninen,DL; Wings,LD (1988) Do adolescents who relinquish their children fare better or worse than those who raise them? Family Planning Perspectives, 20 (1), 25-32
- McLaughlin,SD; Pearce,SE; Manninen,DL; Wings,LD (1988) To parent or relinquish: Consequences for adolescent mothers. Social Work, July-August, 320-324

- McLean,D (1955) Children in need. Sydney: Child Welfare Department of New South Wales
- McNeil,BA (1986) Hospital's key role in the adoption experience. Health Progress, November, 36-40
- McRobbie, A; Nava,M (eds) 1984) Gender and generation. London: Macmillan
- McRobbie,A (1991) Feminism and youth culture: From "Jackie" to "Just Seventeen". London: Macmillan
- McRobbie,A (1994) Postmodernism and popular culture. London: Routledge
- McTaggart,L (1980) The baby brokers: The marketing of white babies in America. New York: The Dial Press
- Mead,J (Ed) (1997) Bodyjamming. Sydney: Vintage
- Mech,EV (1986) Pregnant adolescents: communicating the adoption option. Child Welfare, 65 ,6, 555-567
- Meggitt,M. (1990) Repeating the errors of the past. St Vincents Bioethics Centre Newsletter, 8 (3), 6-10
- Melly,G (1989) Revolt into style: The pop arts in the '50s and '60s. Oxford: Oxford University Press
- Meredith,E; Brotherton,P (1974) Some characteristics of a sample of Melbourne single mothers. Australian Social Work, 27 (1) 17-22
- Miall,CE (1987) The stigma of adoptive parent status: perceptions of community attitudes towards adoption and the experience of informal social sanctioning. Family Relations, 36, 34-39
- Miall,CE (1989) Authenticity and the disclosure of the information preserve: the case of adoptive parenthood. Qualitative Sociology, 12 (3), 279-302
- Mies,M (1983) Towards a methodology for feminist research in Bowles,G. and Klein, R.D. (eds) Theories of women's studies. London: Routledge and Kegan Paul
- Millen,L; Roll,S (1985) Solomon's mothers: A special case of pathological bereavement. American Journal of Orthopsychiatry, 55 (3), 411-418
- Miller,B (1992) Deputy Registrar of Births Deaths and Marriages. Sydney (Personal communication)
- Miller,SO (1973) Maternity homes: The case of a dying institution. Journal of Sociology and Social Welfare, Fall, 146-154
- Mitchell, P (1991) Memory-work: A primary health care strategy for nurses working with older women. Paper presented at the Science, reflectivity and nursing care conference, Melbourne, 1-6 December, 1991
- Moi,T.(ed.) (1986) The Kristeva reader. Oxford: Basil Blackwell

- Moore,A (1990) Growing Up with Barnardo's. Sydney: Hale & Iremonger
- Morphett, I (1984-85) Crown Street nineteen twenties: Some reminiscences. (Unpublished paper)
- Morton,MJ (1988) Fallen women, federated charities and maternity homes, 1913 - 1973. Social Service Review, March, 61-82
- Mulroy,EA (1995) The new uprooted: Single mothers in urban life. Westport,CT: Auburn House
- Musick, JS (1993) Young, poor, and pregnant: The psychology of teenage motherhood. New Haven: Yale University Press
- Musick,JS; Handler,A; Waddill,KD (1984) Teens and adoption: a pregnancy resolution alternative? Children Today, 13 (6), 24-29
- Naiman,J (1966) A comparative study of unmarried and married mothers: Preliminary report. Canadian Psychiatric Association Journal, 11 (6), 465-469
- Najman,JM; Morrison,J; Keeping,JD; Andersen,MJ; Williams,GM (1990) Social factors associated with the decision to relinquish a baby for adoption. Community Health Studies, 14 (2), 180-189
- Nathanson,CA (1991) Dangerous passage: The social control of sexuality in women's adolescence. Philadelphia: Temple University Press
- New South Wales Law Reform Commission (1992) Review of the Adoption Information Act 1990. Sydney: NSW Law Reform Commission Report 69, July
- New South Wales Law Reform Commission (1994) Review of the Adoption of Children Act 1965. Sydney: NSW Law Reform Commission Discussion Paper 34, April
- New South Wales Registry of Births, Deaths and Marriages (1994) Adoption Birth Registration Records. Sydney: New South Wales Government
- Nicholson,J (1968) Mother and baby homes: A survey of homes for unmarried mothers. London: George Allen & Unwin
- Nichtern,S (1983) The pursuit of the fantasy family: generational aspects. Adolescent Psychiatry, 11, 27-34
- Oates,JC (1994) "Where are you going, where have you been?" New Brunswick, NJ: Rutgers University Press
- Oliver,K. (ed.) (1993) Ethics, politics and difference in Julia Kristeva's writing. New York: Routledge
- Oliver,K.(1993) Reading Kristeva: Unraveling the double-bind. Bloomington: Indiana University Press
- Page,R (1984) Stigma. Routledge & Kegan Paul, London
- Page,RM (1985) Felt stigma and the unmarried mother: A study based on the views of thirty-six unmarried mothers living in south-east England. Occasional Paper No 1. Social Studies Unit, St Davids University College, Lampeter, Wales

- Pajaczkowska, C (1981) Introduction to Kristeva. *m/f*, 5 & 6, 149-157
- Pannor,R; Baran,P & Sorosky,A (1978) Birthparents who relinquished babies for adoption revisited. *Family Child Placement Practice*, 17, 329-337
- Parker,B. and McFarlane,J. (1991) Feminist theory and nursing: an empowerment model for research. *Advances in Nursing Science*, 13, 3, 59-67
- Parliament of New South Wales (1985) *Department of Youth and Community Services - "Adoption: Options for reform"*. Sydney: New South Wales Government
- Parliament of New South Wales Standing Committee on Social Issues (1989) *Accessing adoption information*. Sydney: New South Wales Government
- Parliament of New South Wales Standing Committee on Social Issues (1998) *Interim report on inquiry into adoption practices: Transcripts of evidence*. Sydney: New South Wales Government
- Parsons,T & Bales,RF (1956) *Family: Socialization and interaction process*. London: Routledge & Kegan Paul
- Pateman, C and Gross E (eds) (1986) *Feminist challenges: Social and political theory*. Sydney: Allen and Unwin
- Pearson,JS; Amacher,PL (1956) Intelligence test results and observations of personality disorder among 3594 unwed mothers in Minnesota. *Journal of Clinical Psychology*, 12 (4), 16-21
- Peerson,A (1995) Foucault and modern medicine. *Nursing Inquiry*, 2, 106-114
- Porter,S (1996) Real bodies, real needs: a critique of the application of Foucault's philosophy to nursing. *Social Sciences in Health*, 2 (4), 218-227
- Pfeffer,N (1993) *The stork and the syringe: A political history of reproductive medicine*. Cambridge: Polity Press
- Phoenix,A (1991) *Young mothers?* Cambridge: Polity Press
- Pincus,JM (1985) Counselling the unplanned pregnancy. In Proceedings of the Second National Conference, *Women's Health in a Changing Society* , 3. Canberra: Commonwealth Department of Health
- Platts,HK (1970) Facts against impressions: Mothers seeking to relinquish children for adoption. *Children*. 17 (1), 27-30
- Polsby,GK (1968) Adoption and relinquishment as experiences in loss and mourning. *American Journal of Orthopsychiatry*, 38, 257-258
- Pope,H (1967) Unwed mothers and their sex partners. *Journal of Marriage and the Family*, 29 (3), 555-567
- Pursy,L (1986) Nature and nurture: A false dichotomy? *Hypatia*, 1(1), 167-174
- Rabinow,P (ed) (1984) *The Foucault reader*. Harmondsworth: Penguin

- Rachlin,A (1988) News as hegemonic reality. New York: Praegar
- Radway,JA (1984) Reading the romance: Women, patriarchy, and popular literature. Chapel Hill: University of North Carolina Press
- Rains,PM (1970) Moral reinstatement: the characteristics of maternity homes. American Behavioral Scientist, 14 ,2, 219-235
- Rains,PM (1971) Becoming an unwed mother: A sociological account. Chicago: Aldine Atherton
- Ramazanoglu,C; Holland, J (1993) Women' sexuality and men's appropriation of desire. In Ramazanoglu,C (Ed) Up against Foucault. London: Routledge
- Raymond,J (1991) Book Review: "Solomon Says: A Speakout on Foster Care" by Louise Armstrong. Women's Studies, 14 (3), 227-229
- Raymond,JG (1994) Women as wombs: Reproductive technologies and the battle over women's freedom. Spinifex Press, Melbourne
- Reed,EF (1965) Unmarried mothers who kept their babies. Children, 12 (3), 118-119
- Registry of Births, Deaths and Marriages (1994) Adoption birth registration records. Sydney: New South Wales Registry of Births, Deaths and Marriages
- Reinharz,S (1988) What's missing in miscarriage? Journal of community psychology, 16, 84-103
- Reinharz,S (1992) Feminist methods in social research. New York: Oxford University Press
- Reitz,M & Watson,KW (1992) Adoption and the family system. New York: The Guildford Press
- Renne,D (1977) "There's always adoption": The infertility problem. Child Welfare, 56,7, 465-470
- Renzetti; Lee 1983
- Resnick,M (1984) Studying adolescent mothers' decision making about adoption and parenting. Social Work, January- February, 5-10
- Reynolds,A (1991) Tightrope: A matter of life and death. London: Sidgwick & Jackson
- Rich,A (1977) Of woman born: Motherhood as experience and institution. New York: Bantam
- Richardson,RR; Barbour,B; Bubenzer,DL (1991) Bittersweet connections: informal social networks as sources of support and interference for adolescent mothers. Family Relations, October, 430-434
- Rigg,J (ed) (1969) In her own right: Women of Australia. Sydney: Nelson
- Ritchie,CW (1989) Adoption: an option often overlooked. American Journal of Nursing, 52, 7, 1156-1157

