OLDER-CHILD ADOPTION DISRUPTION:
ADOPTIVE COUPLES' EXPERIENCE

by

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The purpose of this study was to conduct an initial exploration of the phenomenon of older child adoption disruption. An account of this lived experience from the perspective of the adoptive couple has been lacking in the literature to date. In an attempt to begin to fill the gap in the literature, a phenomenological research method was utilized.

Four couples were recruited from British Columbia for this study. During in-depth audio-taped interviews with each couple, the adoptive parents described their experience of older child adoption disruption. Five common themes were extrapolated from the transcribed data using the four step model of data analysis proposed by Giorgi (1985).

The couples in this study reported that their experience of adoption and disruption had a profound long term impact on their lives. The process of adoption disruption appeared to involve the experiences of profound invasiveness, lack of support, erosion of confidence, resignation and loss, and integration and healing. Implications for counselling and for further research were included in the discussion.
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DEDICATION

Lovingly
to
my daughter, Calico, the light of my life
and
my son, Paul, who provided the inspiration for this work.
Chapter One

Introduction

That children are sometimes brought up by others instead of their biological parents is a world wide phenomenon as old as humanity (Hoksbergen, 1986). Adoption is a personal, legal and social act which provides for the transfer of the rights, responsibilities and privileges of parenting from legal parent(s) to new legal parent(s) (Cole, 1990, p. 43). Adoption is not an event, but rather an ongoing process of interactions that neither begins nor ends with the legal formalization of family ties.

In our society adoption exists because some parents do not want to or are unable to care for their children, while others wish to care for children but do not want to or cannot conceive children themselves. During adoption, parents and children assume the rights and obligations toward each other that exist between the nonadoptive parent and child. Since adoption is a different, often misunderstood (Pierce, 1984; Sandmaier, 1988), and usually complex way of creating or building a family, adoptive parents and their children may encounter problems related to the adoption. It seems that adoptive couples confront not only the universal problems faced by other adults in the transition to parenthood, but also additional challenges that are unique to adoptive family life. It is the adoptive parent segment of the population that will be the focus of this research. Not all adoptions are infant adoptions; some parents adopt older children and/or sibling groups, and not all adoptions remain intact indefinitely. From the adoptive parent population, this research will focus
on adoptive parents who have adopted children between the ages of two and twelve and who have experienced disruption of their older-child adoptions.

The following discussion includes a description of the current face of adoption identifying some of the issues for adoptive families, a discussion of older child adoption and the process of older child adoption in British Columbia (B.C.), and provides information about older child adoption disruption. This chapter also provides definitions for terminology commonly used in adoption research and outlines the purpose and significance of this research.

Adoption Today

In recent years, adoption has changed. Adoption as a social service has a history that is influenced by the larger social structure. From the traditional function of providing a solution to the problem of an unwanted pregnancy for the birth parents and providing healthy, white infants for couples, "the operational principle being children for parents rather than parents for children" (Glidden, 1990, p.xi.), adoption has expanded to include the creation of permanent homes for older, minority, disabled or emotionally troubled children, most of whom have been in foster care. Two phenomena are changing adoption: decline in the availability of healthy infants for adoption, and permanency planning, a shift in the focus of child welfare services to finding permanent homes rather than foster placements for children in their care.
The number of infants currently available for adoption has decreased markedly because of "change in abortion laws, societal mores permitting the unwed to keep their children, and better contraceptive regime" (Schechter & Holter, l975, p.656). Prior to this, adoption in the United States, Great Britain and Canada, by and large, meant infant adoption (Barth & Berry, 1988; Lipman, l984; Thoburn, 1990). As the number of healthy white infants decreased, the adoption of children with special needs began to receive serious consideration (Barth, 1991). Typically, these children are older, have emotional, developmental, or physical problems, or belong to a minority group or a sibling group. Adoption of older children is on the increase, (Barth & Berry 1988; Berland, l990; Cohen, 1984; Feigelman & Silverman, 1983; Festinger, 1990; Helwig & Ruthven, l990), and increasing numbers of children with special needs are being adopted (Hardy, 1984; Barth & Berry, 1988; Cole, 1990).

As the type of child available for adoption has changed, the characteristics of adoptive parents have also changed. Adoptive parenting is no longer the prerogative of middle and upper-class, first married, infertile couples (Eheart & Power, 1988). Increasingly, minority parents, single parents and parents of limited financial means are adopting children (Cole,1984; Rosenthal, Groze, & Curiel, 1990; Unger, Deiner, & Wilson, 1988).

There are various personal factors which motivate couples to choose adoption. For many who wish to adopt infertility is a primary motivating factor. Daniluk, Leader and Taylor (1987) report that one out of six
couples (17%) experience problems with fertility. In the case of an infertile couple wishing to pursue a logical alternative to remaining childless by adopting a healthy infant of their race, "the result is a couple who lose control over their destiny not once, but twice" (Menning, 1975, p. 454), when a healthy infant is unavailable for adoption. Psychological reactions to the stressful experience of infertility may be concurrent to the choice of adoption as an alternate route to parenthood. For many, an emotional state develops in response to these experiences, commonly referred to as the "crisis of infertility" (Menning, 1977). Infertility related frustration, anxiety and stress have been reported to adversely impact on self-image, psychological health, and marital relationships (Daniluk, 1988; Daniluk, Leader & Taylor, 1987; Valentine, 1986). Although many couples may be successfully treated with expert medical care, some make a decision to continue to pursue parenthood through adoption and begin the transition to adoptive parenting (Daly, 1988). Fifty percent of infertile couples who pursue parenthood will reach their goals, either through medical means or adoption (Kliger, 1984). Burgwyn (1981) has estimated that one in four infertile couples in the United States seek to adopt.

Infertile couples continue to choose adoption as an alternative to biological parenting. Kadushin (1978) reports a hierarchy of preference by adoptive parents in their applications to adopt from healthy white infants to older, disabled or minority-group children whom they prefer less.
Not all couples who adopt are motivated by difficulty conceiving an infant. Hoksbergen (1986), reviewing adoption programs, policies and legislation in 14 countries noted that adoptive parents are not just couples who cannot have children themselves, stating that "voluntarily childless couples, couples with one or more children of their own, and individuals who are not attached apply in greater numbers to be adoptive parents, often for the so-called hard-to-place children" (Hoksbergen, 1986, p. XI). In their study of 432 adoptive families, Feigelman and Silverman (1983) indicate that 60.5 percent consisted of traditional infertile couples, and 39.5 percent were fertile couples. These researchers note further that infertile adopters tend to emphasize personal considerations in their decisions to adopt, such as completion of desired family size, companionship for family members, success with a previous adoption, and family pressure to have children. Fertile adopters tend to emphasize social and humanitarian reasons in their decisions to adopt such as "providing a home for a needy child, religious convictions, the promotion of international brotherhood [sic], and interest in a particular culture" (Feigelman & Silverman, 1983, p. 62). Barth and Berry (1988) report that 73% of the 120 adoptive couples in their California study had other children (natural, foster, and other) in their home at the time of placement.

Whether motivated by infertility or matters of conscience or choice, the demand for adoptable children by adoptive parents seems to continue unabated despite the dearth of available healthy infants (Barth & Berry,
1988; Brodzinsky & Schechter, 1990; Cole, 1990). According to the Adoptive Parents Association of B.C., (July, 1990) the wait for a ministry arranged infant adoption may be seven to ten years, since at present 1,904 couples are waiting for their home studies to be approved in order to adopt through the B.C. Ministry of Social Services and Housing (MSSH).

**Older Child Adoption**

There is an apparent willingness by adoptive couples to adopt older children. In B.C., currently 228 homes have approved home studies and of these 203 are now waiting for healthy infants or children with special needs and 25 for children with special needs. According to Berland (1990), 1,452 adoptions were finalized between 1985 and 1989 in B.C., 881 of which were classified as "special needs" (any child over the age of two years or a child of any age with specific disabilities). Berland states, "children are being placed for adoption today who were relegated to back wards of institutions for the handicapped only twenty years ago" (p. 33). It seems that regardless of their ability to conceive, for many couples wishing to adopt in B.C., the choice is not whether to make the transition to adoptive parenting of an infant, but whether or not to take over the role of parenting an older child who has had previous experiences with other parents.

Older child adoption involves the adoptive family, the child, the social workers and indirectly the child's previous care givers. Through the process of adoption, they become a system working toward the goal of integrating the child and new family. Adoption policy varies and practice
differs from country to country, state to state and to a lesser extent among provinces in Canada. The following description of older child adoption in B.C. is provided in order to facilitate understanding of the process of adoption experienced by the adoptive couples described in this research.

**The Process of Adopting An Older Child In British Columbia**

In B. C., the majority of older child adoptions are arranged by the Ministry of Social Services and Housing. Prospective adoptive parents in B. C. apply to adopt through a social worker, who facilitates and completes an assessment and home study process.

One B. C. demonstration project (Levitt, 1981) in permanency planning, aimed at reducing foster care 'drift' proved so effective that the technique was applied throughout the province, and "every child in care is [now] presented to a placement planning committee in each district office" (Levitt, p. 112). For older children who have been in the care of the ministry, families are chosen by the child's social worker and foster parents from a selection of families who appear best able to meet the child's needs.

Typically, when a family is selected, the social worker discusses available information about the child with these prospective adoptive parents who in turn make a decision whether or not to proceed with the placement. Placements of older children are made from foster homes after preplacement visits between adoptive parents and the child. The final decision regarding placement is made jointly by adoptive parents, their social worker and the child's social worker. The Adoption Act
requires a waiting period of a minimum of six months after placement of the child in the adoptive home before the adoption can be legally finalized.

Once the court grants the order of adoption, the adoption is complete and the adoptive parents become the legal parents of the adoptee. In due course the adoptive parents receive a birth certificate for the child in the name they have given the child and a copy of the Adoption Order.

Transition to Adoptive Parenthood

The literature concerning adoption by and large is focussed in the area of infant adoption. Although social work literature describes how adoptive couples' lifelong experiences differ from biological parenting (Melina, 1986; 1989), such descriptions focus almost exclusively on infant adoption. Researchers have examined the transition to adoptive parenthood and the psychological/emotional needs and tasks of the adoptive couple during infant adoption (Brodzinsky, 1990; Brodzinsky & Huffman, 1988; Daly 1988; Kirk, 1988; Levy-Shiff, Bar & Har-Even, 1990; Valentine, 1986). This relatively recent conceptualization of adoptive parenting as different from biological parenting (Brodzinsky & Huffman, 1988; Blum,1983), considers the unique factors involved in the transition and psychological adjustment experienced by adoptive parents (Blum, 1983; Brinich & Brinich, 1982; Brodzinsky, 1987; Brodzinsky & Huffman, 1988; Daly, 1988). To date therefore, research based theoretical explanations of the process of adjustment to adoption are largely underdeveloped and appear quite limited. "To a great extent this neglect
stems from the traditional association of adoption with social casework as opposed to research-based disciplines such as psychology or sociology" (Brodzinsky & Huffman, 1988, p. 282).

In David Kirk's landmark study of adoption, *Shared Fate*, (1964) he discovered that the single variable that was most influential in determining whether an adoption was successful was whether the adoptive family could accept the differences between adoption and building a family biologically. Kirk's (1964; 1988) highly influential theory of family adjustment to adoption stresses the importance of family members' acknowledgment of the differences between birth and adoptive families.

Adoptive couples face numerous challenges and difficulties that have been postulated to be aggravating factors in the more universal developmental tasks encountered by other adults in the transition to parenthood (Blum, 1983; Brodzinsky, 1987). The motives, circumstances, facts, and feelings regarding adoption are an integral part of adoptive family life. During the process of adoption the adoptive parent-child relationship is influenced by "the fantasy systems of parent and child, their unconscious intra-familial identification, defenses, and attitudes" (Blum, 1983, p. 142). Brodzinsky (1987) focuses on the issue of psychological risk in adoption, enlisting Eriksonian developmental theory in the contention that "the experience of adoption exposes parents and children to a unique set of psychosocial conflicts or tasks that interact with and complicate the more universal developmental tasks of family life"
described by Erikson" (Brodzinsky, 1987, p. 25). Brodzinsky (1990),
concludes that a common theme throughout adoptions is stress, and
develops and describes a stress and coping model of adoption
adjustment. While this research focuses on infant adoption, he
acknowledges that the transition to adoption of special needs children
and sibling groups "entails a wide range of complicating factors" (p. 269).

Brinich and Brinich (1982) suggest that the lifetime process of
adjustment to adoption is typically painful and potentially traumatic
because it implies two societal failures: the child's biological family,
which was unable to care for the child and the adoptive parents who
were (in many cases) unable to conceive. Brinich (1990) identifies times
that can be problematic in the evolution of the role of the adoptive parent:
1) discovery of infertility and the resultant decision to adopt; 2) the
establishment of communication with the adoptee; 3) the negotiation of
the separation-individuation phases; and 4) the parental coping with the
child's emotional responses to meaning making about adoption.

The transition to adoptive parenthood during infant adoption is
compared to the transition to parenthood in general in recent work,
(Bourguigon & Watson, 1987; Brodzinsky, 1987; Brodzinsky & Huffman,
1988; Brodzinsky & Schechter, 1990; Daly, 1988; Digiulio, 1987; 1988;
Edwards, 1987; Katz, 1986; 1981; 1988). However, the transition to
adoptive parenthood of an older child per se has yet to be studied.

Special needs adoption research is in its infancy. It seems that
adoption, especially older child adoption, although a complex and at
times, confusing and stressful form of family formation is overall an increasing phenomenon in our society. Adoptive placements that do not work out, however, are increasingly common (Barth, Berry, Carson, Goodfield, & Feinberg, 1986; Barth & Berry, 1988). Professionals from a wide variety of disciplines including social work, education, counselling, medicine and law may have concerns related to adoption. However, research about adoption, in particular older child adoption, has not kept pace with societal change. What little research exists about older child adoptions is subsumed with special needs adoption research because with or without disabilities, older children are considered special needs children.

**Adoption Disruption**

Not all adoptions stay intact, however, and sometimes the adoptive family's experiences become intolerable. Adoption disruption is not generally considered to be a factor in the adoption of healthy infants (Barth & Berry, 1988; Barth, Berry, Carson, Goodfield, & Feinberg, 1986; Brodzinsky & Huffman, 1988); it is a phenomenon associated largely with special needs children. Studies of special needs adoptive placements indicate that adoptee's previous experience (Carney, 1976; Nelson, 1985; Smith & Sherwin, 1984), the adoptive family's degree of flexibility in managing the adoptee's behaviour (Cohen, 1981; Gill, 1978; Kagan & Reid, 1986) the adoptive family's values and expectation of the adoptee (Bass, 1975; Cohen, 1981) and the family's external resources
(Zwimpfer, 1983) are factors in adoptive parents' adjustment during adoption of an older child.

Should disruption occur, the child may leave the adoptive home before the ministry submits the required legal documents to the court. In the event of a child leaving an adoptive home after finalization, the child is not identifiable in any legal sense as being different from a biological child. These legal ties can be dissolved when parents relinquish care and custody to the B.C. Superintendent of Child and Family Services who may once again becomes the child's legal guardian by order of a provincial court judge.

As special needs adoptions increase in frequency, so do adoption disruptions. Despite the best intent of those involved in the adoption process over the last two decades since the advent of permanency planning reforms, adoptive placements that do not work out have become increasingly common (Barth, Berry, Carson, Goodfield, & Feinberg, 1986; Festinger, 1990; Helwig & Ruthven, 1990). The studies completed between 1971 and 1986, cited in Barth et al.'s (1986) review of the practice and research literature on adoption disruption, indicate disruption rates that vary from between 3% and 47%. These discrepant findings appear to be due to diversity in adoption: adoption practices, policies and legislation vary widely across jurisdictions. More recently, Barth (1991) summarized "three simultaneously implemented investigations all using different methodologies found disruption rates in
the United States within a few percentage points of each other and all under 15%" (p. 318).

Festinger's (1990) extensive analysis of adoption disruption rates and correlates in the United States indicates that the proportion of disruptions has risen over the years. "This fact appears to be the case in spite of problems of methodology and precision and in spite of probable variations in the definitions used" (p. 3).


Unlike current trends in Great Britain, the United States and other provinces in Canada, there has been a decrease in the number of special needs adoptions in B.C. Current statistics indicate a gradual decrease in older child adoption from 206 during the 1987-88 fiscal year, to 92 during the 1990-1991 fiscal year. "The marked decrease in total Ministry of Social Services adoptions is of course the result of many factors such as societal change and resultant changes in government policy/programs" (T. Usher, Supervisor, Adoption Section, Ministry of Social Services, personal communication, July 9, 1992). In B.C., 46 of the 881 special needs adoptions between 1985 and 1989 disrupted (Berland, 1990). The statistics for the incidence of disrupted adoptions or the rate of disruption in B.C. since 1989 are unavailable.
Older and special needs children are entering adoptive placements and research consistently indicates that adoption disruptions increase with the age at adoption (Kadushin & Seidl, 1971; Bass, 1975; Feigelman & Silverman, 1983; Zwimpfer, 1983). Adoptions can end officially or unofficially, and at any time. As long as parents maintain legal custody, however, the adoption remains officially intact. Children of legally finalized adoptions are not specifically identified as "adopted" children per se when in residential care, government or private foster care arrangements or the juvenile justice system. Therefore, many unofficial adoption breakdowns are not reflected in adoption disruption statistics (Brodzinsky, 1987). Adoption disruption is a complex and usually emotional phenomenon, regardless of timing and the legal status of the adoptee.

Older child adoption requires family reorganization (Hartman, 1984) that differs from infant adoption in ways that can be stressful (Brodzinsky, 1990) and challenging for adoptive families. Adoption of older and disabled children receives attention in social work practice literature, yet there is surprisingly little research on the factors related to either the success or failure of these adoptions. Adoptive parents' perceptions and experiences are vital in increasing our understanding of adoption and adoption disruption, yet rarely have attempts been made to interview adoptive parents of either infant or special needs adoptions. Further, no qualitative, phenomenological research study has explored adoptive parents' experience of older-child adoption disruption. Therefore,
questions that remain to be answered include: What do adoptive parents consider to be the causes of disrupted placements? What do adoptive parents need during older child adoption? Why is adoption of older children so difficult? What is involved in the process of disruption?

**Purpose of the Study**

The purpose of this study is to understand, from a phenomenological perspective (Cochran & Claspell, 1987; Colaizzi, 1978), the experience of adoption disruption as it is experienced by adoptive parents of older children in B.C. It has become commonplace that adoption has changed; healthy infants are rarely available for couples wanting to adopt. Some of these couples apparently believe that they have room in their lives for an older child and proceed with older child adoptions. In Canada, "more older children, more sibling groups, and more children with special needs are being placed for adoption than were placed 20 years ago" (Lipman, 1984, p.34). During older child adoption and adoption disruption, the adoptive parents as well as the children face losses, changes in roles and relationships, and new transitional tasks (Barth & Berry, 1988; Barth, Berry, Carson, Goodfield & Feinberg, 1986; Elbow & Knight, 1987; Gill, 1978; Katz, 1977).

The aim of this research was to conduct an initial exploration of the phenomenon of adoption disruption--the research question being "**How do couples who have adopted an older-child experience adoption disruption?**" Research was conducted with adoptive parent couples who made the initial choice to adopt an older child but did not
finalize the adoption, or who made the initial choice to adopt an older child but the child no longer lives in their home. The aim of this study was to explore this phenomenon in order to provide descriptions that heighten the awareness of other researchers and sensitize professionals to the nature and meaning of adoption disruption. It is hoped that with a more thorough and accurate understanding of adoptive couples' personal experiences, people will be better able to support adoptive couples during their adoptions of older children. Information about the process by which decisions and practices, beginning with the decision to adopt an older child, finally result in adoption disruption or dissolution may be useful for adoptive parents, applicant couples, and agencies who deal with adoptive family life.

Much of the existing adoption disruption research, for example Berland's (1990) study of adoption disruption in B.C., focuses on the child variables in the disruption, excluding study of the experiences of adoptive parents. The nature of the experiences of adoptive couples who have lost not only an opportunity to parent a child but also encountered an obstacle to fulfillment of their long-range parenting goal is rarely mentioned. This preliminary research, in an attempt to fill this gap, endeavored to render a "faithful description" (Cochran & Claspell, 1987) of adoptive couples who have experienced older child adoption disruption. Thus, this research adds to the limited available knowledge about older-child adoption and identifies for further study some of the issues of older child adoption disruption.
Participants, by sharing the personal meaning of their experiences, provided insight into the unique dynamics of older-child adoption and older-child adoption disruption. This research may increase understanding of the phenomenon of older-child adoption disruption and may indicate how the needs of adoptive families can be better met. This research may also serve to encourage the development of theory in the area of adoption (Giorgi, 1985).

**Definitions**

For the purpose of this research, the following definitions are used:

**Adoption.** "Adoption creates or expands a family through the legal severance of biological ties of a child to his [or her] birth parents and the establishment of new ties to an adoptive family" (Barth & Berry, 1988, p. 7).

**Adoption disruption.** Adoption disruption commonly refers to the removal of a child from an adoptive placement before the adoption has been legalized, replacing words such as *breakdown* and *failure* to reflect the viewpoint that the interruption was only one occurrence on a continuum of planning efforts toward permanency for the child rather than the final outcome (Barth & Berry, 1988; Valentine, Conway & Randolph, 1988). A distinction is sometimes made between adoption disruption and dissolution. The former describes situations where an adoptive placement ends prior to an adoption order being granted, and the latter describes situations where a legalized adoption has been annulled. For the purpose of this study however, in line with what seems to be practised in the B.C. social work community, and to avoid the use of the
pejorative terms "breakdown" and "failure", the term 'disruption' was used to refer to any situation where the adoptee no longer resides with the adoptive parents, regardless of the legal status of the adoption.

**Special needs child.** The term special needs child refers to "Any child over the age of two years, or a child of any age with specific disabilities" (current policy, B.C. MSSH). Although this study was limited to adoption of an older-child with no visible disabilities, this definition was included here because most of the literature concerning older-child adoption designates the older-child as a 'special needs' child. The research described in the review of the literature in this study uses the term special needs child to include both older-children and children with disabilities.

**Permanency planning.** "Permanency planning is the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships" (Maluccio & Fein, 1983, p. 197). Pierce (1992), president of the United States' National Committee For Adoption, describes a national consensus about priorities in permanency planning considerations as "family preservation first, reunification second, adoption third and foster care fourth" (Pierce, 1992, p. 62). The B.C. Ministry of Social Services adheres to similar priorities in "a social program primarily concerned with the well-being of children" (Berland, 1990, p.31).
Chapter Two

Literature Review

The variety of reporting approaches, combined with the diversity in research methodology during adoption disruption research, precludes decisive findings. A further difficulty is that most available information has grown from studies conducted in the United States where policy and practice differs not only from Canada and other parts of the world, but also among the different states. Where relevant, existing Canadian studies are included in the following review.

In this chapter, literature is reviewed from three areas; older child adoption, adoption disruption, and adoptive parents' experience of adoption disruption. As expected, there is an overlap in these three foci, so at times clear lines will not be drawn between this closely related literature. In the first section a representative overview of older child adoption literature is provided. In section two a survey of adoption disruption research is presented, and the third section focuses on studies with an emphasis on adoptive parents' experience.

Older Child Adoption

Family formation during adoption of older children is described in social work literature (Bass, 1975; Elbow, 1986; Gill, 1978; Hartman, 1979; Jewett, 1978; Katz, 1977; Watson & Bourguignon, 1990). Based on clinical experience in adoption, these authors conceptualize and describe adoption as a process through which adoptive parents
experience role change from caretakers of adoptees to parents of their children.

Eheart and Power (1988) conducted a three-year qualitative interpretive study of the ongoing interactions of 10 families who were in the process of adopting children with special needs. The researchers in this study observed and talked with adoptive families over a three year period. They developed a definition of adoption as "a process of interactions mediated by history, power, knowledge and emotions" (p. 327). These researchers contend that family formation during adoption of special needs children is different because adoptive parents have their own history as it relates to adoption, the adopted children have histories, and both the adoptive parents and the children create shared adoption histories. They observed that the adoptive couples lacked personal power over their attempt to become parents. Further, missing information about the adoptee was a common problem for the adoptive parents. Emotional reactions by children and parents during family formation were problematic for all of the families in this study.

The strength of this research is the methodology whereby the researchers adhere to the idea that "family interactions are not static phenomenon and cannot be taken out of context and classified and quantified" (Eheart & Power, 1988, p.327). Because Eheart and Power utilized a qualitative approach and focussed on adoptive parents' experiences during adoption of older children, their research is particularly relevant to this study.
Gill (1978) describes and summarizes common issues in older-child adoption that resulted from discussions during a group program for families adopting older children. Participants identified the following postplacement issues: adjustment dynamics, symptomatic behaviour of adoptees, a loyalty versus disloyalty battle between new and old families, the testing of beginning attachments to the new family, a shifting in the interpersonal balance of the adopting family, and parental adjustments including marital distress. Gill concludes that extensive preparation of families for the entrance of an older child into their family is crucial for successful adjustment and that intensive postplacement services are needed to ensure enduring placements.

Research concerning factors related to adoption adjustment includes exploration of the role of family structure in mediating adoption adjustment. Several studies have indicated that the presence of a biological child in the family, whether the child's birth predates or postdates the adoption, has little impact on the adopted child's adjustment (Brodzinsky, 1987; Jaffee & Fanshel, 1970; Kaye, 1990). Brodzinsky and Brodzinsky (1992) assessed the psychological and academic adjustments of 130 children adopted before the age of four and reported that the factors of adoption order and presence of biological children in the adoptive family had relatively little influence on their adjustment. These studies indicate that family structure, in particular the order of adoption and the presence of biological children in the adoptive
family, while often complicating family dynamics, generally poses no serious impediments to successful adoption adjustment.