- Roberts,P (1968) Some of the needs of the unmarried mother who keeps her child. Social Service, 20 (1), 1-5
- Roberts,RW (ed) The unwed mother. New York: Harper & Row
- Rockhill,K (1987) The chaos of subjectivity in the ordered halls of academe. Canadian Women's Studies, 8 (4), 12-13
- Roll,S; Millen,L; Backlund,B (1986) Solomon's mothers: Mourning in mothers who relinquish their children for adoption. In Rando,T (Ed.) Parental loss of a child. Champaign, Ill: Research Press Co, 257-268.
- Roman,LG; Christian-Smith,LK; Ellsworth,E (eds) Becoming feminine The politics of popular culture. London Falmer Press
- Rosen,RH (1980) Adolescent pregnancy decision-making: Are parents important? Adolescence, 15 (57) 43-54
- Rosenberg,EB (1994) The adoption life cycle: The children and their families through the years. New York: Free Press
- Rosenzweig-Smith,J (1988) Factors associated with successful reunions of adult adoptees and biological parents. Child Welfare, 5, Sept-Oct, 411-422
- Rossi,A (1978) A biosocial perspective on parenting. Daedalus, 106 (2), 1-31
- Rossi,A; Kagan,J; Hareven,TK (eds) (1978) The family. New York: WW Norton
- Rothman,BK (1982) In labor: Women and power in the birthplace. New York: WW Norton
- Rothman,BK (1989) Recreating motherhood: Ideology and technology in a patriarchal society. New York: W W Norton
- Rothman,BK (1994) Beyond mothers and fathers: Ideology in a patriarchal society. In Glen,EN; Chang,G; Forcey,LR (eds) Mothering: Ideology, experience and agency. New York: Routledge
- Rowbotham,S (1975) Women's consciousness, man's world. Harmondsworth: Penguin
- Rowland,R (1992) Living laboratories. Sydney: Allen and Unwin
- Royal Hospital for Women (1992) Royal Hospital for Women policy manual. Paddington: Royal Hospital for Women
- Ruddick,S (1989) Maternal thinking: Towards a politics of peace. Boston: Beacon Press
- Rudge,T (1996) Nursing wounds: exploring the presence of abjection in nursing practice. Nursing Inquiry, 3, 250-251
- Ryan,W (1976) Blaming the victim. New York: Vintage Books
- Rynearson,E K (1982) Relinquishment and its maternal complications: a preliminary study. American Journal of Psychiatry, 139 (3), 338-340

- Sawicki,J (1991) Disciplining Foucault: Feminism, power and the body. New York: Routledge
- Schlesinger,B (1973) Unmarried mothers in Australia: A review. Australian Journal of Social Issues, 8 (1), 58-69
- Schmideberg,M (1951) Psychiatric-social factors in young unmarried mothers.Social Casework, 32 (5), 3-7
- Schratz,M & Walker,R (1995) Collective memory-work: the self as a re/source for re/research. In Research as social change: New opportunities for qualitative research. London: Routledge
- Schulze,L, White,AB & Brown,JD (1993) "A Sacred Monster in Her Prime: Audience construction of Madonna as low-other". In Schwichtenberg,Carol (ed) The Madonna connection: Representational politics, subcultural identities and cultural theory. Sydney: Allen & Unwin
- Schutz, PR ;Meleis, AI (1988) Nursing epistemology: traditions, insights, questions. IMAGE: Journal of Nursing Scholarship, 20, 4, 217-221
- Schwichtenberg,Carol (ed) (1993) The Madonna connection: Representational politics, subcultural identities and cultural theory. Sydney: Allen & Unwin
- Scourfield,F; Hendry,A (1991) Unfinished business - the experience of a birth mothers' group. Adoption & Fostering, 15 (2), 36-40
- Shakespeare,W (1957) All's well that ends well. In The complete works of William Shakespeare, London: Oxford University Press
- Shaw,LA (1953) Following up adoptions. British Journal of Social Work, 2, 14-21
- Shaw,M (1983) Looking back: natural parents. Adoption & Fostering, 7 (3), 40-44
- Shaw, NS (1974) Forced labor: Maternity care in United States. New York: Pergamon Press Inc
- Shawyer,J (1979) Death by adoption. Cicada Press, Auckland
- Shawyer,J (1985) The politics of adoption. Healthright, 5 (1), 26-28
- Showalter,E (ed) (1994) Joyce Carol Oates: "Where are you going, Where have you been?" New Brunswick: Rutgers University Press
- Sichtermann,B (1986) Femininity: The politics of the personal. Minneapolis: University of Minneapolis Press
- Siedlecky,S & Wyndham,D (1990) Populate and perish: Australian women's fight for birth control. Sydney: Allen & Unwin
- Silber,K; Speedlin,P (1991) Dear birthmother: Thank you for our baby. (2nd ed.) Corona Publication Co, San Antonio, Texas
- Simchak,M (1990) Film review: "Some girls". Birth, 17 (4), 242

- Smart,C & Smart,B (eds.)(1978) Women, sexuality and social control. London: Routledge & Kegan Paul
- Smart,C (1982) Regulating families or legitimating patriarchy? Family law in Britain. International Journal of the Sociology of Law, 10, 129-147
- Smart,C (1995) Law, crime and sexuality: Essays in feminism. London: Sage
- Smart,C (ed) (1992) Regulating womanhood: Historical essays on marriage, motherhood and sexuality. London: Routledge
- Smith,DL (1984) Meeting the psychosocial needs of teenage mothers and fathers. Nursing Clinics of North America, 19 (2), 369-379
- Smith,EW; Duncan,A; Shouse,JW; Brown,RC (1971) Adolescent maternity services: a team approach. Children, Nov-Dec, 208-213
- Smith,JF (1983) Parenting and property. In Trebilcot,J (ed) Mothering: Essays in feminist thought. Totowa: Rowman & Allenheld
- Smith,W (1991) Rachel weeping. Bells Line Books, Kurrajong Heights, NSW
- Solinger,R (1994) Wake up Little Susie: Single pregnancy and race before Roe v. Wade. New York: Routledge
- Sorosky,AD; Baran,A; Pannor,R (1974) The reunion of adoptees and birth relatives. Journal of Youth and Adolescence, 3 (3), 195-206
- Sorosky,AD; Baran,A & Pannor,R (1978) The adoption triangle, San Antonio: Corona
- Sorosky,AD; Baran,A; Pannor,R (1989) The adoption triangle: Sealed or open records - how they affect adoptees, birth parents and adoptive parents. Corona Publishing, San Antonio
- Spencer,ME (1979) The terminology of adoption. Child Welfare, 58 (7), 451-459
- Spensky,M (1993) Producers of legitimacy: Homes for unmarried mothers in the 1950s. In Smart,C (Ed.) Regulating womanhood: Historical essays on marriage, motherhood and sexuality. Routledge, London, 100-118
- Squire,M & McDonald,M (1991) The new adoption legislation. Sydney: College of Law, Seminar Papers 91/26.1
- Stanley,L & Wise,S (1993) Breaking out again: Feminist ontology and epistemology. London: Routledge
- Stanley,L (ed) (1991) Feminist Praxis: Research, theory and epistemology in feminist sociology. London: Routledge
- Stanley,L (1993) The knowing because experiencing subject: Narratives, lives and autobiography. Women's Studies International Forum, 16 (3) 205-215
- Steel,EM; Elliott,RA; Hammond,WH (1960) A final study of unmarried mothers and their children. Moral Welfare, July, 79-87

- Steinbock,B (1988) Surrogate motherhood as prenatal adoption. Law, Medicine and Health Care, 16 (1-2), 44-50
- Stiffler,LH (1991) Adoption's impact on birthmothers: "Can a mother forget her child?" Journal of Psychology, 10 (3), 249-259
- Straker,G; Altman,R (1979) Psychological factors differentiating unwed mothers keeping their babies from those placing them for adoption. South African Journal of Psychology, 9, 55-60
- Stratton, J (1992) The young ones: Working-class culture, consumption and the category of youth. Perth, Western Australia: Black Swan Press
- Summers,A (1981) Damned whores and God's police. Melbourne: Penguin
- Sutherland,C (1984) Single motherhood: A personal view. Australian Social Work, 37, 3/4, 21-28
- Swain,P & Swain,S (eds) (1993) To search for self: The experience of access to adoption information. Sydney: Federation Press
- Swain,S & Howe,R (1995) Single mothers and their children: Disposal, punishment and survival in Australia. Cambridge: Cambridge University Press
- Swigar,ME; Bowers,MB; Fleck,S (1976) Grieving and unplanned pregnancy. Psychiatry, 39, 72-80
- Swindells,J (1989) in Personal Narratives Group (ed) Interpreting women's lives. Bloomington, Indiana: Indiana University Press
- Teel,CS (1991) Chronic sorrow: analysis of the concept. Journal of Advanced Nursing, 16, 1311-1319
- Tennyson,MA (1988) Experiences of a woman who intended to relinquish her infant for adoption. Maternal-Child Nursing Journal, 17 (3), 139-152
- Thorne,B (1991) Feminism and the family: Two decades of thought. In Thorne,B & Yalom, M (eds) Rethinking the family: Some feminist questions. (2nd ed) Boston: Northeastern University Press
- Townsend,H (1988) Baby boomers: Growing up in Australia in the 1940s, 50s and 60s. Sydney: Simon & Schuster
- Uhlenberg,P (1978) Changing configurations in the life course. In Hareven, TK (ed) Transitions: The family and the life course in historical perspective. New York: Academic Press
- Valverde,M (1990) The rhetoric of reform: Tropes and the moral subject. International Journal of the Sociology of Law, 18, 61-73
- van Dijk, TA (ed) (1985) Handbook of discourse analysis. London: Academic Press
- van Dijk,TA (1986) News as discourse. Hillsdale,NJ: Lawrence Erlbaum

- van Keppel,M; Winkler,R (1982) The effect on the mother of relinquishing a child for adoption. Paper presented at The Third Australian Conference on Adoption: Changing Families, Adelaide
- van Manen,M (1990) Researching lived experience. New York: State University of New York Press
- Vance,CS (ed) (1984) Pleasure and danger: Exploring female sexuality. Boston: Routledge and Kegan Paul
- Verrier,NN (1994) The primal wound: Understanding the adopted child. Baltimore: Gateway Press
- Vincent,CE (1961) Unmarried mothers. New York: The Free Press
- Walker,J (ed) (1993) Halliwell's film guide. (10th Ed). London: Harper Collins
- Walker,RG (1969) Official Year Book of New South Wales No 60. Sydney: New South Wales Government
- Walker,RG (1971) Official Year Book of New South Wales No 61. Sydney: New South Wales Government
- Warren,KC; Johnson,RW (1989) Family environment, affect, ambivalence and decisions about unplanned adolescent pregnancy. Adolescence, 24 (95), 505-522
- Watson,K.W. (1986) Birth families: living with the adoption decision. Public Welfare, 44 (2), 5-10
- Wear,D & Nixon,L (1994) Literary anatomies: Women's bodies and health in literature. New York: State University of New York
- Wearing,B (eds) Gender reclaimed: Women in social work. Sydney: Hale & Iremonger
- Weinman,ML; Robinson,M; Simmons,JT; Schreiber,NB; Stafford,B (1989) Pregnant teens: Differential pregnancy resolution and treatment implications. Child Welfare, 68 (1), 45-55
- Weinreb,ML & Murphy,BC (1988) The birth mother: A feminist perspective for the helping professional. Women & Therapy, 7 (1), 23-36
- Welldon,EV (1992) Mother, madonna, whore: The Idealization and Denigration of Motherhood. New York: Guildford Press
- Wells,S (1992) Post-traumatic stress disorder in birth mothers. Adoption & Fostering, 17 (2), 30-32
- Wells,S (1993) What do birthmothers want? Adoption & Fostering, 17 (4), 22-26
- Wells,S (1994) Within me, without me. Adoption: An open and shut case? London: Scarlet Press
- Wherley,S; Hauser,P; Anstett,RE (1989) The relinquishing-adopting patient and the family physician. Journal of Family Practice, 28 (3), 257-261
- White,C; Anonymous (1992) A secret hero sings...where are all the silent witnesses? Dulwich Centre Newsletter, 2, 7-12