Based on their practice in the adoption field, Watson and Bourguignon (1990) identify seven related areas of difficulty during older child adoption: entitlement, claiming, unmatched expectations, shifting family systems, separation, loss and grief, bonding and attachment, and identity formation. They describe adoption as a process involving the triad of the birth family, adoptee(s), and the adoptive family in "a lifelong, intergenerational process" (Watson & Bourguignon, 1990, p. 45) toward the understanding and resolution of these core issues of older child adoption.

Elbow (1986) uses a family developmental perspective and transition theory to describe three transitional tasks of families adopting older children: boundary establishment, resolution of losses, and affirmation of roles. For many couples, becoming adoptive parents of an older child begins with role loss. Further work in the adoption field (Elbow & Knight, 1987) resulted in an extension of this work and the utilization of loss and grief theory to describe the losses, changing roles and relationships, and new transitional tasks during adoption disruption. Elbow and Knight (1987) conclude that not only in the literature but also during adoption practice, insufficient attention is given not only to the process whereby older children are incorporated into adoptive families, but also to the process of adoption disruption in disrupted adoptive families.
Researchers enlist attachment theory (Kirgan, Goodfield, & Campana, 1982; Smith & Sherwen, 1983; Ward, 1986) in beginning attempts to document and explain the process of attachment during older-child adoption. Some parents and children make satisfactory attachments to each other despite backgrounds or problems that predict otherwise (Fahlberg, 1979). Johnson and Fein (1991) examined conceptual issues of attachment and the relevance of attachment theory for the study of attachment in adoption. They define attachment, present their view of important areas of need for further research about attachment during adoption and delineate clinical implications of the use of attachment concepts. Given that inability of children to form an attachment is viewed by adoptive parents as one of the primary reasons for failures in adoption (Schmidt, Rosenthal & Bombeck, 1988), the importance of further attachment research is underlined.

Discussions in the literature about the process of older-child adoption are predominantly practice based and descriptive in nature. Theoretical explanations of adjustment to adoption, particularly related to older child adoption, are largely undeveloped.

**Adoption Disruption**

As a result of the recently emerging nature of special needs adoption, there is not an abundance of research studies of adoption disruption. Adoption research is frequently linked to professional practice and government policy. Research studies on older-child adoption disruption and dissolution tend to be multifaceted and complex examinations of a
painful subject. The following review of adoption disruption literature will be confined to those studies which clearly discuss adoption disruption.

Cohen (1981) studied adoption breakdown in Ontario. This is the only Canadian study of adoption disruption published to date. The children in this study were reported to be in good health and without handicaps. Cohen studied 320 adoption breakdowns (mean age of the child was eight and a half) which occurred between 1975 and 1978, using a file review technique and selective interview with agency personnel. Cohen reports that breakdowns occurred in families reporting less flexible family roles and rules. Nearly one-third of the disrupted adoptive families in this study reported unrealistic expectations of the child, and more than one-third reported an inability to cope with the child. Cohen (1984) conducted an additional in-depth, qualitative study (including independent interviews with the parents, all family members together, and children on their own) of eight adoptive families, four of which experienced adoption disruption. Cohen concludes that "a complex interaction process must occur for an older child to become truly a member of a family by adoption. Bonding, autonomy, initiative, and industry all enter into the process and provide stress" (p. 130).

Nelson (1985) studied 177 adoptive families who adopted 257 special needs children (ages eight or older or with an impairment, or a sibling group of three or more) through either a public or private agency in the United States. Using a combination of file review and interview techniques, Nelson found that the satisfaction of adoptive parents was
not affected by: the number of previous placements of the child, the length of time the child had been in care, or the reason the birth parents' rights were terminated. Nelson's investigation identified an association between disruption and "stretching", a discrepancy between a family's idea of the child they initially planned to adopt and the child they did adopt. The study indicated that the more a family is "stretched" as a result of misinformation or lack of information the greater the detriment to the placement. Nelson emphasizes a need for adoptive parents to feel in control of the adoption process and makes recommendations concerning the placement and preparation of children and families for special needs adoptions.

McDonald, Lieberman, Partridge and Hornby (1991) collected data from two public and four private adoption agencies in four northeastern states. Data from 235 placements of special needs children over the age of three at adoption and/or with a physically or emotionally handicapping condition indicated that 27% of the placements resulted in disruptions or dissolutions. Findings indicate that disruptions are more a function of factors related to the child than family or social work practice variables. Age of the child was the best predictor of disruption. Children who experienced disruptions were significantly older at placement (11 years) than children who did not (nearly 6.6 years old). Further, factors indicating more trauma and greater need, in particular, prior incidence of abuse and/or neglect were consistently a strong predictor of disruption. White married couples who had adopted before (whether or not this was
a special needs adoption) and who share equal commitment to the adoption were least likely to experience a disruption. Father's or mother's educational level, existence of fertility problems, racial composition relative to the child's, and family income were not significantly related to the incidence of disruption. This study relied exclusively on a questionnaire used by the agency staff to recall or gather information from their records. No personal contact with adoptive parents or adoptees was included in the data collection. The exclusion of such relevant information from other important perspectives of the adoption disruptions under study is a very obvious limitation of this study.

Barth and Berry's (1988) longitudinal study of adoption and disruption in California appears to be the most comprehensive study of the phenomenon of adoption disruption to date. The researchers followed 927 children placed for adoption after three years of age. They reported a disruption rate of 10% over the four years during which the researchers followed the adoptions. They present specific findings from interviews with adoptive parents and social workers involved with 120 high-risk placements--about half of which disrupted, and review features of placement preparation, child, family and postplacement service characteristics related to disrupted or stable placements. In keeping with current theory and research concerning the importance of social environment on family behaviour (Bronfenbrenner, 1979), Barth and Berry (1988) investigated the connections of the adoptive families under study to social support networks including extended family and support groups.
These researchers contend that a description of disruption is not complete without a discussion of the process by which decisions and practices beginning with recruitment, finally result in disruption. Barth and Berry (1988) summarize rather important findings from their study: "disruptions begin well before a period of diminishing pleasures, last until after the removal of the child, and involve the agency as much as the family" (Barth & Berry, 1988, p. 167).

In summary, research indicates that many factors are operative during the process of adoption disruption. The studies reviewed above include discussion of the following factors: (a) mismatch--the presence of characteristics in a child that the parents cannot tolerate; the absence of highly valued characteristics that the parents desire; incompatible personalities or lifestyles, (b) inadequate preparation of child and/or parents, including lack of information, (c) lack of family supports--extended families, counselling, support groups, and resources (including financial), (d) lack of postplacement services, (e) lack of empathy and incomplete attachments and (f) family system strain and overload.

The previous descriptions of research studies are included because they focus on adoption disruption. The following qualitative studies are the only available studies to date that focus exclusively on adoptive parents' experiences, and seem most relevant to my research.

Adoptive Parents' Experience

Valentine, Conway, and Randolph (1988) conducted in-depth, personal interviews with 14 adoptive couples and four single adoptive
parents who experienced a disruptive adoptive placement of children ages 7 to 16, in South Carolina during 1982 and 1984. Infertility or other motivations to adopt were not mentioned in this study. Using "a semi-structured, focused interview" (p. 139) the researchers had participants describe events and experiences from the entire adoption experience: during preplacement preparation, the actual adoptive placement, the time of disruption, and the period immediately following the disruption. The researchers reviewed the interviews (the research report does not state that the interviews had been taped), and provided a summary, including quotes from participants. They report that adoptive parents in this study: (a) perceived the preplacement preparation classes, home studies and family interviews as helpful and necessary but still felt inadequate and ill-prepared to parent the child; (b) were dissatisfied with the match of a particular child with their family and speculated they were given inaccurate or incomplete information or felt misinformed about the extent of the child's emotional and behavioural problems (11 of the 18 families); (c) identified the adoption agency or adoption worker as a source of stress during the adoption selection, placement and disruption processes; (16 of the 18 families); and (d) reported that the decision to disrupt the adoption was extremely difficult.

In a similar study, Schmidt, Rosenthal, and Bombeck (1988) interviewed 12 adoptive couples and three single adoptive parents whose adoptions of special needs children, aged 4 to 17 had disrupted. The interview sample was selected randomly from the names of 57 adoptions of the
Colorado State Department of Social Services that disrupted between 1982 and 1984. The interview consisted of 15 semi-structured, open-ended questions. From the taped transcripts of the interviews, the researchers identified the following six themes, similar to the findings of Valentine, Conway & Randolph (1988), which they suggest were salient in the disruption of these families: (a) the inability of the children to attach to the adopting families, (b) the children's difficulties in letting go of birth families, (c) the parents' expectations of a less difficult child, (d) the impact of unresolved infertility issues on the adoptive process, (e) gaps in information and child history and (f) the importance of adoption worker expertise and support.

Both of these qualitative studies included interviews conducted with parents who experienced disruption. It is not possible to determine if similar themes would have emerged in interviews with families who experienced successful placements. The inclusion of additional information about the interview questions and format in these study descriptions would have been helpful.

Both of these studies were conducted by social workers. Schmidt, the only interviewer and first author of the Colorado study had "over 35 years of experience in child welfare and adoption" (Schmidt, Rosenthal & Bombeck, 1988, p. 121). By prestructuring the data collection into categories ("semi-structured interviews") it seems to me that these researchers found out only what they had previously considered: they were able to conclude their research articles by including specific
recommendations for adoption practice. In each study, the researchers not only conducted, but also analyzed the interviews without the benefit of additional raters to ensure inter-rater reliability. Further, since there were no follow up interviews reported in either of these studies, it seems that the conclusions are based entirely on initial interviews without benefit of participant verification of the accuracy of the researchers' interpretations.

These two studies indicate that adoption disruption is a stressful and painful experience for adoptive parents. During interviews adoptive parents indicated that they lacked both information and support throughout their experiences from preplacement decision making until postadoption adjustment. Further, they indicated that child related emotionally based behaviour problems and resolution of losses by all family members presented insurmountable difficulties during adoption adjustment.

Summary

Practice and research literature has been reviewed. This summary review of the research studies of adoption disruption makes it evident that adoption of older children creates concomitant problems for the adoptee and the family that can become intolerable. This chapter includes descriptions of adoption studies that identify many interrelated factors that may be operative in older-child adoption disruption, a complex and emotional phenomenon.
Chapter Three

Method

Quantitative studies, while useful, tend to distance the researcher from the emotional experiences as lived by the participants. Phenomenology refers to a method which captures the phenomena as it is lived by the individual (Colaizzi, 1978). It is a particularly valuable method of research when little is known about phenomena, or for research that will delve in depth into complex and multifaceted processes (Marshall & Rossman, 1989). Family interactions are not static phenomena and are not appropriately taken out of context and quantified. In our society adoption and adoption disruption are multifaceted family interactions. Phenomenology seemed an appropriate method for this research because there is a dearth of research on adoption of older children and adoption disruption and therefore little has been written about either phenomenon from the parents' perspective. This phenomenological study begins to fill that gap.

In this study adoptive parents were allowed to tell the story of their adoption, detail what the experience of adoption disruption means to them, and describe what impact the disruption has had on their lives. Telling stories is a fundamental and natural way of communicating about human experience. Stories stimulate questions and insights, are holistic, and "give a feel for the phenomenon under investigation" (Cochran & Claspell, 1987, p. 137).
Only in a relationship where a true encounter occurs can the deeper layers of feeling and meaning be revealed (Colaizzi, 1978). Phenomenological researchers therefore adhere to the following guidelines (Colaizzi, 1978; Cochran & Claspell, 1987): (a) they hold no "a priori" assumptions but rather observe and describe a phenomenon as it is experienced in order that the meaning for the participant is retained; (b) they strive to be fully present to the participant and his or her experience and completely involved rather than distant, disinterested or "impartial"; (c) they prepare themselves for research by examining personal presuppositions about the phenomenon and d) they acknowledge that as researchers, by investigating a phenomenon they personally influence it.

During this phenomenological exploration of adoption disruption, concern was not only with the uniqueness of each couple's experience, but also with the commonality of all the stories. Since the researcher was familiar with the phenomena she was able to seek and identify themes and commonalities from the perspective of the adoptive parents' experiences of adoption disruption.

Bracketing

Interest in adoption began for me 17 years ago when my sister and brother-in-law adopted an infant war orphan from Bangladesh. I adopted a four year old boy nine years later in B.C., and the same sister and her husband adopted an Indo-Candian infant the following year.
My interest in adoptive couples' experience during adoption of older children also emerged out of my own experience. My personal history has brought me a committed interest in the phenomenon of older child adoption and adoption disruption through a dramatic life changing experience and the objectivity resulting from personal growth and the passage of time.

Having experienced 10 years of infertility after the birth of my only daughter, and having made the transition to adoptive parenting of an older child, I am familiar with these experiences. My adopted son currently resides in a therapeutic residential setting, therefore, I also brought to this study my personal experience with older child adoption disruption. In addition, in order to become sensitized to how others have experienced special needs adoption, I became a participant observer during an adoptive parent orientation program during May and June 1991.

These experiences have allowed me to be empathic and respond genuinely to the participants' stories. The following example illustrates commonality of experience and how my familiarity with the phenomenon under study was helpful to the participants as they related their stories.

All of the participants at some point in their adoptive parenting had experienced problems of feeling invalidated by people who did not seem to hear or believe what they shared with them about their adopted child, the circumstances of their adoption, or events that had taken place. The crucial difference for them during this interview however, was that I had
neither power over their lives, nor an ongoing relationship with them. In my non-threatening role, I became an informed, experienced listener who took them seriously, and who heard and acknowledged their experiences. I was able to be affirmative with participants, and they finally felt understood.

I did not talk about myself with participants, but they knew from my introductory remarks that I am an adoptive parent. This seemed to help establish rapport with the couples. When asked to talk about my own experiences, I promised that I would visit them again after I graduated if they still wanted to hear my story, and I agreed to answer any of their questions at that more appropriate time. This seemed to facilitate trust between us.

**Participants**

While criteria for selection of participants in this study were chosen with a homogeneous enough focus to allow similar themes to emerge, ability to communicate had priority over the representativeness of the participants. Cochran and Claspell (1987) suggest three criteria are essential for selecting participants: (a) experience with the phenomenon, (b) ability to articulate the experience and, (c) sufficient involvement as well as distance from the experience. Participants in this study experienced disruption or dissolution since 1985 to ensure more accurate recall.

Given the unique nature of the experience of adoption disruption, it was believed that four couples were sufficient to provide many varied
descriptions of the phenomenon with commonality in experience not likely to occur by chance. Couples were interviewed rather than individual parents since parenthood can be seen as representing a "shared construction of reality" (Daly, 1988, p. 46). Interviewing the couple together seemed the best way to become aware of this shared reality. Allen (1980) suggests two advantages of interviewing couples: the bias of one individual's accounts may be balanced by the other's and spouses tend to jog one another's memory and keep each other honest.

The researcher was able to locate and elicit the co-operation of four couples willing to share their stories about such a sensitive topic. The adoptive parents who chose to participate were able to recall and relate in sufficient detail the significant aspects and circumstances of their experiences. Participants in this research were volunteers who met the following selection criteria:

A) Adoptive parent couples who adopted a child between the ages of two years and puberty. Disruption research findings are consistent regarding adolescent adoption: risk of disruption increases with the age of the child. An upper limit of puberty was imposed because, as Brodzinsky (1987) states "adopted adolescents are often at a disadvantage in their struggle to develop a secure identity" (p.37). The inclusion in this study of adoptions involving adolescents, with the concomitant developmental issues of identity, individuation and sexuality, would likely have confounded the data.
B) Adoptive parent couples who adopted a child without visible disabilities at the time of adoption. Researchers to date report diverse composition and types of special needs children in their samples. Further, little evidence exists regarding the impact of the adoptees' disability on the adoption process. In order to prevent too wide a diversity of child related influences on the adoption parents' experiences, only adoptions of children without visible disabilities were included in this study.

C) Only adoptive parent couples who adopted a single child were included in this study because researchers are divided, and conflicting statistics are reported regarding the positive or negative effect of sibling relationships on adjustment to adoption.

D) Adoptive parent couples in this study had not been the foster parents of the child they adopted. Since the advent (March 1, 1990) of subsidized adoption in B.C., there is a current trend toward foster parent adoptions. By establishing this criterion, the potential for inconsistency of prior experience with the child for some participants and not others was eliminated.

Procedure

Recruitment. In order to recruit potential participants, advertisements were placed in The Adoptive Parents' Association Newsletter and The Special Needs Adoptive Parents' Association Newsletter, but there was no response (See the Appendix A). The staff of the North Shore Family Services Adoption Demonstration Project, and both the Victoria and
Kelowna Adoption Support Programs, were also contacted, but were unable to provide names of people willing to volunteer for this study. Therefore, a multi-media approach was undertaken. Advertisements were placed on public television network cablevision channels throughout B.C. Classified advertisements were placed in the Information Wanted and People Finders column of the Victoria Times Colonist, the Province and the Vancouver Sun newspapers (see Appendix B). The research was also described and volunteers requested by a popular regular columnist for the Province newspaper, and an article about older child adoption by a reporter for the Vancouver Courier newspaper. The researcher placed notices at all U.B.C. family day care centres and in the U.B.C. Family Housing newsletters. Further, the researcher described this study and answered questions about her research for a radio talk show in Kelowna, B.C. In every case, people interested in participating in the study were asked to contact the researcher by telephone and there were a total of 12 responses.

There were seven couples who responded but did not meet the selection criteria. They included: one woman who had adopted a sibling group of three and whose husband was not willing to participate, two single mothers, and three couples who had experienced adoption disruption prior to 1985. Two more couples did not meet selection criteria: one couple had adopted siblings but one of the adoptees still lived in the home, while another couple interested in the study had experienced adoption disruption initiated by MSSH, and were currently
caring for the child with foster parent status. One couple met the criteria, but since they were unavailable for an interview for two months hence, they were not included.

During the initial telephone call, discussion included questions to determine whether the couple met the inclusion criteria and a brief description of the nature of the study that provided information to the participants about procedures to ensure confidentiality and understanding of the time commitment involved. Appointments for an in-depth personal interview were then made for those people willing to participate and meeting the selection criteria.

The interview. Data were collected during in-depth, unstructured interviews. Three hours were scheduled for each interview to allow sufficient time for participants to fully tell their stories. Time was discussed prior to each interview. The duration of the interviews was determined by each participant's verbal fluency and the nature and extent of the participants' experiences. Interviews were usually completed after two and a half hours, and were never longer than three hours in duration.

Participants were allowed to select the location for the interview, and in every case the interview took place in the participant's home. At the start of each interview, time was allowed for polite conversation of a casual nature to develop trust and rapport. The researcher started with introductions, followed by a verbal orientation that reviewed and clarified the study procedures. During this orientation, people were reminded that
they were under no obligation to complete the interviews and they could discontinue participation at any point. They were also reminded that their identity would not be evident in any written or oral material resulting from the interviews. Participants were then given an opportunity to ask questions and asked to read and sign two copies of an ethical consent form (See Appendix C). After the consent forms were signed, all interviews were audio taped. Participants were encouraged to express only what they felt comfortable sharing. The interview began with an introductory statement, designed to stimulate a narration: Please try to recall in detail your experience of adoption disruption. You may tell it as if you were telling a story with a beginning, middle, and end, and include any thoughts and feelings you have about your experience, or any actions taken as a result. Since this is your story I will endeavor to speak as little as possible, allowing you to talk wherever possible without interruption.

The researcher encouraged the adoptive parents to tell their stories as lived and experienced, and elicited descriptions of the participants' intra-personal and interpersonal experiences surrounding the events. Interviews were loosely structured and informal. In order to enable the participants to develop an autonomous presentation of their experiences, minimal structure was imposed by the researcher. Instead of drawing on a priori concepts, concepts emerged during the interview. The main part of the initial interview usually consisted of the participants' story being
told without interruptions. The use of empathy, paraphrasing, and reflection helped to elicit information about the participants' experiences. Probes were utilized to establish detail while allowing for individual construction of meaning. Silence allowed participants to express themselves before probes were used. Judicious use of open-ended questions (see Appendix D) was very effective. Such questions served only to facilitate further elaboration and a comprehensive understanding of the participant's experience.

A final debriefing took place after the participants indicated that they had completed the telling of their story and the tape recorder was turned off. Each interview was concluded with an opportunity for the people involved to process the experience of the interview itself, which at times was emotionally draining. The researcher stayed with the participants until all concerns were addressed.

Data analysis. All interviews were transcribed verbatim. This study was conducted in the framework of "interpretive research" using Giorgi's phenomenological paradigm (Giorgi, 1985). Data interpretation was confined to a reconstruction of what the participants themselves presented as their experiences. The researcher followed four essential steps: (a) she read the entire description in order to get a general sense of the whole statement, (b) she went back to the beginning and read through the text again to discriminate "meaningful units", (c) she went through all of the meaningful units and expressed the psychological insight contained in them, and (d) she synthesized all of the transformed
meaningful units into a consistent statement regarding the participants' experience.

Having analyzed the transcripts according to this method, one additional rater, trained in Giorgi's method of phenomenological analysis, independently reviewed the transcripts and extracted relevant meaning and themes. The integration of the two raters' analyses ensured inter-rater reliability.

During the process of data analysis, 12 recurring themes became apparent. Through further reworking and reflection upon these themes and the affective threads that tied them together seven of these themes were collapsed. The essence of the phenomenological experiences were thereby enorporated under five primary themes. These five themes delineate the discussion of the results of this research in Chapter Four.

After the data were transcribed and analyzed, participants were provided with copies of the transcripts of their interviews, a list of themes, and a copy of the consistent statement (Giorgi, 1985) regarding their respective experience. Participants were invited to read this material prior to the second interview.

Verification Interviews. A second interview process was a component of the data analysis. Personal follow up interviews were arranged by telephone to review their protocols and further validate and refine the themes that had been extracted. During this interview participants were
asked to "edit" the final descriptions by changing emphasis of statements, and by making additions, deletions and other changes they felt more accurately reflected the meaning and essence of their experience of adoption disruption.

Ethical Considerations

During the initial interview participants were invited to suggest an appropriate pseudonym to ensure confidentiality in any oral or written accounting of their experiences. Written consent was also obtained. As described in the procedure section, participants were involved in the data analysis during previously arranged follow-up interviews, thereby having had input throughout the process.

It was apparent that their experience of adoption disruption had been highly stressful and painful for the adoptive parents. The researcher had anticipated that a willingness to participate may have indicated a "need" to share their story with someone who was not involved in the experience--a non-threatening listener. The researcher considered it ethically appropriate to ensure that participants felt respected and supported throughout this process. Adequate time was provided for each interview and a list of adoption sensitive counsellors was available for participants. The debriefing component of the interview allowed an opportunity for the researcher to process with participants any upsetting emotional reactions that resulted from their experience of telling their story of adoption.
Limitations and Assumptions

Time limits necessitated the focus of the interviews remaining on the adoptive parents. A more complete analysis would have included studying other components of the family systems under study, such as grandparents. Similarly, it would have been highly informative to interview the children and the social workers who were involved in these disrupted adoptions. Since there were both time restraints to consider and confidentiality limits to respect, this was not feasible.

Since this research was based upon self-report, it was limited to what the participants were capable of reporting. This study involved retrospection and may have been affected by not only memory but also by factors such as feelings of loss, grief, self-doubt, shame and self-blame, that may have influenced selectivity in reporting. This is a part of meaning-making; fully constructing and understanding of the participants' experience. Concern about the accuracy of a particular theme lessened when it was reported over and over by other participants. The details of the four couples' adoption and adoption disruption experience varied; however, it was the shared meaning of the experience that was investigated, rather than the events themselves.

With only four couples, no claim to generalizability can be made. The findings of this study were valid only for the participants reporting their experiences and the results therefore cannot be generalized to other disrupted older-child adoptions. However, the themes made evident
during the study may provide a basic starting point for further study and dialogue (Colaizzi, 1978).

Finally, in this study no attempt was made to include exploration of other adoption experiences such as international adoptions, adoptions of children with visible disabilities, special needs infant adoptions or healthy infant adoptions, and as such the findings are valid only for these couples who reported their experiences of older child adoption disruption. As interviews were conducted only with parents who experienced disruptions, it is not possible to determine if similar themes would have emerged in interviews with families who experienced successful placements. Further, the focus throughout this research remained on the adoptive parents and excluded the perspectives of the relinquishing biological parents, foster parents or other care givers, social workers and the adoptees. As such, results reflect only the perspective of the adoptive couples' experience.
Chapter Four

Results

In this chapter a brief synopsis is provided of each participating couple's experience of disruption of their older child adoption, a listing of the common experiential themes and a detailed description and discussion of each of these themes.

Summary of Participants' Experience

The following four overviews provides a synopsis of the participants' experiences. These are provided to sensitize the reader to the unique experiences and stories of each of the couples and create a context for the description of the themes in this chapter.

Couple One. Al and Dana, a couple in their early forties, reside in a small town in the interior of B.C. Dana worked with children and Al was a business consultant. At the time of the adoption they had been married for 16 years and had three children: Coralee age ten, Jim age eight and Arnie age six. Coralee and Jim had been cross-cultural infant adoptions, Arnie was a "surprise" biological child. They applied to adopt in 1985 and adopted a 10 year old First Nations girl in 1987. They had requested a child younger than their youngest child because they had read that during adoption of an older child the adoptee should be the youngest in the family. They experienced adoption disruption four years later in the spring of 1991, thirteen months prior to their participation in this study.

Dana and Al adopted an older child for reasons of infertility and social interest concerns. While they preferred to have another biological child,
they also knew it was so unlikely they decided to apply to adopt. They
wanted a bigger family and shared a belief so aptly described by Dana:
"they had enough love, finances and time to share with four kids instead
of three." After what they felt was a long time had passed, an MSSH
representative called to propose Jessie as a possible adoptee for their
family.

During the placement and the prelegalization period, this couple
experienced upset and confusion. After their first visit with Jessie, Dana
recalled that she felt appalled by her living circumstances, and "felt very
sorry for her." Al remembered having contact with "three or four different
social workers." Further, Dana remembered a "bad beginning, for Jessie
and for everybody." Preplacement visits were cut short when early one
workday morning Jessie arrived to stay. With a bag of clothes and a
sandwich, she was dropped off in the driveway by her foster parent.