- White,M (1993/4) The future of relationships. 21C, Summer,92-99
- Whitford,LM; Gonzalez,L (1995) Stigma: The hidden burden of infertility. Social Science Medicine. 40 (1), 27-36
- Wicks,B (1993) Yesterday they took my baby away. London: Lime Tree
- Wicks,D (1999) Nurses and doctors at work: Rethinking professional boundaries. Sydney:Allen & Unwin
- Wilkinson,K ; Angus,G (1993) Adoptions Australia 1990-91. Australian Institute of Health & Welfare: Child Welfare Series No 1, AGPS, Canberra
- Wilkinson,M (1986): Good mothers - bad mothers: State substitute care of children in the 1960s. In Marchant,H; Wearing,B (eds.) Gender reclaimed: Women in social work. Sydney: Hale & Iremonger
- Williams,LR (1992) Happy families? Feminist reproduction and matrilineal thought. In Armstrong,I (ed) New feminist discourses: Critical essays on theories and texts. London: Routledge
- Wilson,D (1978) Sexual codes and conduct: A study of teenage girls. n Smart,C & Smart, B (eds) Women, sexuality and social control. London: Routledge & Kegan Paul
- Wilson,J; Smith,B (1974) They kept their babies: A follow-up study of 38 unmarried mothers 15 months after confinement. Australian Journal of Social Work, 27 (2), 15-20
- Winkler,RC; Brown,DW; van Keppel,M; Blanchard,A (1988) Clinical practice in adoption. Oxford: Pergamon
- Winkler,R; van Keppel,M (1984) Relinquishing mothers in adoption. Melbourne: Institute of Family Studies
- Winnicott,DW (1957) in Winnicott,C et al (Eds) (1987) Babies and their mothers. Reading, Mass.: Addison-Wesley
- Wood,J (1984) Groping toward sexism: boys' sex talk. In McRobbie,A & Nava,M (eds) Gender and generation. London: Macmillan
- Woollett,A (1985) Childlessness: Strategies for coping with infertility. International Journal of Behavioural Development, 8, 473-482
- Yelloly,MA (1965) Factors relating to an adoption decision made by the mothers of illegitimate infants. Sociological Review, 13 (1), 5-14
- Young,IM (1990) Breast experience: The look and the feeling. In Throwing like a girl and other essays in feminist philosophy and social theory. Bloomington: Indiana University Press
- Young,L (1954) Out of wedlock. New York: McGraw Hill
- Zabar,P & Angus,G (1994) Adoptions Australia 1992-93. Australian Institute of Health and Welfare: Child Welfare Series No 7, Canberra: AGPS
- Zamora, M (1990) Frida Kahlo: The brush of anguish. Seattle: Art Data
- Zaret,D (1992) Critical theory and the sociology of culture. Current perspectives in social theory, 12, 1-28
- Zaretsky, E (1976) Capitalism, the family and personal life. London: Pluto Press

Zelizer,VA (1994) Pricing the priceless child: The changing social value of children.
Princeton,NJ: Princeton University Press

Zelnik,M; Kantner,JF (1974) The resolution of teenage first pregnancies. Family Planning Perspectives 6 (2), 74-80

Zerilli,LMG (1992) A process without a subject: Simone de Beauvoir and Julia Kristeva on maternity. Signs: Journal of Women in Culture and Society, 18,1, 111-135

Zolla,MS; Strick,LD (1985) When parents change their minds. California Lawyer, January, 18-20,74

MEDIA REFERENCES

- "A Current Affair", (1994) Sydney: TCN Channel 9, 30 August
- "Grannie" (1951) Dear Editor. Woman, 26 March, p2
- (1947) Problem of the illegitimate child. Woman, 28 July, p22
 - (1950) Hazel had a baby but no husband. Woman, 9 October, pp36-38
 - (1954) Should she surrender her baby? Australian Women's Weekly, 8 September, p26
 - (1957) Reader's letter. Women's weekly, 19 June,
- Adcock,R (1973) I breastfed my adopted baby. Woman's Day, 15 October, pp79-80
- Austen,M (1949) Too old at 44? Woman, 2 May, p25
- Australian Broadcasting Corporation (1996) 7.30 Report, 6 May
- Babbage,B (1951) The cure that kills. Woman, 10 September, 5
- Baker,A (1955) What the future holds for this little boy. Women's Weekly, 26 October, 20-21
- Baker,S (1954) This is how it began. Woman, 6 September, 5
- Barrow,L (1969) The adoption boom. Woman's Day, 1 December, 99
- Beeby,O (1966) The rainbow's end...A boy and his dream. Woman's Day with Woman, 28 February, 75
- Bost,E (1957) The dark baby played alone. Woman's Day,
- Carter,I (1958) Aboriginal Cinderella. Woman's Day with Woman, 8 September, 3, 16, 59 and 62
- Craig,A (1975) Sister Stewart and the lonely girls-in-waiting. Woman's Day, 27 October
- Crosley,J (1971) Adoption fact and fancy. Sydney Morning Herald, 9 September
- Dunn,P (1949) Ladies first for adoption, too. Woman, 25 April, 19
- Dupree,A (1970a) Joey...he's somebody's baby now. Woman's Day 16 February, 37
- Dupree,A (1970b) What's so special about this baby? Woman's Day, 26 October, 4-5
- Dye, M (1949) How we treat unmarried mothers. A.M., April, 11-12
- Edwards,J (1967) Family by adoption. Woman's Day, 14 August, 78
- Egan,MC (1958) A baby to call my own. Woman's Day with Woman, 31 March, 3,7
- Franks,S (1973) Unwed mothers find a brave new world. Woman's Day, 30 July, 6-7
- Griffith, G (1969) 'When I told him...he couldn't face the responsibilities.' Daily Mirror, 24 March
- Griffith,G (1969) The unwed mothers. Daily Mirror, 24 March
- Hickman,L (1972) Mothers who go it alone. Australian Women's Weekly, 5 April, 1-2
- Hocking,BA (1970) Joy and sorrow, but...welcome, strangers. Woman's Day, 16 February, 67
- Ingham,F (1947) We adopt a baby girl. Woman, 14 July, 10

Jarvis,D (1977) Being black and together - that's beautiful. Australian Women's Weekly, 25 May, 43

Johnson,P (1975) Where have all the babies gone? Australian Women's Weekly, 14 May, 57-58

Keavney,K (1968) "You did not grow under my heart but in it." Australian Women's Weekly, 17 April, 4-5

Keavney,K (1976) Adoption: Secrecy or not? Australian Women's Weekly, 4 February, 34-36

Kennedy,I (1975) "Has anybody seen my mother?" Australian Women's Weekly, 17 March

Kiely,R (1967) The unmarried mothers. The Bulletin (11 October), 24-27

Macken,D (1997) The great escape: Why we are losing touch with reality. The Sydney Morning Herald, July 12, Spectrum 1,4

McGregor,C (1965) 'Live-in' jobs: Charity or cheap labour? Sydney Morning Herald, 14 May, 2

McKenzie,J (1974) This is how you became our son. Woman's Day, 11 March, 51, 56

McKerihan,G (1950) Our new Australian. Woman, 27 March, 19

Medico (1947) Adopting a baby. Women's Weekly, 10 May, 40

Parsons,J (1972) Tragedy of unwanted babies. Woman's Day, 10 April, 5

Pragnell,T (1957) The mother in the other bed. Woman's Day with Woman, 18 November, 23

Richards,B (1969) The drifters in two worlds. Woman's Day, 31 March, 12

Seager,H (1962a) What's happening to Johnny now? Woman's Day with Woman, 26 March, 5

Seager,H (1962b) Who'll give Johnny a home? Woman's Day with Woman, 19 February, 7

Smith,J (1976) Where have all the babies gone? Woman's Day, 30 August, 15

Stephenson,R (1958) Two piccaninnies find a home. Woman's Day with Woman, 7 July, 28

Strange,D (1975) The women and the children - who wait. Woman's Day, 7 July, 27-29

Terris,W (1947a) Illegitimacy no crime. Woman, 17 February, 38

Terris,W (1947b) Stories with a moral. Woman, 2 June, 38

Terris,W (1948) Adoption is binding. Woman, 10 May, 38

Tully,M (1970) Studying for exams not easy for theses schoolgirls. New Zealand Herald, 21 November, 16

Walpole,J (1948) Young Rob. Woman, 26 April, 17

Willessee,G (1973) In Darwin, a family grieves for a little black girl. Woman's Day, 12 November, 5,13

Williamson,K (1985) Adoption opens up: Dropping the veil of secrecy. National Times, 15-21 February, 22-24, 29

Yates,K (1963) Their foster son is an aboriginal. Australian Women's Weekly, 28 August, 4

GLOSSARY OF TERMS

This glossary provides some explanations of the terms used by Julia Kristeva as they have been interpreted by scholars of her work or explicated by Kristeva herself.

- Abject - The jettisoned object: "The abject is not an object facing me, which I name or imagine... The abject has only one quality of the object - that of being opposed to /... (It is) something rejected from which one does not part, from which one does not protect oneself as from an object." (Kristeva, 1982:1)
- Abjection - "Abjection is immoral, sinister, scheming, and shady: a terror that disassembles, a hatred that smiles, a passion that uses the body for barter instead of inflaming it, a debtor who sells you up, a friend who stabs you.... Abjection is caused by what disturbs identity, system, order. What does not respect borders, positions, rules" (Kristeva 1982:4).
- Chora - Taken from Plato (Timeus, 48-53) meaning 'a receptacle', the chora is the semiotic space, the pre-symbolic which precedes subjectivity and identity (the symbolic) (Grosz, 1992:44). The maternal chora is connotative of the mother's body - an unrepresentable body - which is the focus of the semiotic as the pre-symbolic (Lechte, 1991:129).
- Deconstruction - In its technical sense, refers to a series of tactics and devices rather than a method: strategies to reveal the unarticulated presuppositions on which metaphysical and logocentric texts are based eg. truth, being, knowledge etc (Grosz, 1992:xv).
- Jouissance - Pleasure understood in orgasmic terms, and a more generally corporeal, non-genital pleasure: that is, beyond the pleasure principle (Grosz, 1992:xix). It "sexual, spiritual, physical, conceptual at one and the same time...total joy or ecstasy (without any mystical connotation)" (Roudiez in Kristeva, 1980:16).
- Semanalysis- Refers to the processes by which discourses are put into question and analyses the confrontation between the unity required by the symbolic and the heterogeneity of the semiotic. It is the study of both the constitution and deconstruction of the text (Grosz, 1992:60-61). Literally, dissolving the sign, taking it apart and opening up new areas of signification (Roudiez in Kristeva, 1980:18)
- Semiotic - According to Kristeva, this refers to one of the two modalities comprising all psychical and signifying relations, the other being the symbolic with which it is in dialectical conflict. It is the maternal space and energy subordinated to the law-like functioning of the symbolic but, at times of social transgression, intervening into and subverting the symbolic. It cannot exist without constantly challenging the symbolic (Grosz, 1992:xxi; Roudiez in Kristeva, 1980:18).