Dana and Al recalled that at first they received a minimum of
information about Jessie: she had native status, was a bed wetter and
was "slow" at school. As difficult situations arose, Dana would make
inquiries of both social workers and the foster mother, gleaning what she
referred to as "little bits of information over the years." She remembered
feeling like she had to "nag" as the custodial parent and resented the
arrangement whereby a social worker controlled her access to
information.

Problems at school were a source of stress for everybody in the family.
As her advocates in the school system, Dana and Al fought for Jessie to
receive testing and special help. They sought more special education assistance at school, which was difficult since Jessie had no visible disabilities. Al described how Dana spent so much time with Jessie that the other children were neglected. The children appeared to cope by finding ways to keep out of the way.

They asked a provincial mental health psychologist to help them understand Jessie's aberrant behaviours which included: an eating disorder, stealing, lying, enuresis and encopresis, daydreaming to the point of withdrawal, inappropriate friendliness and lack of reserve with total strangers, peer interaction deficit, academic failure, and later, precocious sexual activity and running away. They did not get answers that were meaningful or helpful to them.

They consulted further with social workers and a family therapist in private practice. The messages and suggestions they received felt like criticism and were largely ineffective. Al favoured "common sense" while Dana tried everything that was suggested which resulted in marital discord. They felt overwhelmed and lost confidence in their parenting skills.

Dana and Al experienced social isolation and rejection. Dana said that their friends became tired of hearing about their problems with Jessie and they didn't have company because it was not pleasant in their home most of the time. Dana and Al experienced loss of credibility with some people in the community and felt unfairly treated. They also experienced financial pressure in their search for ways to help
themselves and their children: they bought a bigger house and they assumed the expenses for therapy and respite care. This necessitated changes in lifestyle and they felt guilty about the impact on their children.

Dana and Al signed the final adoption papers toward the end of the first year. Because this would formally change Jessie's last name to theirs they believed it would help her consolidate her identity as their daughter and encourage her to feel more at home with them. A social worker had suggested to them that once they proceeded to legal finalization Jessie would feel more a part of their family and that it would help her 'settle in'.

By the end of the third year, Jessie had still not "settled in" to their family. Al and Dana felt exhausted from what they experienced as continual problem solving and failure, and wanted a break. The cost of foster care was $600 per month which they felt was prohibitive. A social worker suggested enlisting help from within their extended family, but nobody they asked felt capable of caring for Jessie. In an attempt to save their family from what Dana described as "chaos" they decided together to arrange for Jessie to return to the care of the ministry.

Al explained that the adoption did not break down at the first request, however, because the ministry convinced them that it would be wrong for Jessie who needed total commitment. At this point, a social worker assigned a child care worker to spend time with Jessie, which was pleasant for Jessie but created even more tension in the family, particularly among the siblings who resented the attention and special
treats Jessie received. The siblings felt that Jessie was getting "rewarded" for bad behaviour. Jessie became increasingly unhappy and withdrawn at home. Dana and Al were at a loss as to what else they could do to help.

Jessie's acting out behaviour at school escalated. She also began running away and stayed at a series of "friend's" homes where she also created havoc, resulting in "hard feelings" towards Dana, Al and their children. They believed that people in the community blamed them and found it devastating to experience a loss of credibility and the deterioration of some of their relationships in their community. When Jessie "told horrible stories" to her friends about child abuse, their home was investigated and Dana feared the apprehension of her other children.

In the spring of 1991, when a mother of one of Jessie's friends called the MSSH office, Jessie was apprehended. For this couple and their children, life did not improve immediately after Jessie left their home permanently. Jessie continued to "hassle" Coralee at school. Dana said they "begged" the social workers to move Jessie to a different school the following September, but their request was refused. It appeared that from the social worker's perspective Jessie's need for the least amount of disruption possible overruled the needs of their other children.

Dana loved and felt attachment to Jessie, was sad about losing her, and hoped that someday Jessie would come back to her home. Dana
and Al were denied any access to Jessie, which heightened their loss and made it worse in that, for Dana, it implied fault.

At the time of the interview Dana and Al were working very hard to rebuild their lives. They felt disillusioned and disappointed. Dana and Al lost considerable respect for social workers, and mental health professionals. Consequently they said that they would not enlist the help of counselling services again. They also experienced loss of faith in themselves. Al blamed himself because he felt the long wait for a child made him too anxious to see the obvious pitfalls. A year after the disruption they both felt it would never really be over.

**Couple Two.** Gwen and Graham, a couple in their mid-forties, lived in a large suburb of Vancouver. Gwen worked at home with her children for 10 years and since their children had all started school had established a business career. Graham worked in management at a large public service company. Gwen was an adoptee and Graham had several adoptions in his extended family. Infertility was not the motivation to adopt for this couple. Gwen considered adoption as a way to "give back," since she and Graham had much to share. Graham was receptive to the idea. They had been married 10 years in 1979 when they applied to adopt, and one year later adopted a two year old First Nations boy, Michael. At this time, they had two biological children: a boy, Ian, age four and a girl, Frieda, age three. They wanted to adopt a child close in age when their children were still young, so that they could grow up together. After three visits with Michael over a two week period, they took
him home on a permanent basis. Twelve years later, seven months prior to their interview, this adoption disrupted when Michael ran away after he threatened to kill Gwen with a knife. Gwen and Graham signed an agreement with MSSH placing Michael in foster care to protect Michael and themselves.

At the time of the adoption, Michael was sick and Gwen and Graham were told that he had allergies with chronic congestion and asthma. Gwen and Graham had concerns about Michael's walk because they observed that he had a peculiar gait, fell easily and dragged his right leg slightly. Frustration mounted as their social worker dismissed the concern on the first and only post adoption visit, and while a doctor on repeated visits failed to detect the irregularity they knew to be there. During the next 12 years however, they continued to notice and endeavored to find answers about this gradually but progressively worsening, debilitating condition that affected Michael's mobility.

The culmination of an ongoing quest for medical information and help came after 10 years, when a specialist in Vancouver diagnosed what Graham described as a terminal concern with a life expectancy of 20 years, that would result in Michael's motor skills and sight continuing to deteriorate until he was totally paralyzed and blind by his mid-teens. Graham reported that since they had seen the deterioration all along, they had not been shocked by this diagnosis, nor did they change their lives because of it.
Life with Michael had been an ongoing challenge for this couple from the onset. Initially, Michael had an eating disorder (gorging and hoarding food) which continued for almost five years, and enuresis and encopresis which did not cease. Their worries about Michael's physical deterioration were coupled with concerns about his poor self-esteem and emotional problems.

School had always been very problematic because Michael required one-to-one supervision in order to do his schoolwork, and he had difficulties with retention of information and concepts. Social interactions were often negative. Michael tended to not 'join in' with school activities, yet fell 'victim' to peer pressure to misbehave. Gwen and Graham did not like Michael's friends, and disapproved of his involvement with alcohol and shoplifting. Gwen was afraid of Michael's frequent rages, including physical and verbal threats.

Gwen and Graham were committed to Michael and determined to normalize his experience by encouraging his independence but did not experience support in this effort from teachers and the extended family. Gwen reported that there had "always been conflict and underlying tension" but that she found it increasingly difficult to be the focus of Michael's anger after puberty.

Their difficulties were exacerbated by medical errors--for example surgery on Michael's heel chords, intended to improve his mobility, resulted in decreased mobility. Gwen and Graham emphasized ongoing frustrations with lack of carry through and inefficiency by people who had
been in charge of medical care. Gwen had become "very cynical about the medical profession."

Gwen and Graham were unable to consistently access appropriate support for their family from social service agencies. Plans for a teen support group at a rehabilitation center did not ever materialize. A request for respite care from MSSH was turned down because the ministry social worker felt they should ask family and friends to help out. Michael's social worker had recently cancelled a contract for a child care worker which had been an unsettling loss for him.

Gwen explained that when the children were young Michael's sister and brother "quite enjoyed him, looked after him and were willing to share with him," but they couldn't understand him at times. As teenagers, Michael confided in his siblings when he was depressed, and his brother encouraged Gwen and Graham to seek more help for Michael. Since Michael had left the home there had been little contact between the brothers, and Michael's sister visited him in his foster home out of loyalty, but would not listen to complaints about her parents.

This adoption disrupted seven months prior to the interview when Gwen and Graham realized that they were no longer able to provide the supervision and care Michael required. Michael ran away from home and Graham found him where he was staying temporarily at one of his friend's homes. Michael was unable to care for himself, particularly under these circumstances, but Gwen and Graham could not convince him to return home. Consequently they signed a child care agreement
with MSSH so that a social worker could apprehend Michael and move him to a foster home.

Gwen and Graham's experience of adoption disruption included introspection and discussion between them. They agreed that Michael had never attached to them. They knew that they had done the right things all the way along in trying to get support for Michael and had never given up seeking answers.

Graham expressed anger about their current arrangement with social services. He felt it was unfair that the ministry billed them $660 per month for Michael's care when they had been without help or support for so long. Graham related that he kept in touch with Michael and had assumed a "watchdog" role with social workers and foster parents because "they were inexperienced with situations other than abuse, neglect and abandonment of children." For example, when Graham discovered that Michael's first foster home was not wheel chair accessible and Michael had to be physically dragged up the stairs, Graham fought to have Michael transferred.

They explained that while there was a remote possibility that Michael could at some time in the future return to their home, it could only be under different circumstances that would ensure a balance for everyone.
Couple Three. Gene and Joan, a couple in their early thirties lived in a small town in the lower mainland of B.C. Gene worked in a sawmill, and Joan worked at home. The high school sweethearts had been married for seventeen years. Gene and Joan began the process of adopting the eight year old sibling of their four year old adopted daughter twenty months prior to the interview. Their adoption disrupted after the child had been in their home for 13 months, seven months prior to the interview. They were approached by MSSH as soon as Kelly was available for adoption. When they adopted Kerri four years earlier they had indicated an interest in adopting Kelly whom they did not know yet. This couple's unanimous and enthusiastic decision to adopt was based on a long-standing desire to build a large family through adoption due to their infertility, and on the belief that siblings should grow up together.

Joan recalled feeling "really rushed" during the period of preplacement visits. They also experienced confusion, because they were unsure of all of the roles of the many people involved in the arrangements. They did not recall difficulties with Kelly during the preplacement visits, but when the worker moved Kelly into their house, Gene said, "it was right away not good."

Life in the home became chaotic. Kelly required 24 hour supervision because of her violent outbursts, tantrums, sexual acting out behaviours, sleeplessness, nightmares, and stealing. Joan got very little sleep because Kelly's tantrums were physically and emotionally draining and often lasted "eight, ten hours straight ... day and night." Gene's
experience included an erosion of his home as sanctuary. He didn't want to come home. Gene and Joan felt that they should have known much more about Kelly before becoming responsible for her care. During the interview they made 13 references to their lack of knowledge about Kelly and how difficult this dearth of information had been for them.

School also presented multifaceted problems, particularly in view of inaccurate information they had received. After Joan learned about Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Effect (FAE) she inquired about this aspect of Kelly's life and was told that there was absolutely no alcohol in her background, only to learn from Kelly's biological grandmother that there had been a lot of alcohol. Joan said, "if I knew then what I know now I would have approached the school work a whole lot differently."

They initially felt that their parents and friends supported the idea of the adoption of Kerri's older sibling. Joan said that outsiders did not often observe Kelly's tantrums and other acting out behaviours. After observing the impact of the experience on Gene, Joan and Kerri for six or eight weeks, however, friends and family withdrew their support.

As they continued to parent Kelly they felt unsuccessful, their confidence in their parenting eroded and they had self-doubts but supported one another. They were not offered postadoption counselling or therapy for the child and since counselling or therapy was not part of the process of the adoption of their infant daughter, they had not expected it or thought to ask for it during this adoption. They experienced
isolation when they lost their baby-sitter and couldn't get out together in the evenings or on Gene's days off.

Toward the end of the first year the decision to ask for help was initiated by Gene. He was experiencing heightened concern about his wife and he and Joan were becoming increasingly worried about the impact of the adoption on their four year old and on their own lives. Gene said that he was "tired of seeing his family in an uproar." A ministry worker suggested they participate in therapy. Ultimately this was a validating experience, but they initially felt shocked when the therapist suggested disruption during the second visit.

During the process of decision making about disruption this couple experienced marital distress. The decision was not initially unanimous; father wanted to disrupt, mother was undecided. Joan said that she and Gene did agree that their major concern at that time was feeling "completely and totally worn out."

After they reached the decision to disrupt the adoption and Kelly moved to a foster home in December 1991, Gene and Joan experienced a sense of relief. Joan continued to think about Kelly's strengths and potential. Despite the advice they had received that it was likely they would have had at least ten more problematic years with Kelly, Joan had difficulty 'letting go' of her role as Kelly's mother. She kept in touch with Kelly and sought information about what went on in her life. Joan compared her experience of attachment to Kelly to the bonding she experienced with Kerri during their previous infant adoption. She
regretted that the two girls never attached as siblings and that their belief that "siblings should be kept together" had been shaken.