Signifiers -	Practices which imply the subordination of the semiotic to the symbolic, eg language and text (Grosz, 1992: 50).
Speaking subject-	Not only does this refer to the thinking, speaking, acting, writing, or doing agent, the subject is also a function and effect of the socio-symbolic order. It is never used to suggest the topic or theme of a work (Grosz, 1992:41; Roudiez in Kristeva, 1980:19)
Symbolic:	Whereas the semiotic and the chora are explicitly maternal, the symbolic is paternal and represents patriarchy. However its dominance is never guaranteed or secure, and is likely to come into conflict, or rupture, with the suppressed semiotic (Grosz, 1992:49).

APPENDICES

- Appendix 1 Adoption Birth Registration Records, New South Wales, 1924 -1974
- Appendix 2 The Semanalysis Helix
- Appendix 3 Agreement to Participate in Research
- Appendix 4 Print Media Headlines, 1945-1995
- Appendix 5 Press Cutting: "Adoptees celebrate birthmother's day"
- Appendix 6 Mothers' Details
- Appendix 7 Details of Mothers from Internet Group
- Appendix 8 Field Notes: Meeting at the NSW Association of Midwives, 1February 1996
- Appendix 9 Midwives' Details
- Appendix 10 The Memory-Work Collective
- Appendix 11 Survey of Names
- Appendix 12 Survey Results: Australian Respondents
- Appendix 13 Survey Results: New Zealand Respondents
- Appendix 14 Mothers' Art
- Appendix 15 Mothers' Poetry
- Appendix 16 Abjection: A Poetic Reading

Appendix 1

**ADOPTION BIRTH
REGISTRATION RECORDS:**

New South Wales 1924-1974

Registry of Births, Deaths and Marriages

Adoption Birth Registration Records

Year	No	Progressive Total	Year	No	Progressive Total
1924	28	28	1960	1,650	46,972
1925	282	310	1961	2,217	49,189
1926	299	609	1962	2,303	51,492
1927	502	1,111	1963	2,175	53,667
1928	685	1,796	1964	2,517	56,184
1929	837	2,633	1965	2,294	58,478
1930	791	3,424	1966	2,914	61,392
1931	672	4,096	1967	1,940	63,332
1932	463	4,559	1968	1,986	65,318
1933	877	5,436	1969	2,074	67,392
1934	816	6,252	1970	3,177	70,569
1935	889	7,141	1971	3,630	74,199
1936	837	7,978	1972	4,564	78,763
1937	968	8,946	1973	2,685	81,448
1938	1,107	10,053	1974	2,058	83,506
1939	982	11,035	1975	1,889	85,395
1940	1,164	12,199	1976	1,763	87,158
1941	1,403	13,602	1977	1,509	88,667
1942	1,440	15,042	1978	1,041	89,708
1943	1,496	16,538	1979	1,094	90,802
1944	1,594	18,132	1980	856	91,658
1945	1,324	19,456	1981	965	92,623
1946	2,037	21,493	1982	1,175	93,798
1947	1,625	23,118	1983	904	94,702
1948	1,666	24,784	1984	741	95,443
1949	2,019	26,803	1985	936	96,379
1950	1,533	28,336	1986	702	97,081
1951	1,447	29,783	1987	690	97,771
1952	1,672	31,455	1988	488	98,259
1953	1,875	33,330	1989	840	99,099
1954	2,090	35,420	1990	688	99,787
1955	1,627	37,047	1991	522	100,309
1956	1,651	38,698	1992	404	100,713
1957	2,047	40,745	1993	338	101,051
1958	2,322	43,067	1994	153	101,204
1959	2,255	45,322		(to June)	

Appendix 2

THE SEMANALYSIS HELIX

Appendix 3

symbolic order

semanalysis

thetic phase

semiotic order

symbolic order

ic phase

semanalysis

semiotic order

THE SEMANALYSIS HELIX

Appendix 3

**AGREEMENT
TO PARTICIPATE IN RESEARCH**

AGREEMENT TO PARTICIPATE IN RESEARCH

I, _____ agree to participate in the doctoral research project, **"Abjection and relinquishment: A semanalysis of the meaning of losing a baby to adoption"** being conducted by **Patricia Farrar, Faculty of Nursing, University of Technology, Sydney.**

I understand that the purpose of the study is to investigate the meaning of losing a baby to adoption which has been explained to me in writing by the researcher.

I understand that my participation in this research may involve disclosure of sensitive information which could be embarrassing for me to tell or painful for me to remember. Any refusal to share that information will not prejudice my position in the study or in any future relationship with the researcher and/or the University.

I am aware that I am at liberty to contact **Patricia Farrar (phone 9514 5747 or 9481 9348) or Susanna Davis (phone 9514 1279)** if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish and without giving a reason. I agree that Patricia Farrar has answered all my questions fully and clearly.

I agree that the research data gathered from this research project may be published in a form that does not identify me in any way.

Signed by

____/____/____

Witnessed by

____/____/____

Appendix 4

PRINT MEDIA HEADLINES,

1945-1995

Should she SURRENDER HER BABY?

By a staff reporter

As an unmarried mother enters hospital to have her baby she has a major decision to make—one that she will regret and be able to live with all her life. Should she keep her baby or give it up?

The mother in the other bed

The merciful instinct warned the married woman... she held her tongue and made a solemn resolution



AVEN OF HOPE FOR



LONELY MOTHERS

They're not married, but they find a welcome and practical help at the Western Babies' Home, says HELEN FRIZ



Hazel had a baby but NO HUSBAND

They couldn't face the responsibilities

This is the first of a special series on the hundreds of unmarried pregnant girls in Sydney, Tennessee who are lonely, afraid, ashamed and sometimes destitute. Their stories are told at the request of hospital social workers AND the girls themselves. They want people to understand and help other girls to adjust to the problems they feel are beyond them.



John, 20, and Barbara, 18, struggle for survival. Barbara and John were in an intimate relationship for several years. They were both high school graduates and had a steady income. They were planning to get married and start a family. But when Barbara became pregnant, they were faced with a difficult decision. They could not afford to raise the child, and they were not ready to get married. They decided to give the baby up for adoption. Barbara and John were both devastated by the decision, but they felt it was the only way to survive.

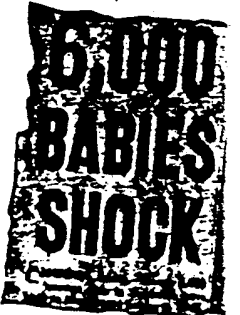
The Unwed Mothers

THOSE UNWEL MOTHERS...

THE number of babies born to unmarried teenage girls in 1965 was nearly double the figure for 1961, while the illegitimate birth rate for older age groups remained virtually unchanged.

Illegitimacy is as old as mankind, but no reasonable solution for its associated problems has been evolved. The shotgun marriage is a poor alternative, often condemning the couple to a lifetime of misery.

The unmarried mother of today is immeasurably better off than her counterpart of 50 years ago, who was abandoned by society and made to believe that she was ruined for life.



MOTHERS WHO GO IT ALONE

Line 54 1-2 46
1972

Who are the unmarried mothers of the 70s? — with the Pill and a better sex education — are they social mothers? — are they deliberately chosen by parents? — at least are only young, social, and headstrong



Unwed mothers

THE AGONY OF GIVING UP A BABY

"Even if I get married and have a dozen children, I will always remember him. The more I think about it the more I wish I had kept him."

So speaks a young girl who gave her baby away because she was unwed. Her story — one of three cases — is told in a special report an excerpt, by the Daily Mirror's Inquirer team, beginning today.

Daily Mirror
11/10/72



AN INSIGHT

What the future holds for this little boy

By ANSLIE BAKER, staff reporter

Jobs: Charity Cheap Labour?

UNMARRIED MOTHER

These are the tragic facts

- One in every three first-born children in Australia is conceived out of wedlock.
- It is estimated that 90,000 abortions are performed in Australia every year, and during recent years there has been the Pill. Even so, the illegitimacy rate has risen.

SOME 15 years ago less than four percent of all children born in Australia were born to unmarried mothers. Last year the figure was 6.5 percent.

This rising figure reflects a world trend in changed moral attitudes, particularly a changed attitude to sex.

The change started in the late 1940s after World War II and has increasingly developed in the 1960s.

While there is less condemnation of unmarried mothers than there used to be, social and financial

difficulties nevertheless arise and their situation is a bitter one.

The two real-life stories on these pages show that the situation produces anguish for the girl and her family, and provides her with a hazardous beginning to what may well be a problem-ridden future.

The girls concerned are unmarried and pregnant. They are both young, both in love with the men they love, both bravely facing a difficult future.

One of their biggest decisions is whether to keep their babies or give them over for adoption.

● This girl will have her baby adopted

"He said he didn't love me enough"

6847 bable to teenager

The number of babies born to unmarried mothers in Australia last year was 68,477 — a jump of 17.2% in four years.

The 1971 figures show that 25% of all babies born to unmarried mothers were adopted.

The 1971 figures also show that 25% of all babies born to unmarried mothers were adopted.

The 1971 figures also show that 25% of all babies born to unmarried mothers were adopted.

OTHERS OLD — IVE UP OUR BABIES

NATIONAL
SHAME

Deception and grief of adoption

Young mothers
forced to give
up their babies
for adoption

...from page 1
The children were also victims
of a cruel fate because many
of them were not under the
protection of the law. In fact,
the children were often placed
in the hands of unscrupulous
adoption agencies which
operated in complete secrecy
and without any regard for
the welfare of the children.
The children were often
placed in the hands of
unscrupulous adoption
agencies which operated
in complete secrecy and
without any regard for
the welfare of the children.

CHILD BABIES

I didn't
have a
chance
in hell —
and the
ache is
still
there.

Mothers fight baby-snatchers

FORCED TO GIVE UP

Many of the 100,000 NSW
adoptions were
result of coercic

Mothers
who still
suffer
the pain



Baby scandal inquiry demand

NATIONAL DISGRACE

... took her baby ... not a word sa

union
back
ssing
aces of
no lives



The plea of a weeping woman



Heartache of 'losing' a baby

"I wish I could
know that I think of her every day"

ADOPTION OPENS UP

Dropping the veil of secrecy

**THE
SLOWLY
SEARCHED**

Adoption agony: Where is my mother?



Thoughts on children from an adoptive mother of two

Do natural parents forge greater bonds with children than adoptive parents? Not necessarily, says one mother

A long search ends

Relinquishing mothers are fighting for the right to make contact with their children

SEARCHING FOR THE LOST LINK

New laws are making it easier, as our chart shows. But it remains an emotional issue



DAD, MIMI, MUM!
How a 'confused, searching kid' found her natural parents

TELL THE ADOPTED CHILD



to: SIPA
families - lost and found

father and his daughter reunited after 30 years
sisters

AFTER 40 YEARS
"We've more than a century to catch up on"

"I never knew I had a brother, let alone two of them," said a happy smiling sister Olive



Christa Settertobulte with her Australian daughter Petra Zahmeister. Picture: Don McPhedran.

TOGETHER AGAIN AFTER 35 YEARS

mother who never gave up hope

her 10-year search to find her half...

Margaret and Frank have almost 70 years to catch up on
Having spent a lifetime apart, they now have to be

Near misses, coincidences, and luck:
TWINS ARE RE-UNITED

Separated at birth and as alike as peas in a pod, at last these two twins are whole



ie's miracle - an instant family
of struggle alone, she's only she's
r loving brother



Green Telley with baby Pam



Irene and Green Telley



Adopted daughter finds mother on her doorstep

Her search led her



Mother and child reunion, at last

The heartache, the joy



...in some cases the heart-
ache was not over the other
side of the door at breakfast
time. In some cases the heart-
ache was not over the other
side of the door at breakfast
time. In some cases the heart-
ache was not over the other
side of the door at breakfast
time.

'I was glad I could give Gloria back her only granddaughter'

Deirdre
Deirdre HO is a 59-year-old woman who reported by 18-year-old Gloria. An elderly woman who reported by 18-year-old Gloria. An elderly woman who reported by 18-year-old Gloria. An elderly woman who reported by 18-year-old Gloria.

At 59, Norma's got a mum at last



Tears of joy at adoption reunion



Easing the identity crisis for black

JUDITH
...the heartache, the joy...
...the heartache, the joy...
...the heartache, the joy...



Heaps of tears

Wendy
...the heartache, the joy...
...the heartache, the joy...
...the heartache, the joy...



A message, then a meeting with Melissa

Chance reunites sister after 52 years

19/1/93 AVO

and child who
 ever be claimed

... girl finds herself pregnant there
 ... and grief for those nearest to her.
 ... responsible. But what of the person
 ... and reader calls "the unmarried"
 ... She writes of what it's like to be one

HAVE ALL THE BABIES GONE?

... believe it's because unmarried mothers now get a
 ... ice from the Government - \$35 a week isn't all
 ... - no, it's just that people today are much more
 ... to a girl who has a baby and decides to keep it.
 ... A lecturer Mary McLelland told PATRICIA JOHNSON.

Where have
 all the babies gone?



The alarming facts on Teenage Abortion:

did a mother
 make the
 right decision?

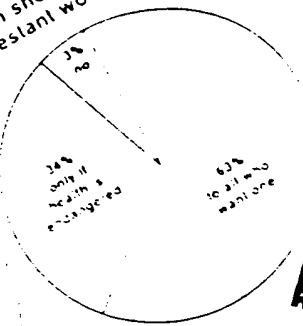
Studying for Exams Not Easy For These Schoolgirls

The Australian Woman says:

Abortion should be available.
 Catholic women voted:



Abortion should be available.
 Protestant women voted:



Readers tell of the agonizing
 decision on abortion:

"I didn't want it, but I wanted
 less to be pregnant"

Couples who
 wait in vain
 for a child
 for adoption

Adoption laws discussion

Public meeting for western Sydney people
Adoption Information Act will be held at Hills next Monday night.
Meeting — entitled Unveiling the Secrecy in Adoption — will discuss how the new adoption information laws will affect adopted people.

adoption laws meeting

"Each program will include a video presentation and discussions, including..."

Adoption Information Act to be explained

ADOPTION LAWS

HOW THEY AFFECT YOU

Adoption Information Act 1990

Existing secrecy provisions in relation to adoptions will change under the above Act.

The legislation will be fully implemented from April 1991 including the right to obtain information about the original or adoptive identity of adopted persons and the right to veto contact from parties to an adoption.

A draft regulation, setting out details of information which can be made available, can be inspected at any office of the Department of Family and Community Services or obtained from the Family Information Service, P.O. Box 3485, Parramatta 2124, Telephone 683 9999.

Comments can be sent to the Family Information Service not later than Friday, December 14, 1990.

A Hunter Region community meeting will be held on Thursday, November 15, 1990 at Broadmeadow High School (Bini Shell) Lambton Road, Broadmeadow from 7.30pm. To assist with catering arrangements please call (049) 29 9799 or (049) 54 6688 to indicate attendance numbers.

Further information and advice is available on 008 049956.



N.S.W. DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

THE NEW SOUTH WALES GOVERNMENT
Putting people first by managing better

important adoption changes

ADOPTION LAWS WILL REMOVE THE SECRECY IN APRIL

ADOPTION laws to be implemented on April 2 would remove existing secrecy provisions and allow adopted adults to obtain original birth certificates, says Robert Webster, NSW Minister for Family and Community Services.

Adoption laws set to open floodgate

Hundreds of adoptees and relinquishing mothers are expected to flock to the State's registry offices on their opening today to request birth certificates.

Adoption information

Blue Mountains residents who wish to take advantage of new adoption laws can lodge a birth certificate application at the Katoomba Court House, Minister for Family and Community Services, Mr Robert Webster.

Adoption new laws

Gunnedah residents will be able to identify and contact each other, should they wish, through access to new adoption laws to be implemented in April 1991.

Adoption privacy law changes apply soon

ADOPTED children and natural parents in St George and Sutherland Shire can prevent the release of their names after...

said the veto should be lodged as soon as possible. "Birth parents will be able to obtain a copy of the amended birth...

exist to deter any invasion of privacy," Mr Webster said. Once a certificate with a veto has been issued, the veto applicant is ad...

A contract veto is available to...

ing access

Appendix 5

PRESS CUTTING:

"Adoptees celebrate birthmother's day"

Appendix 6

MOTHERS' DETAILS

MOTHERS' DETAILS

MOTHER'S PSEUDONYM	PERSONAL DETAILS AT THE TIME OF BABY'S BIRTH
Karen	Daughter born in 1969 at Crown Street hospital, Sydney. Aged 23, single. Came from interstate.
Jenny	Son born 1971 in New Zealand. Aged 16, single. In unmarried mothers' home.
Jane	Daughter born 1966 in Wollongong, New South Wales. Aged 28, married (not to her baby's father).
Elaine	Son born 1952 in Queensland. Aged 26. Daughter born 1954 in Queensland. Aged 28. In a de facto relationship with her babies' father.
Robyn	Daughter born in 1965 at Crown Street hospital. Aged 15, single. In unmarried mothers' home.
Dana	Daughter born 1961 in Canada. Aged 16, single.
Mary	Son born 1966 at Crown Street hospital, Sydney. Aged 21, single. In unmarried mothers' home. Daughter born 1967 at Mater Hospital, Sydney Aged 22, single.
Kerry	Daughter born 1961 in USA. Aged 16.
Jackie	Daughter born 1966 in Sydney. Came from interstate. Aged 18, single, in a relationship (not with her baby's father).
Carol	First child born 1964 at St Margaret's Hospital, Sydney. Aged 21, single. In unmarried mothers' home. Second child born 1966 at Royal Women's Hospital, Brisbane. Aged 24, single. Son born 1970 at St Margaret's Hospital, Sydney. Aged 28, single mother of a son born in 1968.
Denise	Son born 1965 in Sydney. Aged 17, single and then married her baby's father.
Susan	Son born 1961 in New Zealand. Aged 16, single. In unmarried mothers' home.

Appendix 7

**DETAILS OF MOTHERS' FROM
INTERNET GROUP**

DETAILS OF MOTHERS FROM INTERNET GROUP

MOTHER'S PSEUDONYM	PERSONAL DETAILS AT THE TIME OF BABY'S BIRTH
Sarah	Son born 1965 in USA. Aged 19, single.
Michelle	Son born 1967 in USA. Aged 18, single.
Evelyn	Son born 1969 in USA. Aged 17, single.
Brenda	Daughter born 1968 in USA. Aged 18, single.
Laura	Son born 1974 in USA. Single. Daughter born 1977 in USA. Single.
Joanne	Son born 1972 in USA. Single.
Bobbie	Daughter born 1955 in USA. Aged 18, single.
Penny	Daughter born 1964 in USA. Single. In maternity home. Secondary infertility.
Marilyn	Son born 1970 in USA. Aged 18, married, then separated and surrendered her baby aged 3 years.
Rowena	Son born in 1969 in Canada. Aged 17, single.
Melissa	Son born in 1976. Aged 24, engaged (not to her baby's father).
Tania	Son born 1989 in USA. Aged 21, single.
Judy	Daughter born 1969 in USA. Single.
Shelly	Son born 1970 in USA. Aged 17, single.
Theresa	Daughter born in 1965 in USA. Aged 16, single.
Rachel	Sons born in 1961 and 1963 in USA.. Single.
Heather	Twin daughters born in 1984 in USA.. Single. Open adoption.
Frances	Twin sons born in 1973 in New Zealand. Aged 24, single.

Appendix 8

FIELD NOTES:

**Meeting at the NSW Association
of Midwives, 1 February 1996**

Field Notes: Meeting at the NSW Association of Midwives, 1 February 1996

Most relinquishments took place at Crown Street, with others at Bethesda, Queen Victoria (Annandale) and the Home of Hope which later became South Sydney Women's Hospital. Were known as "social admissions".

The girls were generally rejected by society, the boy and her parents. At Crown Street they were treated with compassion, for example they were given wedding rings to conceal their unmarried status. Under these social conditions, they received no money and no help. Women today are looking at it with a '90s view, with hindsight.

Single girls were frightened, they had "no education" and had longer labours. Doctors were reluctant to intervene so Caesarean sections were not performed. This was also the era before epidural blocks, and the only analgesic was pethidine. Care was always given in the "best interests of the girls".

MI2 remembers the youngest mother being only 12 and was admitted with her teddy bear, the oldest was 49. One intellectually disabled girl would not allow herself to be examined and had her baby delivered under general anaesthetic.

MI2's personal belief is that "the adopted babies suffered as a result of the mother's stress in pregnancy." She expressed disapproval of middle-class thinking that it was right for single girls to give up their babies for people who could not have one.

Girls at Crown Street were admitted to Waiting Patients whenever they need to be during their pregnancies, and were then employed at the Tresillian homes in laundry and housework duties. This has been described as "slave labour", but the girls were provided with a roof over their heads, a salary and good food. Single mothers also went to Lady Wakehurst, a home at Waverley, was opened in 1952 and closed in 1982 (although it had been unoccupied since 1975).

Not all single mothers were public patients. There were girls in private and intermediate wards who did not surrender, "who would not be badgered into giving up their babies".

Many of the girls suffered from the stigma of unmarried mothers and came under the prying eyes of neighbours, some even going so far as to phone the hospital. The midwives always protected that girls privacy and confidentiality.

MI4: "Knowledge was formulated by the Tutor Sister, Miss Jessup, and Matron Shaw, and the midwives were always told not to treat the girls differently. Matron Shaw believed that all should be given the opportunity to cuddle their babies and even breastfeed them." Similarly the paediatrician did not treat the babies differently. The pillow on the chest, sheet or anaesthetic frame practice was not liked nor approved of by many midwives. It was ceased at the urging of the head social worker who was a very influential person. The midwives believed "If the mother wants to see her baby..."