With the passage of time after the disruption, Gene and Joan had mixed feelings. On the one hand, they had gained knowledge and experienced personal growth. They gained knowledge and confidence in their awareness of their own strengths and limits particularly regarding future adoption. Since the disruption they had completed another application to adopt. Joan read extensively prior to the disruption and empowered herself by seeking and gaining knowledge about adoption, FAS and FAE and learning disabilities.

On the other hand this couple experienced multifaceted losses of their normal life as it had been prior to the disruption. They were fearful that this disruption could be misconstrued during any future applications for further adoptions. This couple’s understanding of what had happened to them now included an awareness that throughout the experience there was not enough concern for their family. They were angered by the professionals’ focus being almost exclusively on the adoptee. They were concerned about their five year old daughter’s behaviour changes, felt defensive about Kerri being partially "blamed" for the disruption since according to Joan "she went through hell," and angry because there seemed to be no concern from professionals for Kerri’s well being. They resented the fact that the existence of support services, such as child care workers and respite care, was never explained to them and were only offered after they had anguished over and made the decision to
disrupt. It was "too little, too late." Gene described a "loss of faith in professionals--social workers and teachers," whom they once held in high regard. They were somewhat disillusioned. In order to adopt again they would have to work within a system that had not worked well for them. They sensed that in order to do this they would have to more assertively express their limits about what they could and could not do.

This experience had long term consequences for Gene and Joan and they viewed their adoption disruption as a life long experience. They had started to regain their equilibrium and were determined to speak up during future meetings with professionals and be more forthcoming about their needs and concerns.

**Couple Four.** Ken and Carol, a couple in their early forties, lived in a city in the interior of British Columbia. Ken was a businessman, Carol a homemaker. Prior to their marriage they realized that in addition to wanting biological children they held a common commitment to adoption since they were disturbed about the suffering of children in the world and desired to "give back" to others in a humanitarian sense. They wanted to have three children, and they wanted their adopted child to be neither first nor last in birth order. Therefore, when they had been married 8 years, and their first child was two years old, they applied to adopt. During the completion of a MSSH home study, Ken and Carol indicated that they could handle what Ken called a "mixed race" or physically ill child, but were quite specific in their assertion that they did not want to take a child with emotional problems. They had not expected to be able
to adopt within Canada, but were quite happy to do so when after two years, which they considered to be a long wait, they were offered a two year old First Nations boy.

At the time he came into their home Ken and Carol had no preplacement contact with Ryan. They flew with their four year old daughter, Sharon, to pick up the child and after lunch and the completion of the necessary paperwork with a social worker they returned home with Ryan. They were informed about the circumstances of Ryan's coming into care, but were not told about his background nor given a birth family history.

During the interview, Ken and Carol repeatedly referred to Ryan as "extremely hyper," "very bright" and "manipulative" (if Ryan's IQ was as reported 149, he was in the 98th percentile). Initially, they attributed his difficult behaviours to a period of 'settling in' and were expecting that he would change. He had an eating disorder, was frequently deliberately destructive of toys, books and household items to which he seemed to attach no value, and demonstrated no remorse.

Ken described life with Ryan as almost like "running the gauntlet" and they recalled many ruined family outings and special occasions. They did not understand Ryan's behaviour, nor why it continued despite a variety of behaviour management approaches used. Ken described Carol as "tenacious and hard working" in her efforts to integrate Ryan into their home. Because Ryan was very bright and good looking, onlookers often perceived Ryan's behaviour as "cute" and considered Ken and
Carol's limits on his attention seeking unreasonable. Ironically, their family physician and some of Ryan's teachers accused them of "lack of discipline," blaming them when Ryan's behaviour was unacceptable.

After six months Carol and Ken finalized the adoption, still believing that life would become more tolerable after Ryan "settled in." There were no postadoption supports from social services. The adoption papers were mailed. Later, Ken and Carol decided that Ryan's problems were beyond "settling in" and agreed that they needed more information about Ryan, someone to talk to. They were uncertain as to who could help them learn to cope with Ryan's aberrant behaviour and integrate him into their lives.

They turned first to their family physician who, through medical channels, was able to obtain Ryan's background information. They learned that Ryan's siblings had all been apprehended from an alcoholic home for abandonment and that there was a family medical history of schizophrenia. Although the information was helpful, the doctor was not otherwise supportive. Carol explained that this doctor rejected the notion that Ryan had any problems. He told a pediatrician, Ken, and Ken's father, that the situation was basically "Carol's fault," and that she was "whining and complaining needlessly." Ken and Carol thought that this doctor should have known that Ryan was not only small for his age but also exhibited behaviours of an attachment disorder and FAE.

After the birth of their second biological child (Bill) when Ryan was six, Carol asked Bill's pediatrician to examine Ryan. This doctor recognized
Ryan's problems, validated their experiences and helped them access help from a psychiatrist familiar with adoption and the type of disorders Ryan was experiencing. Carol and Ken began to realize Ryan might never bond and would probably become even more problematic after puberty. Further, Ken said they feared being "pushed to the nasty territory of abuse."

When Ryan was eight years old, six years after Ken and Carol adopted him, they disrupted the adoption. Carol said she was "burnt out" and could no longer parent Ryan. She had carried on because of a belief that she had somehow been given this experience for a 'reason' and that she could not give up as long as in doing so she would feel like a failure. When she saw that doing the best they could did not motivate Ryan to change his behaviour, she no longer felt like a failure. Carol and Ken recognized patterns in Ryan's behaviour which suggested that it made no difference to Ryan where he was, as long as he was the center of attention and had his physical needs met. No amount of "trying harder" was going to make their family situation tolerable. When Ken telephoned MSSH to inform them about their decision to disrupt they were offered the services of a child care worker who would live in their home for one week in order to help them develop strategies to manage Ryan's behaviour. They did not believe this would make a difference. After the apprehension, they were told that Ryan showed no upset or adjustment problems in his new foster home. This easy adjustment affirmed for Ken and Carol their belief that he had not attached to them,
and that leaving their family would not be traumatic for Ryan. They sensed disapproval during and after the disruption, because no one from social services inquired as to their well being, nor were they kept informed about Ryan's whereabouts. The focus remained on the child's needs, and there was no concern for their family during the adoption disruption.

After Ryan left their home Ken and Carol were both initially relieved and exhausted. Once made, their decision to relinquish care and custody of Ryan was firm and unanimous. Within one year Ryan was adopted again by a couple who worked with emotionally disturbed children in Vancouver. That adoption also broke down. The second disruption was a validation for Ken and Carol that they had made the best choice for their family and they consider themselves fortunate to have extricated themselves from a situation that could have become much worse over time.

Seven years after the adoption disruption, Ken and Carol reported during their interview that their lives had been very much affected by the adoption. Marital distress heightened during the postadoption adjustment period. They had to resolve interpersonal difficulties in order for their marriage to remain intact. Further, their decision to disrupt caused a deep rift in their extended family. Ken's parents aligned with Ryan and kept in touch with him in his foster home before his second adoption. As a result Ken and Carol and his parents did not speak for five or six years.
Ken and Carol had no contact with Ryan for six years until one month before this interview when Ryan had contacted their family and threatened to shoot Ken and to burn down their house. They realized that they had always had an underlying fear of Ryan, that he was a "child without a conscience"\textsuperscript{1} and that he potentially could be harmful to them. They had no doubts about their decision to disrupt because they believed that the damage that had been done to Ryan prior to the adoption had been irreparable. Ken and Carol did not want future contact with Ryan.

**Common Themes**

The process of data analysis yielded five common themes which emerged from the couples' in-depth interviews. Each of these themes appeared in all of the interviews, though with different emphases throughout the interviews:

- Experience of Profound Invasiveness
- Experience of Lack of Support
- Experience of Erosion in Self-Confidence
- Experience of Resignation and Loss
- Experience of Integration and Healing

Where appropriate, these themes are described in order of the phases of the couples' older child adoption disruption: the decision, the child in

\textsuperscript{1}The term "children without a conscience" is used by Dr. K. Magid and C. McKelvey in their book *High Risk: Children Without A Conscience* (1987). It was evident that this book had made a significant impression on Ken and Carol.
the home, the disruption and the aftermath of these experiences. While all of the themes are interrelated, two themes seemed more pervasive throughout the entire experience and are discussed first: The Experience of Profound Invasiveness and the Experiences of Lack of Support. The theme of Erosion of Confidence is more salient to the time that the child was in the home. The discussion of the theme of the Experience of Resignation and Loss encompasses the disruption phase. The final theme, Integration and Healing, emerges from the aftermath of all of the experiences in general and the postdisruption phase in particular and completes the discussion of themes. The final two themes seem more interrelated than any of the other themes but are dealt with separately during the following discussion.

**Experience of Profound Invasiveness.** The experience of adoption and adoption disruption had a profound impact on the lives of the couples and their other children. From the intrusive questions during the home study to the harsh legal terms of adoption disruption such as "abandonment" and "disability of parent," ramifications of the adoption were pervasive in these couple's lives.

During the application to adopt each of the couples experienced a home study, an investigative process whereby they were required to demonstrate their suitability as adoptive parents. As Joan said, they at times felt "under scrutiny" during the home study, "I mean they asked us those questions, adoptive parents, I mean they know ... everything, I'm
sure." Joan continued to describe the writing of a 42 page report as part of the home study.

When the adoptees entered their homes all of the couples experienced loss of their life as they knew it before the adoption. One person from each couple used the terms "chaos" or "chaotic" during descriptions of their experiences. Day-to-day living changed abruptly and with a dramatic loss of stability and calm. Ken's comment, "no matter what, Ryan would do something that would ruin the day" and Gene's remark "I don't think we ever had one nice day" capture the essence of the invasiveness of these adoptions.

When their lives quickly became chaotic couples felt discomfort with their emergent feeling of inadequacy. Situations felt out of control. Both Carol and Joan reported feeling totally overwhelmed by the behaviour of a child who demanded of them "24 hours a day!" Kelly's tantrums began on the first day she arrived. Joan said, "they never told us she had tantrums you know," and having no warning, they were shocked and felt unprepared. Joan described how she felt during these times: "you laughed, you cried, you thought you were losing your mind--you felt you were totally out of control, and this would all happen the same day!"

In reflecting upon the time during which Ryan was in their home, Ken described it as an unpleasant place to be because "all the vibes all the time that are in the family are negative vibes because we're dealing with this problem all the time." Carol described the invasiveness of the experience of having Ryan in their home: "you couldn't shed it, no matter
where you go, night or day." Dana remembered their experience as invasive to the extent that she preferred being at work to being at home when she said, "I wouldn't have survived without my job because that was the only thing in my life that gave me happiness." Gene recalled that life at home was so unpleasant that he started to dread Kelly being at home: "when she [Kelly] was at school you looked at your watch and when 3:30 was coming near you started to think, oh, God, she's coming [home]."

The adoption was invasive to the couples' marriages and they experienced marital distress during and after the disruption. Al said, "it destroyed our relationship." Dana recalled that the communication between her and Al became limited to discussions about problems: "that's all we talked about was Jessie, always, always, always." Carol also referred to loss of marital harmony when she said that the strain of parenting Ryan "made it even more of a problem between us." She recalled that Ryan had controlled their lives: "it seemed like the whole family was breaking down because of one little person who didn't care where he lived." It is as if Joan spoke for all of the couples when she said, "you're not getting any sleep, your husband is coming home not wanting to be there, they're [family members] not getting any time, and I'm going, 'what about me? I need time too.' It was really hard!"

The pervasive impact on siblings' lives was a serious problem for these couples after the adoption. They experienced concerns like those described by Carol: "I think what bothered us the most is that we had two
other kids that were not doing anything wrong, who were being very understanding, that weren't getting any attention at all, that their reward was to get no attention because all the attention was going to the child who was negative and that's just not a good picture for two other children to live in that household, and what about them?"

That Joan and Gene also felt guilty about the invasiveness of the adoption on the life of their four year old became evident when Joan said, "We felt like we were holding this innocent little child up and she [Kelly's sibling] was shark bait." At the time of the interview this was still very disturbing for this couple.

Al conveyed that he and Dana also agonized over the invasiveness of the experience on their other children when he said: "We didn't say two words about the other kids, about how they did in school or anything, because it was always so much trouble with Jessie." Recalling how their experiences in counselling and family therapy seemed to invade her entire family life, Dana said, "I tried every single thing anyone suggested, though to the expense of everyone else's happiness in fact." Dana also expressed regret about having placed very high expectations on her oldest daughter which became invasive in Coralee's life: "It was tough on Coralee and I used to really yell at Coralee because I figured, oh you're not trying, you're not trying hard enough to get along with her [Jessie] ... and so Coralee started leaving."

Fear also was invasive in the experiences of the couples since their adopted children invaded their lives. Two examples illustrate how these
couples were sometimes fearful for themselves and for their children. Joan said it was a "scary experience" when Kelly threw things, tore things apart, hit and kicked herself and "challenged me constantly physically." Graham worried about Michael's very intense rages, "his strength was significant and it wasn't just with Gwen, we also have our daughter in the house too."

In addition to fear of physical safety, these couples feared reprisal by the adoptee who often had controlled the couples' lives. Al and Dana feared Jessie's power because Jessie once had their home investigated by social services when she called the Children's Help line with "horrible stories." Al expressed fear when he said "we never ever would have thought one child, I guess it's how society is now, but how much havoc one child can wreak on people's lives with just a few words." Dana said that fear still invaded her life because she was not free from harm by Jessie: "They were going to take my kids away, and I still fear her because she's sweet and she's cute and people believe her because she's so convincing."

Fear was invasive in these parents' lives and resulted in anxiety and hypervigilance during the adoption and continued in their lives after the disruption. Gene's fear of Kelly's precocious sexuality was evident in his explanation: "I was never never alone with her because of, you know, what she could say." Two other couples had similar fears of reprisal from their adopted children that endured long after the actual disruption. Gwen and Graham described how Michael's anger still remained
focussed on Gwen, and Carol and Ken lived with the fact that Ryan had recently threatened harm to their family, seven years after disruption. Carol feared how Ryan's manipulative charm was capable of "drawing people in, like a spider to a web."

Couples' fears even invaded their perception of themselves and each other when they noticed changes that they found unacceptable. Carol said, "you have these thoughts, and you hate yourself ... Ryan was making me into somebody I didn't want to be ... somebody that you don't know, somebody you didn't think you had the capacity to be." Ken feared that Ryan might push him or Carol to the frustration point of physical abuse by what he labelled as "psychological war games" during which Ryan seemed to set out to "get" them. Graham also feared the potential for physical conflict to the extent that he had relinquished the discipline of Michael to Gwen because "in the earlier years I was physical with him and it bothered me and I wasn't going to do that again."

Since structural supports were scarce in the medical, school and social service systems, these couples went without breaks from the intense presence of their adopted children. This in itself was invasive especially when couples experienced much difficulty not only finding but also paying for appropriate baby-sitters or respite care and their relatives could not care for their children. Gwen reported, "we never took a holiday without Michael in 16 years" because nobody else could care for him.
The experience of profound invasiveness was debilitating to the point of 'burn out' and exhaustion. When they could not continue they made the decision to disrupt, but this disruption did not mean that the experience ceased having an impact on the couples' lives. During their descriptions of life after the adoption disruption it became evident that these couples still felt the effects of their experiences. Carol said that for at least two years there was "not a day that went by when I didn't feel relieved, when I didn't think this is so peaceful, this is so wonderful, I don't have to go through this fight today." Al's comment "we can't believe we lived like that" encapsulates some of the postadoptive thoughts and feelings of the couples. Similarly Gene commented on the disruption, "it's part of our lives now, we'll never be without it," and Carol's description of their disruption experience showed how thoughts of Ryan continue to invade their lives today: "I don't know if he'll ever be gone from our life. He taught us a lot and we learned a lot about ourselves, but will he ever be gone?"

**Experience of Lack of Personal, Professional and Structural Support.** The couples in the study reported focussed, intense efforts to accomplish, complete or obtain what was important to them. They very much wanted to build families through the adoption of older children. Throughout the process of adoption, they sought answers to questions, solutions to problems, normalization of experiences and cessation of intolerable circumstances. Despite their best efforts throughout the process these
couples often felt a need for more support and help than they were able
to secure.

The couples had been forthcoming during extensive and intrusive
home studies to evaluate their suitability for the parental status they
sought and were dependent on the services of social workers for the
procurement of their children. They expected reciprocal openness and
honesty from workers concerning information about the child, the child's
background and the circumstances of the child's former life. However,
the couples all experienced a lack of personal, professional and
structural support. They lacked information about their child and
information about the process of adoption. They were either unaware of
the existence of family support services, services were unavailable to
them, or the support services they accessed were largely ineffectual. As
a result, these parents at times felt betrayed by professionals whom they
had trusted from the time they initiated the application to adopt.

Carol and Ken felt that because they were so naive at the start, they
were left to their own devices when they could have been informed and
supported. They believed that much of their difficulty could have been
avoided or eliminated. Ken said, "even if after six months there had been
follow up as part of the case study, maybe somebody could have helped
us then." Ken recalled that after the adoption "there was no contact, no
counselling, not even a call to say 'how is it working out?' not a thing."
Through their own initiative Ken and Carol were able to obtain
background information on Ryan. Carol speculated that their adoption
worker must have thought "ignorance is bliss, maybe if they don't tell us
we won't know, maybe if they didn't tell us what was going to happen,
maybe we wouldn't find out, maybe they'd luck out." Similarly, Graham
now believed that "they [the people who arranged their adoption] were
doing their job and were just glad to get rid of him [Michael]." Gene and
Joan resented that they didn't get enough information about Kelly. Joan
said, repeatedly, "there's a lot of stuff we weren't told that we should have
been told."

The couples arranged counselling, family therapy, appointments with
their social workers and with medical specialists, which were sometimes
helpful but often inappropriate and invalidating. Carol resented the lack
of understanding and empathy they received: "to try to even break the
barrier of a doctor who kept framing Ryan's behaviour as 'normal' when I
knew it wasn't," was an invalidation to her. Ken and Carol persevered
through the hurt and invalidation by this doctor to find a more affirming
one. Like other couples they felt abandoned when they found
themselves in need of more help and support than they received. The
couples sought help for their family, or services for their child such as
medical investigation, respite care, or a child care worker and when help
was refused, they felt that the people no longer cared about them. Carol
recalled calling human resources "to find out what we could do and it
was well, nothing, you deal with it, there wasn't any help!"

This lack of support services felt like betrayal when they realized that
they were no longer part of a planned solution for a home for the child.
Rather than feeling part of an ongoing team effort on behalf of their adopted child these couples often felt blamed for problems that arose. Joan's description of their first postadoption visit from Kelly's social worker seemed to portray an experience of betrayal: "She more or less said all the problems were our fault ... she undermined us, she really undermined us." Later Joan reiterated her outrage: "we had a lot of feelings about that social worker, like we were really mad, really angry, and we resented her." Dana said that they also felt betrayed when they entered family therapy "to hear why Jessie was behaving the way she was" and instead, the therapist "analyzed our personalities and told us what we were doing wrong." Al recalled that this therapist "seemed to believe that we were the problems." Dana summarized, "it started out with like, well, your family is like this and Jessie is this way, neither is wrong, they just don't fit, but over the years it became, your family is wrong you know."

For these couples, not only was there very little help available, but also what services they did get often weren't experienced as helpful to them. They experienced considerable disillusionment. Describing their thinking about helping professionals, Al said, "We finally started to think, well gee, maybe these guys, these so called experts are just reading these things out of a textbook and saying let's try this, let's try that." Dana explained why they quit going to the mental health psychologist: "We just got too mad at her ... we never got practical solutions ... she suggested Eastern religions to calm me down, and I'm a Christian." Al described an
unpleasant court appearance during the disruption when he felt a lack of support and disrespect: "Whoever this person was, he gave out the spiel, explained the story to the judge and hauled us up there, that was the end of it--no more contact with anybody that was it!"

School was an invasive source of tension and a drain of energy in all of these couples' lives. Dana described an unsuccessful fight for an aide for Jessie at school: "I really went to bat for that and I couldn't get her an aide there was no way." Undaunted, she went to the school herself, every Friday afternoon to meet with Jessie's teacher. Dana also experienced hurt by a school counsellor. She remembered a painful experience when she broke down and cried in her daughter's school counsellor's office: "She didn't believe me, she doesn't like me, and it's hard to be disliked by someone who doesn't even know you." Joan also felt that "School was a hassle--teachers just kind of gave up on her [Kelly]."

Gwen and Graham also experienced much frustration over the years in their dealing with the social service agencies, school and medical professionals. Gwen described their ongoing search for a diagnosis and help for Michael as "an ongoing frustrating chain of events [during which] we'd bounce our head against a wall and then back up and try again." At the time of disruption, dealing with other professionals to get help for Michael was also frustrating. Graham said, "This is a serious event ... and it was difficult just trying to get police to think you're serious about a kid running away in a wheelchair." When a social worker invalidated her concerns by saying that he thought that Michael had shown "spunk" by
running away Gwen's frustration was clear: "If I'd been sitting across from him I'd have hit the man, I swear to God I would have hit him."
Graham summarized their frustrations: "How far do you keep pushing, how many times, it's not as if we haven't pressured and pressured and pressured, it's continuous ... we've been seeking help but there hasn't been anybody who could give us a pattern of support."

That these couples also lacked social support in their endeavors is reflected in a comment of Gwen's: "We haven't had anybody, like we didn't have any friends who had gone through this so we could draw on their experience--nobody--we really didn't know where to go." Dana and Al also sought social support from an adoption support group, but Dana said sadly, "That wasn't a good experience for me because of all those people waiting for babies. They were all so happy, it wasn't a support group for us in any way."

A common frustration for the couples was the occurrence of their children's behavioural discrepancies. Frequently the children behaved differently with other people and outside the home. As a result, the couples often felt misunderstood, as Ken explained because outsiders didn't understand, "You had to be there in the trenches." The following examples illustrate how even neighbors and friends were at times experienced as less than understanding to these couples by invalidating the difficulty of raising these children. Carol recalled picking up Ryan from a friend's house and her friend saying to her, "Well, he seems OK to me" with the implication to her being, what's your problem? Similarly,
Gwen felt angry when Michael wouldn't try with other people. She said, "With people who didn't know him, Michael would say 'no, I can't do that, I don't have to,' and he wouldn't try that with Glen or me." Carol said that Ryan manipulated his grandfather who would frequently "take sides." When Ken and Carol also received judgmental feedback from neighbors about what Carol described as "that cute little boy who was so smart that they got rid of," they felt misunderstood, hurt and blamed. Ken said that they could not accept that others "pointed the accusatory finger without walking a mile in their shoes."

None of the couples received postdisruption counselling, and they explained that after the disruption the focus seemed to remain on the adoptee and exclude the impact on the family. Dana was angered by the lack of concern for their family and her comment echoes those of the other couples: "I said, What about Coralee's life, what about Jim's life, what about my life? And it didn't matter about us it mattered about Jessie, Jessie was most important."

The Experience of Erosion of Self-confidence. Each of these couples was totally committed to the concept of adoption and wanted to adopt their child. Graham's explanation, "We were good parents trying to bring another child into our family," held true for all of the couples. At the onset they believed that they could successfully adopt an older child and in every case the couple was united in their initial decision to adopt. When difficulties arose, these couples persevered. Gwen's comment illustrates how all of the couples carried on because of their determination to
honour their commitments: "If I send him back it means I'm a failure ... I've said I was going to do this so now I'm going to have to do it--I didn't ask for a perfect child and I didn't get one so I guess I have to do this."

Graham underlined Gwen's assertion with his statement, "This trouble was ours and it was ours to do. We would never give up, I mean never, ever."

The actions of these couples prior to disruption seemed to be fueled by an ideal that through effort they could accomplish whatever was necessary to make things 'right' for their children and families. They relentlessly sought help and information in order to 'succeed' with their child. For example, "success" for Carol, meant "trying harder." Couples described one another's willingness to carry on through what appeared to be insurmountable obstacles. Ken said that Carol "did not give up easily" and described her as "tenacious" during a very stressful time for her as the primary caretaker. These couples persisted in their search for answers about their children. Dana and Al sought help from a psychologist, a family therapist, and numerous social workers. Al said, "We persevered, though things never did get much better ... we were just so anxious to have it work out ... we never gave up hope."

During the time the adoptees were in their homes the couples gradually lost this belief that they could parent the child they had adopted. Everything they tried didn't seem to work and as Dana said, "It didn't seem to matter what I did, everything was wrong." The fact that couples lost confidence when child rearing techniques they had used
with their other children failed to work with their adoptees is illustrated by Dana's remarks when speaking about toilet training with Jessie: "Everything we tried, ... that we tried with the other kids didn't work on her." The parents frequently blamed themselves when things went wrong, and felt unsuccessful and overwhelmed. This was obvious by frequent comments such as Dana's when she described her way of handling an incident with Jessie: "I should have listened to him [Al] ... I never listened to common sense" and later, "I guess I handled it wrong, I did everything wrong." Al agreed that Dana was "terrified about doing something wrong" after they got advice from professional helpers. Joan seemed to experience failure when she said "It didn't seem like there was anything we could do right with her to make anything go smoothly. Nothing went smooth [sic]." They placed the onus on themselves to try harder and questioned themselves and as Al said, "We just didn't have any idea that it wasn't going to get better ... we still thought that there was something wrong with us."

They also felt blamed by outsiders when there were discrepant perceptions of their child. These discrepancies between their own thoughts and inclinations about what was best for the child and what others suggested caused self-doubt. Dana's response to criticism from someone at her church wasn't that the criticism was inappropriate, but that she shouldn't have cared: "Maybe a stronger person could take it, with a really strong personality or something." Joan described an incident during which she had been criticized by a social worker as "a
blow and the worst possible time for me personally." She also said, "Deep down, ever since that social worker had been here, in the back of my mind was still, well, this is all our fault." She could have been summarizing many of the feelings of the couples in this study when she continued, "We just thought we weren't good parents for this kid."