Charts were marked as "UB+" (unmarried, keeping baby) or "UB-" (unmarried, not keeping baby). This changed from BFA (baby for adoption) in the 1960s so that the mother would not hear the word 'adoption'.

Single mothers were given sedation post-partum as were all mothers, but they were a particularly high-risk pre-eclampsia group. Often they "ate for two" so that their pregnancy didn't show. Occasionally multiparous women tried to pass as primips, but

were given away by their episiotomy scars. The over-riding rationales were in the interest of the mother, and to this end there was a reluctance to scar the uterus.

The adoption nurseries, in the isolation block, held more than 50 babies and were "real hassle to work in" because the nurses wanted to devote more time to the babies than they had - they regretted not having enough time to cuddle the babies. Non-adoptable babies stayed in hospital for longer and some deferred adoptions remained until they were toddlers before being transferred to orphanages. On discharge, all babies went to Matron and the adoptive mother took the baby. The adoptive mother would come to Matron's office and whoever was on duty would take her to the adoption nursery. The adoptive parents had the choice to accept or reject from several matched babies.

At all times the midwives felt compassion and caring for the mothers, and never discriminated among or against them.

Appendix 9

MIDWIVES' DETAILS

MIDWIVES' DETAILS

MIDWIFE'S PSEUDONYM	DETAILS OF EXPERIENCE
Jan	26 years from 1957 to 1991 in labour ward and midwifery education in city maternity hospitals
Rose	Did not provide details
Iris	26 years from 1947 to 1972 mostly in labour ward of a large city maternity hospital
Daphne	25 years from 1962 to 1987 in labour ward, antenatal clinic and education in city maternity hospitals
Beverley	24 years from 1972 to present in all areas of midwifery, including special care nursery and management in suburban and country hospitals
Vera	3 years from 1970 to 1973 in labour ward, special care nursery and adoption nursery at a large city maternity hospital and a country hospital.
Sylvia	26 years from 1946 to 1972 in all areas, but mostly in administration in country hospitals and a large city maternity hospital.
Christine	7 years from 1967 to 1973 in all areas, including labour ward, at a large city maternity hospital and a country hospital.
Peg	42 years from 1949 to 1991 in all areas, including antenatal clinic and midwifery education at a large city hospital and a suburban hospital.

Appendix 10

**THE MEMORY-WORK
COLLECTIVE**

THE MEMORY-WORK COLLECTIVE

PSEUDONYM	PERSONAL DETAILS	INTER-RELATIONSHIP
Bronwyn	Nurse. Grew up in rural New South Wales. Age 46 Married. One child	Friend of Chris since 1971 Friend of Helen since 1976 Met Liz in 1991
Helen	Nurse. Grew up on Sydney's northern beaches. Age 46. Married. Two children	Friend of Chris since 1966 Friend of Bronwyn since 1976. Met Liz in 1991
Liz	Nurse. Grew up in Sydney's western suburbs. Age 46 Divorced. No children	Friend of Chris since 1988 Met Bronwyn and Helen in 1991
Chris	Nurse. Grew up in Sydney's northern suburbs. Age 48 Divorced. Two children	Friend of Helen since 1966, Bronwyn since 1971 and Liz since 1988

Appendix 11

SURVEY OF NAMES

SURVEY OF NAMES

Instructions for completing the survey (which appears below) are as follows:

"In the table below you will find the names by which we have been known over the past fifty years. I would like you to examine this list and in the next column write the meaning or image which each name invokes for you. Finally, I would ask that you answer the short questions under the table. If there is insufficient room for your answers, please write on the reverse or on a separate page. Your responses are anonymous so do not include your name. Thank you for your valued contribution."

NAME	WHAT THIS NAME MEANS TO YOU
1 Mother (without any qualifying words)	
2 Unmarried or unwed mother	
3 Real mother	
4 Birth mother or birthmother	
5 Birthparent	
6 Relinquishing mother	
7 Natural mother	
8 Grieving mother	
9 Solomon's mother (after the biblical story)	
10 Biological mother	

Appendix 12

SURVEY RESULTS:

Australian Respondents

SURVEY RESULTS FOR AUSTRALIAN RESPONDENTS

NAME	FIRST CHOICE (n=24)	MEANINGS IDENTIFIED BY AUSTRALIAN MOTHERS
1 Mother (without any qualifying words)	14	“Closeness, bonding, security, love, unquestionable dedication”; “unconditional love”; “one who gives birth to a child”; “every woman’s right”; “all giving”; “caring for my child”; “comfort, belonging, origin”; “nurturer”; “warm, dependable, the most important person to a child”; “creator and giver of life”, “always puts her children’s needs first”
2 Unmarried or unwed mother	0	“Dole bludger”; “mother without sanctification of a yellow metal band”; “single woman with child”; “slut”; “bad girl”; “shame, embarrassing, cheap, hidden away, anti-social, a disgrace”; “stigma”; “to give birth out of wedlock”; “poor, deluded, manipulated, abandoned, abused, stigmatised, unsupported, powerless”; “a failure”; “second-class citizen”, “not worthy, lost, empty”
3 Real mother	1	“There can be no other mother than the one who carried the child until birth”; “Yes, yes, that’s me - I am the <u>real</u> mother”; “hope”; “nurtured in the womb”, “the person who creates, carries and gives birth to a baby - The <u>Owner</u> ”
4 Birthmother or birth mother	2	“Real mother”; “the mother who gives birth to her own child”; “rejected”; “mother who gave birth and was coerced into giving the child into adoption”; the one that gave birth”; “clinical - it seems to indicate some sort of baby producing chain”; “natural mother”; “term used by those who seek to oppress mothers and mothers who are oppressed”; “incubator for adoptive parents, deeply offensive”; a clinical term to dehumanise the spiritual and pure bond between a mother and babe”; “a woman who has no other importance in her child’s life”; “deeply honoured”, “I hate the word - legal; term only - just used for popping out other people’s babies (What a joke)”
5 Birthparent	0	“Reinforces to the belief to the adoptee of no real importance of his natural heritage”; “no such thing - at birth you are not in a position to `parent””; “joyous”; “a rather evasive way to name a mother and father”; “pain, anguish, closeness, father, mother, confusion”; “implies a couple - I was not one of a couple, I was alone”; “either true mother or father”; “either mum or dad of the child with their genes”; “was not allowed the right to be a parent”; “blood parents of an adopted child”; “baby machine”; “a phoney attempt to be respectful, gives validity to the adoption process”; “non-gender specific”

<p>6 Relinquishing mother</p>	<p>0</p>	<p>"Painful term, but descriptive and practicable"; "mother of a baby relinquished to adoptive people"; "a politicised mother"; "yielding where there is no choice"; "one who is tricked into giving up her child for adoption"; "the connotation that she is half a woman because <u>she</u> allowed the loss of her child"; "in search of <u>lost</u> self worth"; "turmoil"; "someone who gave up her baby to someone else's care"; "sadness, tears, uncommunicative, no rights, emptiness, helplessness, anger, revenge"; "sorrow, shame"; "giving up your own flesh and blood to strangers"; "all rights taken away by people who knew better"; "indescribable pain and loss"</p>
<p>7 Natural mother</p>	<p>1</p>	<p>"The only name besides 'mother'"; "blood mother"; "what all women are supposed to be"; "archaic, dismissive and hurtful, a tautology - every mother is natural"; "a child's real mother"; "the mother who begets, gestates and births her child by natural means as opposed to the unnatural creation of motherhood by legal means"; "the unadulterated, inescapable truth, by the law of God although tampered with in society"; "honest"; "pain, a bond no matter what, coldness towards authority"; "well- you have a baby, so it's natural!", "horrible term - used by legal people"</p>
<p>8 Grieving mother</p>	<p>1</p>	<p>"Tears, sadness, grief, sickness, horrible, hate revenge"; to lose something precious which was a gift from God"; "you grieve for a death but the bay still lives, but the mother can never know her child"; "a child giving birth to a child, never having the chance to bond"; "never the same again"; "a mother whose child is hurt or lost"; "one who has lost her child through death, adoption or the betrayal of her hopes and dreams- too unspecific"; "experiencing unresolved grief and sorrow"; "one who feels a lot of pain for many years"; "mournful soul, empty", "me - real mother- one who has to live without her baby"</p>
<p>9 Solomon's mother</p>	<p>2</p>	<p>" A woman who loved her child enough to let someone else raise it"; "the true mother who spares her child from death"; "I can relate to her"; "totally abhorrent, how sad!"; "love, unselfish, faithful, loyalty, trust"; "the image causes me pain, a deep emotional trigger"; "loving, caring and brave mother"; "powerless"; "the raw, instinctive mother - the most soul satisfying term", "loving, true mother who would do anything for her child"</p>
<p>10 Biological mother</p>	<p>1</p>	<p>"The by-product of an experiment"; "scientific"; "diminution of the mother by semantics for the benefit of adoptive parents, depersonalisation, ignores all those non-scientific factors like psychic links"; "clinical, only need in reference to surrogacy, IVF, donor eggs etc"; "original"; "territorial, hate, cold, a bower bird"; "makes me feel like a breeder"; "'bio' meaning 'self' - that's the 'Mum'"; "blood mother"; "even more offensive than 'birthmother' - seems to denote that mother has no further interest in or right to her child", "medical name for women who give birth"</p>

Appendix 13

SURVEY RESULTS:

New Zealand Respondents

SURVEY RESULTS FOR NEW ZEALAND RESPONDENTS

NAME	FIRST CHOICE (n=18)	MEANINGS IDENTIFIED BY NEW ZEALAND MOTHERS
1 Mother (without any qualifying words)	9	"Ancestral link to the line of mothers"; "numb"; "someone who is allowed to keep her baby"; "accurate, one I use secretly, pain 'Oh I wish!"; "healthy feelings, fulfilment, wonder, joy, awe, pleasure, privilege"; "nurturer"; "a political statement despite the labelling"; "validating"
2 Unmarried or unwed mother	0	"Shamed in society - guilty"; Judgement, shame, pain, powerlessness, control, secrets"; "slut"; "second-class mother, a derogatory term"; "judgemental, puts you in a box, moralistic, horrible, labelling, bad girl"; "faulty"; "pathetic, desperate, abnormal, pathological"; "cheap, nasty, 1960s term"; "a social leper, used in scathing tones by others"
3 Real mother	0	"What we are - but not recognised for"; actual mother of the child"; "control, secrets, pretence"; "adoptive mother"; "proud"; "not the mother who is the mother"; "true as long as motherhood and parent are separated conceptually"; "aren't all mothers real mothers?"; "what's an unreal mother?"; "overstates who we are, still marginalising because it justifies and explains"; "I use this to myself when I am feeling vulnerable and angry"
4 Birthmother or birth mother	4	"No rights, powerlessness, pain"; "woman whose child has been adopted"; "pain, trauma, separation from daughter"; "perpetuates the lie - I was only a mother for a few minutes at birth"; "that's all - you've played your part - a machine which delivers a baby"; "negative, usually in a certain tone of voice"; "social work term, minimises"; "can feel warm and intimate and also stigmatising"; "limited rights"; "of no substance or soul"; "proud of the fact that I have now found my son, that I and only I am the person who gave birth to him". It's the usual term"
5 Birthparent	0	"Crazy - I never parented"; "don't like to think of the father"; inferior term to birthmother"; "anger towards birthfather for opting out"; "nothing - empty"; "contradictory term"; "neutral term indicating that the experience with the child has ended"; "standing alone, no support"; "too neutral, does not acknowledge gender implications"

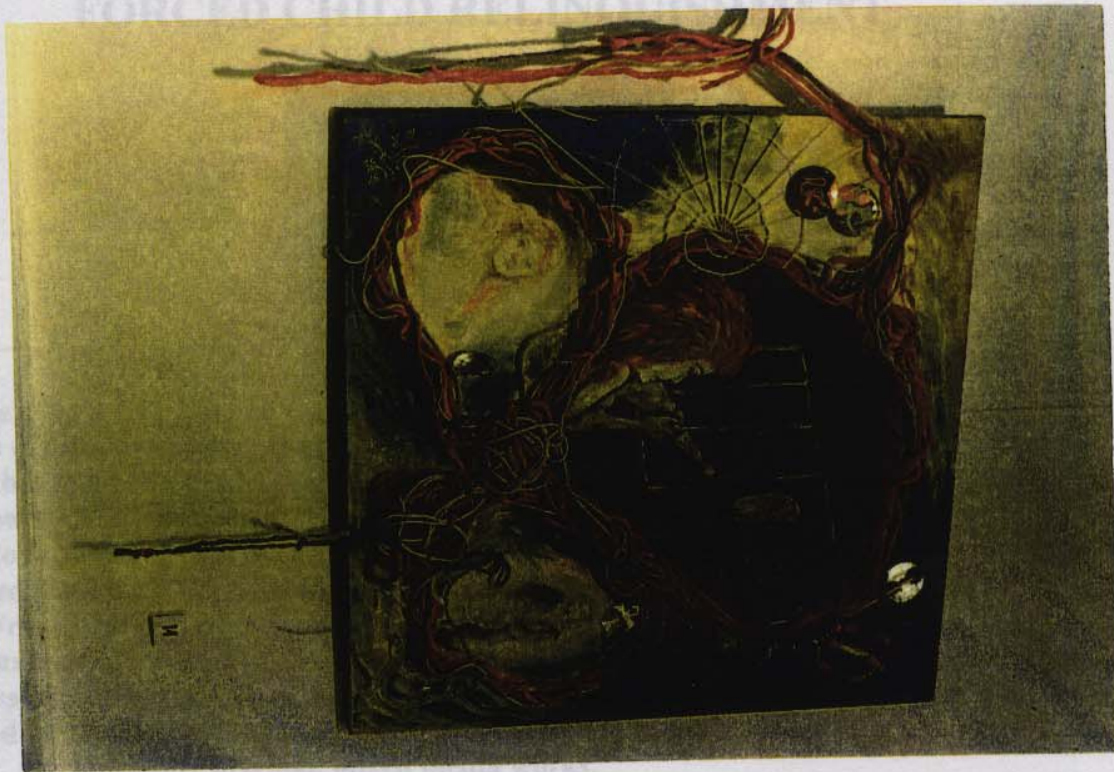
<p>6 Relinquishing mother</p>	<p>1</p>	<p>"Woman who painfully gave her child for adoption"; "yuk! Sounds like I chose to lose my daughter"; "mother who gave up a baby at a time when adoption was the acceptable option for an unplanned pregnancy"; "never allowed to make the decision to be a mother"; "ongoing - will never be anything else"; "would prefer `mother coerced by subtle and not so subtle means into relinquishment"; "surrendered to the system"; "sounds as if you chose to do this"; "sounds like an active participant"; "no resolution"; "gives the impression of giving the baby away"</p>
<p>7 Natural mother</p>	<p>3</p>	<p>"No rights"; "not natural, really"; "passing on all attributes - adoption is an unnatural process"; "so the adoptive mother is an unnatural mother?"; "good mother"; "me as distinct from adoptive mother"; "earthy, raw, crude, primitive - like an animal"</p>
<p>8 Grieving mother</p>	<p>0</p>	<p>"Missing and thinking about your child, wondering how they are, lost"; "acknowledges that there is grief involved"; "victim mentality"; "positive term but maudlin. Add angry, cheated and a few other emotions"; "pieta - too individual, does not capture the social nature of the loss"</p>
<p>9 Solomon's mother</p>	<p>1</p>	<p>"The one who loves the child most gives the child up"; "sacrifice"; "sweet alternative"; "too dramatic"; "love"; "Sophie's choice - not a good fit"; "nothing biblical about it!"; "give your child life"; "makes me realise how ancient adoption really is"</p>
<p>10 Biological mother</p>	<p>0</p>	<p>"Cloning, scientific"; "feels like an egg donor or incubator for someone else"; "machine, IVF, didn't even give birth"; "not enough - too simplistic, too clinical."; " a sausage machine"</p>

Appendix 14

MOTHERS' ART

ALLEGORY AND ANECDOTE:

ONE MOTHER REMEMBERS THE AFTERMATH OF FORCED CHILD RELINQUISHMENT



ADAM AND EVE GRIEVING THE FATE OF THEIR CHILDREN



ALLEGORY AND ANECDOTE:

ONE MOTHER REMEMBERS THE AFTERMATH OF FORCED CHILD RELINQUISHMENT



During the 1940's, 50's, and 60's and up until the time of Roe v. Wade, thousands upon thousands of unmarried, pregnant women were sent into maternity homes by their parents and churches to await the births of their babies in secret. While in these homes, many women now state, they experienced emotional, psychological, and spiritual coercion designed to facilitate the surrender of their infants to the system of closed adoption which then existed. This site, The Demeter Project, contains a folio of fourteen images created by Barbara Franks-Morra, a birthmother and artist. These images address the emotional, spiritual, and psychological consequences on one individual who underwent this experience. Ms. Franks-Morra has provided a running commentary on each work, which should be understood as an artist's statement. Issues of healing and reunion are not considered in this document. All images are original, mixed media works.



ADAM AND EVE GRIEVING THE FATE OF THEIR CHILDREN (HOMAGE TO LA VIE)

This painting is my homage to a Picasso Blue Period painting entitled "La Vie". Shortly after relinquishing my daughter in February, 1969, I had my first encounter with this canvas. In this work, Picasso addresses the great themes of birth, death, and loss. I was magnetically attracted to this painting, and spent hours before it, wondering at Picasso's meaning. It was only years later that I came to appreciate the personal message this great work held for me. My lack of understanding of such a powerful piece of art, was, I believe, part of the condition of "not knowing, not seeing", a condition common in women like me, who had lost their children through forced relinquishment.



DETAIL, ADAM AND EVE

The original parents experience the overwhelming impact of irrevocable separation from their infant. At this moment, Eve cannot know or see what is happening. Adam looks to the heavens seeking mercy, and finds none.



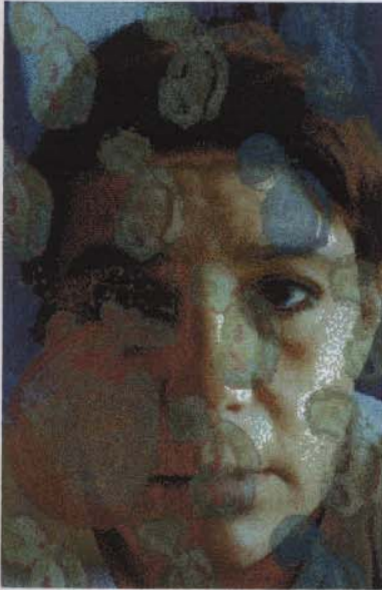
HEAD AFIRE

This is a picture of the psychic and emotional rip I experienced at the time of relinquishment, resulting in a rent in my essential wholeness, and in a permanent change of psychological makeup. The dotted pattern is a visual metaphor for the automatic, protective "screening" of consciousness from the full force of the blow.....thus initiating the condition of "not knowing, not seeing". Like an image obscured by snow on a television screen, the image of the fetus is still faintly discernible. The image of the fetus has also been separated from the larger portion of the picture. This is a visual statement of psychological disassociation, which is often found in survivors of severe trauma. The searing pain of separation is painted as a flame which threatens to engulf and destroy the psyche itself.



AS I WAS, 1968

The fact of internal divisions became stronger with the passage of time. My inner existence was stamped with the incandescent pain of loss and separation, and the utter darkness of "not knowing, not seeing".



THE MARK

My psyche was irrevocably marked and changed by the trauma of forced relinquishment. The pain of relinquishment acted as a lens through which I experienced external reality. Additionally, it functioned as a wall between my soul and the external world, becoming a barrier to trust in others, and to openness about the grief and loss I experienced. As a bearer of the mark, I thus suffered a painful separation from others, as well as inner divisions.



UNHOLY GROUND/ THE BABY EATER.

Over the course of time, the wall between me and the world grew thicker and stronger. The memory of my suffering and loss became embedded within this wall. The repression became complete...the "not knowing, not seeing" was now an ingrained part of my psychic fabric. The authority of a society powerful enough to permanently separate mothers and children, reinforced this "forgetting". The finality of my loss was experienced as a devouring of my relinquished child, and of a part of myself.



INNER CHAMBER

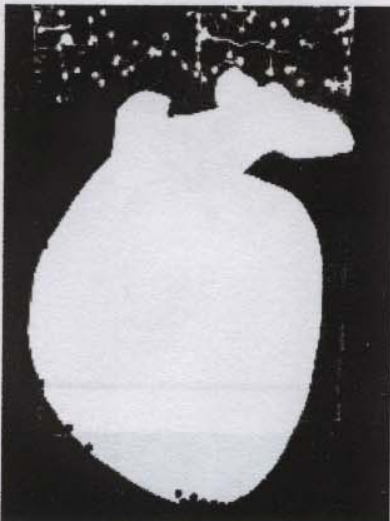
Even as the memory of the event faded into my unconscious, the pain of my loss remained alive. My secret, and my pain, were locked away in the innermost recesses of my heart.



to live in such a hostile world became
dissipated and ravaged by the continual,
corroding, unseen and unknown pain.

HEART STUDIES

Here are four heart studies, indicating the stages of hidden pain I experienced after undergoing traumatic child relinquishment.



The first stage is comparable to a limited consciousness - consciousness of pain. The seat of life, symbolized here by a human heart, became a white hot area of searing grief, and ate away at my heart of flesh. All other parts of consciousness were shut out in blackness, a state which I call, "not knowing, not seeing". Perforations of the heart are seen. These foreshadow the end result of my grief.



With the passage of time, the intensity of the pain dissipated somewhat, and my emotional life attempted to re-establish itself. But, the perforations did not heal. Bits of "heart material" remained distributed across my world. Unexpectedly, reminders of my lost child would confront me from without, causing more trauma. As the years progressed, the perforations multiplied. Birthdays, holidays, anniversaries of significant events in the history of my pregnancy and loss continued to open new wounds in my heart.

As this damage progressed, I began to "lose heart"... the courage, hope, and faith needed



to live in such a hostile world became dissipated and ravaged by the continual, corroding, unseen and unknown pain.



The final stage of this process I call the stage of ghostliness. My heart was still spiritually alive, and held to an outward form of life, but was functionally unable to sustain meaningful bonds in many ways. The seat of life had become almost non-existent, and indifferent to life. The process which began with relinquishment had now reached its logical conclusion.



THE DEVIL'S FURNACE

Without warning, the return of the terror and incapacitating pain of loss would overwhelm me. This picture has been painted with jagged strokes indicative of the separation of soul from psyche. The lightbulb indicates the rush of returning memory. At these moments, the idea of a living but irrevocably lost child triggered the terror experienced during the actual relinquishment.

Appendix 15

MOTHERS' POETRY

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THE EMPTY WOMB



*I feel so empty as I lie in this bed
It's better for the child they all had said
But they took you away straight from my womb
and here now I lie alone in this room.*

*They would not let me see you my little one
It's better not to get attached, then the pain will be gone.
But how wrong they had been my little angel delight
For the pain is never ending I live in my longest night.*

*but I did this so you could have the best my dear
I am only a child myself I fear.
I want you to have everything I can not give
A wonderful family and carefree life to live.*

*And now as I look upon this letter in my hand
My darling daughter my tears still stand
It has been 20 years or more since I wrote those words
But the pain and love for you can still be heard.*

*How I have missed your first smile
your first tooth ,your first step
I miss that word Momma oh the tears I have wept*

*I miss taking you to school on your very first day
And watching your father giving a beautiful bride away.
I miss the laughter, the smiles and the tears
For this is the price I have paid through the years.*

*So forgive me my baby for I love you so
You have always been with me where ever I go.
Please understand I did this for you
I love you my daughter with my heart and soul
honestly I do.*

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My Dear Peter,

*Because we never know just what the future holds for us
I would like to tell you what you mean to me.*

*You are my special creation, there is no one else like you.
In my innocence and ignorance my body made you
and I carried you under my heart and promised I would
always love you.*

*My love for you was overwhelming and in the most lonely
and most frightening time of my life and in the depths of
my despair, that love was like a beacon and kept me going.*

*My love for you was so great that I made the ultimate sacrifice
and gave you away so that you would have a better life than
I could give you and I was left with my guilt and shame.*

*And so began my long journey in search of love and acceptance.
In my stupidity I thought that other babies would ease the pain
and fill the emptiness deep inside me but nothing ever worked
because you were gone.*

*On September 27th 1995, 29 years and five months later, a
miracle happened and I was able to see and touch you for the
first time in my life. Your coming back into my life was like a
dream and I was afraid I would wake up and find you gone.*

*In these last six months I have come to realize that without
you, my life has been incomplete and all my searching for other
things has been in vain because only you could ease my pain.*

*Peter, no matter what you do or who loves you, no love will ever
be like mine. My love for you sets no limits and knows no bounds.
It is unconditional and unique because I am your mother and you
are my son.*

*All my love
Monica
Your birth mother
23rd March, 1996.*

THE "OTHER" MOTHER

She was fifteen, he was nineteen,
She thought they were friends.
He was drunk - he didn't think at all.
It was all over in just a few neverending minutes.

Funny how just a few minutes can change a life forever.
She knew right away that she was pregnant,
but she was scared - she was in shock.
She had been - a few minutes before - a virgin.

Her grandmother - who escaped the Nazis - lay dying.
She promised to play for her - next time,
But that never happened.

They put her in a 'home' where they left her alone.
They scoffed at her sin.
Yelled at her for bleeding and drugged her to stop the labour.

But finally - a miracle - he was born!
He was beautiful, perfect.
They took him away, made her sign papers.

She thought he was gone forever,
But then, after almost sixteen years, another miracle -
She found him!

But they did NOT welcome her,
would not even acknowledge her,
would not even grant her -
her humanity.

She was - and is - the "other" mother.
She did not know she was not allowed to love him,
not allowed to care,
not allowed to BE.

She did not fit into the lie that was their reality,
so they told more lies
and fulfilled Hitler's plan for her family tree.
And now she plays her music and she waits -
she waits for the son that hates her for the lies they told.

And she knows she will always remember,
she will always care, she will always love him.

- Lori Siler, 7 February 1997

ANY CHILD

1

We want any child, any child will do
It must be perfect, though,
And the right sex too.
But any child, any child will do.
It doesn't matter
Who it belongs to -
Just any child, any child will do.

2

There's so many of us waiting
We feel quite blue,
We're on such a long line
There's nothing we won't do.
We'll take any child, any child from you,
As long as it's healthy, beautiful and pure -
So any child, any child will do.

3

Your child, your child will do.
It has no father,
Naughty you!
We'll take your child, your child will do.
As long as it's fair
And its eyes are blue.
Yes, your child, your child will do.

4

You want to keep it?
That can't be true,
It has no father
And it won't miss you.
We'll make you see what you must do.
A few lies won't hurt -
Just one or two.

5

Your rights? What rights?
They're far too few.
It's very selfish to want it for you
When we've childless couples
To give it to.
It's better for baby -
You can have another in lieu.
So we've decided your child will do.

6

You're our baby now, sweet and new
It was worth the pain
Your mother went through.
We're very good to look after you
When you were abandoned without adieu.
So you must be thankful, it's our due
We could have had any child
But we picked you.

- Nella, 1992

POETRY - AUGUST 1965

I felt a glow within
shine through my face
to know that we could share a happiness-
one thing -
a part of each:
to grow and fill our hearts with pride
until, at last,
this restless bond
awakes
and steps from dreams
into a cruel reality.

Why did he cry
so differently
from all the rest?
The cry of help
of a man who need courage
and a rightful comfort
in his grief.
He did not want to face the world
(how could I tell them that?)
because he knew
he was perhaps unwanted.
Unwanted, yes,
but not unloved;
for life is cruel
and cherished memories
soon make way
for other hopes and dreams
of unreal happiness.

For Lawrence

3 June 1990

*How relative is time to who we are,
Or what we know?
How relative is time to where we've been,
Or where we go?*

*A year may seem a day, in retrospect,
But still we keep our distance, circumspect.
This desperate urgency remains controlled,
Lest otherwise, unleashed, may take a hold.*

*The depth of love we still deny, pretend,
Will quietly threaten others to transcend.*

- Patricia Farrar

Paradox

14 August 1992

*Return to the place whence you came, sweet boy,
Return to the place of conception.
Return to the house where, by social decree,
Is no longer a place of reception.*

*Return to those arms that ached for the child,
The child who was only a spectre,
Return to the heart that aches for the man
To protect and be also protector.*

*Return to the bed where you once were a dream,
Return to the act of creation,
Return to the sound of the primeval scream,
Return to the sound of privation.*

*Come back my boy, to where you began,
Come back to the source of your being,
Come back to the love in which you were conceived,
But which time has destroyed through deceiving.*

*But you cannot come back and reclaim what you seek,
Unless in the guise of a lover.
For the woman who holds you and kisses your cheek
Is always, as ever, your mother.*

- Patricia Farrar

MATERNAL INSTINCT

This rage, by now, my constant companion, lies dormant, waiting for expression at the pit of my belly, suppressed only by my fear of its ferocity.

Oh how I wish I had not been human.
Had I perhaps been a bear,
a mother bear
whose infant
cub had been stolen,
I might not feel this way:
it would have been seen
as totally acceptable
to follow my natural primal instincts
to go after and rip the throats out of the predators
who ran off with my cub.
It would have been seen
as a very natural instinctive reaction,
since every hunter is aware of the danger
of entering the lair of a wild animal
in the breeding season:
it would have served them right.
Unfortunately I am not one of these.

Because I happen to be human
I am crippled by oppression
which forces me to suppress
this supremely natural instinct
to go after those who ran off with my child -
to retrieve my cub.

My power of reason tells me this is not allowed.
It is against the law
and would be socially quite unacceptable.
My primitive, underdeveloped basic instinct
tells me
it is a mother's very natural response.

Instead I turn it upon myself.

(Welfare, 1995)

Appendix 16

ABJECTION:

A poetic reading

ABJECTION: A POETIC READING

adapted from

"Powers of Horror" by Julia Kristeva

There looms,
within abjection,
one of those
 violent,
 dark revolts of being,

directed against a threat
that seems to emanate
from an
 exorbitant
 outside or inside,

ejected beyond the scope
of the possible,
 the tolerable,
 the thinkable.

It lies there,
 quite close,
 but it cannot be assimilated.

It beseeches,
 worries,
 and fascinates desire,
which,
 nevertheless,
 does not let itself be seduced.

Apprehensive,
 desire turns aside;

 sickened,
 it rejects.

A certainty
 protects it from the shameful-

 a certainty
 of which it is proud
 holds onto it.

But simultaneously,
just the same,
 that impetus,
 that spasm,
 that leap
 is drawn toward an elsewhere
as tempting as it is condemned.

Unflaggingly,
like an inescapable boomerang,
a vortex
 of summons and repulsion
 places the one haunted by it

literally
 beside himself.

When I am beset by abjection,
the twisted braid
 of affects
 and thoughts
that I call by such a name
does not have,
properly speaking,
 a definable object.

The object
is not an object
 facing me,
 which I name or imagine.

Nor it is an object,
an otherness
 fleeing in a systemic quest
 of desire.

What is object
is not my correlative, which,
 providing me with
 someone
 or something else
 as support,
would allow me
to be
 more or less
 detached
 and autonomous.

The abject
has only one quality of the object-
that of being opposed
to "I".

If the object,
 however,
 through its opposition,
settles me
 within the fragile texture
 of a desire of meaning,

which, as a matter of fact,
makes me
 ceaselessly
 and infinitely
homologous to it,

what is abject,
 on the contrary,
 the jettisoned object,
is radically excluded

and draws me toward the place
where meaning collapses.

A certain "ego"
that merged with its master,
 a superego,
 has flatly driven it away.

It lies outside,
 beyond the set,
 and does not seem to agree
 to the latter's rules of the game.

And yet,
from its place of banishment,
the abject
 does not cease challenging
 its master.

Without a sign (for him),
it beseeches
 a discharge,
 a convulsion,
 a crying out.

To each ego
its object,

to each superego
its object.

It is not the white expanse
or slack boredom
of repression,

not the translations
and transformations
of desire
that wrench
bodies,
nights,
and discourse;

rather it is
a brutish suffering
that "I" puts up with,
sublime
and devastated,

for the "I" deposits it
to the father's account:

I endure it,
for I imagine that such is the desire
of the other.

A massive and sudden emergence
of uncanniness,
which familiar as it might have been
in an opaque
and forgotten
life,
now harries me
as radically
separate,
loathsome.

Not me.

Not that.

But not nothing, either.

A weight of meaninglessness,
about which there is nothing insignificant,
and which crushes me.

On the edge of non-existence
and hallucination,
of a reality that,
if I acknowledge it,
annihilates me.

There, abject
and abjection
are my safeguards.

The primers of my culture.