After disruption, soul searching resulted in further self-blame for some of the parents. Dan blamed himself for not disrupting the adoption prior to legal finalization: "I blamed myself for not, you know, I was quite angry with myself for allowing it to go so far, I believed then that I should have, I mean why didn't I see the light at six months and say this isn't going to work?" Ken said that he wished that they had gotten help sooner rather than "working in the dark and blaming ourselves for so long." During the aftermath of their adoption disruption experience, Gwen and Graham had discussed their actions in the past and Graham's comment indicated feelings of guilt: "I wasn't the perfect husband in that I was working hard and playing hard ... I was gone six in the morning and didn't get back until twelve or so at night and Gwen was carrying the brunt of the family and the children. There's no question ... we've talked about it time and again, it's been very frustrating now."

The erosion of self-confidence experienced by these couples had been devastating. This is best shown by Carol's poignant description, "I felt crumbled; I felt like I wanted to curl up on the floor. I can remember it so well. I can remember saying to Ken, I can't do it anymore and I can't even take a step to find something to do, you have to make it better for
me." Through the process of attempting to effectively parent their adopted children, each of these couples moved from an experience of confidence to one of painful self-blame, self-doubt and guilt at their inability to incorporate these children into their lives. Each persisted until they felt they had nothing left to give.

**The Experience of Resignation and Loss.** Comments about the disruption of their adoptions for these couples indicated resignation to the fact that they could not continue to meet all of the needs of their families and their adopted children. Carol said that in making the decision to disrupt they believed "We had done a lot, but it was time for him [Ryan] to move on to somebody else who had renewed energy to go at it again."

About the disruption Dana said that they were concerned "the family would disintegrate," and that they knew "we really didn't have anything left to give." She knew that their disruption was inevitable since "it was more than a year before she left, we were ready to give her up."

Gene felt resigned to the disruption. He had decided that the costs to his family of continuing with Kelly were too high: "It might cost our family. The kid might do all right eventually, but it might cost our family--and I couldn't see that as a price we'd be paying."

Gwen and Graham summarize their resigned attitude to the disruption in the following remarks: Greg said, "We're quite firm on that. We felt very confident that we were in the right attitude and the right direction and we felt that we're in a true love situation ... We're in an uncompromising
position--our door is open [to Michael] but it's our way or the highway--
We've given and and we've given and we've given."

The couples experienced profound loss throughout their experiences that seemed to permeate their lives. They experienced multifaceted losses of their lives as they had been prior to adoption--opportunities for time together, time with their other children, time alone, harmony and quiet at home. Al indicated that he and Dana were left mourning the loss of four years of their children's childhood when he said "Four years of their lives were spoiled for us and I'll probably never get over the anger at that." Joan, discussing how the experience affected their four year old said, "We saw her lose a year."

These couples lost much control over their own lives from the time they first applied to adopt until the period of disruption. They experienced such loss when dealing with bureaucracies that usually controlled the balance of power during the arrangements during the adoption and during the couple's search for support. Joan's comment indicated her perception of this imbalance, "They hold power with their little stroke of the pencil." Services to these families were determined by policies and available resources of three government ministries: Health, Social Services and Education. Knowledge was disseminated by doctors and social workers. Carol believed that knowledge about Ryan had been kept "a secret," Dana said that she had to "nag" for information about her child, and Graham thought that misinformation was caused by "much bureaucratic bungling and mismanagement."
Loss of faith, and loss of beliefs about themselves and the society they lived in had profound impact on the lives of all four couples. They all viewed professional people such as social workers, teachers, doctors, mental health professionals and lawyers very differently and some felt resentful and were disappointed. Both Al and Gene used the phrase "fallen off their pedestals" to describe how these views had changed. Gwen had come to the belief that the policy of integration into the mainstream classroom had been inappropriate and frustrating for Michael and for them as parents. Joan, regretted that teachers had 'given up' on Kelly and she no longer felt confidence in the education system. Social workers were no longer held in high regard. Joan's observation was in line with opinions expressed by others: "They're just people you know, they're not gods."

The couples lost the support of family and friends. Neither Al and Dana nor Gwen and Graham could leave their children with extended family. Carol and Ken and Gwen and Graham felt the loss of support when extended family members thought they were "too hard" on their child. The loss of support for Gene and Joan is indicated by her comment: "After six weeks even our friends said, 'You guys are crazy!' Then they said, 'Quit saving the ministry money.' Bottom line, they really said that, you know." Dana and Al ceased entertaining, and lost the comfort of friends coming to their home or listening to their problems, who "got tired and bored of hearing about Jessie." Carol and Ken lost the
support and company of his parents for five or six years after the disruption.

The couples recognized that they could not continue. They had nothing left to give and they realized that the adoption would never work. They lost beliefs about themselves and others. Al questioned their past choices, "How could we have thought it would work? We should have figured those things out. I'm angry that we lost that much of our lives ... I'm angry that we didn't have good times with the other children."

In the aftermath of disruption, the couples all lost the dream of having another child in their families. This sense of a 'lost' family is expressed by Graham, "There was a family, five of us, until Michael hit the road. And now there's no family, no family with Michael in it." They experienced the loss of a sibling for their children, the loss of an opportunity to build their desired larger families and the loss of an opportunity to parent the child that they had adopted. This was particularly difficult for Joan who seemed saddened by the loss of Kelly when she said, "There's something about her that was really appealing too, despite the fact that she was driving everybody nuts and wrecking the house constantly." Dana expressed confusion about the loss of the child that she deeply cared for, "Well I loved her, I do, I love her, I could not give her up, she is, she was my daughter."

Other comments made by the couples in retrospect, indicated increased self-acceptance and resignation to the circumstances that contributed to the disruption. When describing Jessie's needs, Al said "If
only she were an only child." Joan said about the FAS testing, "I know now I was right on track ... If only we'd known [more about Kelly] we'd have done things differently."

**The Experience of Integration and Healing.** After disruption the couples attempted to reestablish their lives and families and come to terms with the reality that they did all they could and the disruption was not their fault. The couples' experiences resulted in somewhat changed perceptions of themselves and others. Graham expressed acceptance about Michael's situation: "We're not sad that Michael is not with us right now," and Gwen followed with, "I think he's where he should be. We did try everything to our ability, to our knowledge." Al tentatively expressed feelings of self-acceptance: "Well, we've regained a lot of our confidence and we think we probably didn't do that bad of a job. And, well, ... who could have done it better?"

Two couples, Ken and Carol and Joan and Gene became more accepting of their own decision to disrupt their adoptions after they learned that subsequent placements had failed. When Gene and Joan talked about the disruption of Kelly's foster placement, Gene said, "It made us feel a lot better--like, hey, look, see, we weren't lying, and Joan agreed, "It wasn't your fault!" Ken said that while he still felt concerned for Ryan's well being it was actually "quite self-reassuring" to hear that that second adoption by people trained to care for emotionally troubled children had also broken down.
Gene and Joan talked about how they had become more reconciled to the disruption with the passage of time. Joan stated, "There's a piece of us that's with Kelly and a piece of her that always going to be with us. This is what happened. We've lived with it and survived it, even laughed about lots of it now." Gene could have been speaking for all of the couples when he said "It's part of our lives now, we'll never be without it."

In terms of the lifelong ramifications of adoption disruption for all couples there seemed to be an acceptance of the feeling that the experience would never really be 'over'. One aspect of this 'forever' feeling was that the couples acknowledged changes in themselves that resulted from their experience. Al noticed one way he had changed: "I'm just not like that [optimistic] anymore, I always expect that somebody's out to 'do' you, or nobody does anything for the goodness of their hearts anymore, and yet I always used to believe that."

Gene and Joan gained expertise about working with bureaucracies. Gene seemed confident when he commented that they now know "there is always somebody a little higher up you can go to and even if there's not a higher up there's another way around it."

Gwen and Graham explained that they had strengthened their commitment to one another. They learned that they enjoyed their lives with or without Michael present in their family. Graham said, "We took a trip this year and found the space that we had together was great. We're very busy people; we haven't just taken this chunk out of our lives."
Al and Dana gained understanding about the impact of the adoption disruption on their relationship. At the time of their interview their relationship was apparently healing, according to Dana's description, "It's getting better."

Ken and Carol understood more about the interpersonal dynamics in their marriage and in their extended family. With the passage of time Ken said that they "had come to a place where they no longer saw themselves as the problem" and now realized that the only thing they might have done differently was to have disrupted earlier.

All of the couples gained knowledge about their own parenting skills, their limitations of personal stress and the support systems required for adoption of an older child. As such, they realized that they had not been 'wrong.' Gwen expressed a belief about her adopted child that the other couples shared: "Whatever Michael is today was determined long before Graham and I entered the picture." The couples acknowledged that the problems they had experienced were rooted in a combination of the characteristics of the child that were determined long before the adoption and in the social systems that served them. In this knowledge they experienced vindication of self: they became aware that the disruption was not the result of either their faulty interpersonal communication or any intrapsychic conflict.
Chapter Five

Discussion

This chapter will include a restatement of the purpose of the study and a discussion of the results. It will include a discussion of the practical implications for counsellors and conclude with an overview of the implications for research.

Restatement of Purpose

The purpose of this research was to conduct an initial exploration of the phenomenon of adoption disruption from the perspective of adoptive couples who had adopted an older child. The research question was "How do couples who have adopted an older-child experience adoption disruption?" The focus remained on what the couples experienced during the process of older child adoption, including their time of decision making, the application and waiting period, the experience of the child in the family, and the experience of adoption disruption.

Analysis of the transcripts of participants' interviews yielded five themes common to the four couples during their experiences of older child adoption disruption. Issues included in the following discussion were drawn from the adoptive couples' attempts to meaningfully construct their experience of adoption disruption.

Summary and Discussion of Results

All four of the adoptive couples in this study were committed to the integration of an older child into their existing family. The couples all had wanted to adopt and had succeeded in parenting previous to the
adoption in this study. Their accounts of their adoptions made evident that they lacked preparation during preplacement experiences and support while their adopted children were in their homes. The couples were frustrated by long waits for a child, excited after being contacted about the placement, and nervous and anxious during preplacement visits.

The couples were unprepared for the invasive nature of the experience of an older child entering the established system of family relationships. Thoughts and feelings about their adoption were pervasive in all of the couples' lives. They sought answers and made determined efforts to obtain help in order to cope with the difficulties that they experienced. The couples lacked social and structural support.

Much time and energy was expended by these couples because of their beliefs that increased efforts on their part would make the essential difference and life would once again become tolerable if they just tried harder. As the couples carried on, their courageous and persistent efforts to provide for the needs of all of their family members did not restore the balance that they needed in their families. The demands of parenting the newly adopted child became overwhelming and the couples experienced an erosion of confidence in their abilities to cope. They subsequently lost faith in their ability to carry on and as such, these couples made agonizing decisions to disrupt their placements.

Lack of support coupled with the increased demands and stress during the placement fueled powerful emotions: resentment, anger,
indignation, surprise, fear and guilt. It seemed that in the context of the predominant view in our society that parenthood is 'forever,' these couples struggled with the notion that a decision to disrupt their adoptions was indicative of their own failure. The decision to disrupt eventuated mixed emotions of relief, self-blame and feelings of loss.

At the time of the interview the couples were in various stages of healing. With the passage of time they had become more accustomed to the disruption and had regained more effective control of their own lives. All of the couples had come to realize that much of what they had done during the time of placement was positive and constructive for their adopted child. Some of the parents were still angry, others had decided that the disruption was inevitable, and no longer considered the disruption to be anybody's 'fault.'

The focus of this study was the adoptive parents' experience and therefore the remaining discussion is organized according to the themes that emerged from the analysis of these experiences: lack of support, profound invasiveness, erosion of self-confidence, resignation and loss, integration and healing.

**Experience of Lack of support.** The couples in the present study lacked support in their efforts to integrate their child into their family. The support they needed included personal support from professionals, family and friends, and structural support such as information and resources.
All of the couples wanted contact with and help from the adoption workers who had placed the children with them. They believed that the onus was on the adoption worker to provide follow up support to the adoptions. The couples in the present study were offered support services after they stated their intent to disrupt or services were provided after the disruption. None of the couples reported satisfaction with the provision of supports such as adoption subsidies, respite care, pre or postadoption counselling, or postdisruption support. They felt disappointed about their experiences with helping professionals and became disillusioned with bureaucracies. The couples in this study had unsatisfactory experiences and were dissatisfied with support services. This finding is consistent with other studies that report similar findings that indicate lack of support services as a factor in adoption disruption and the need for more and improved support services to adoptive parents and their families throughout the entire process of older child adoption. (Barth & Berry 1988; Nelson, 1985; Valentine et al., 1988).

The experiences of lack of empathy and invalidation were reported during the present study. At times parents felt that they were not believed when they described their children's behaviour to doctors, social workers, teachers, extended family members, neighbours or friends. In a similar study of adoption disruption, Schmidt et al. (1988) recorded that parents in their study reported that they appreciated being listened to and heard, but were upset when they were not believed about their children's behaviour.
The couples identified the experience of lack of social support as problematic during their adoptions. None of the couples in the present study was able to rely on extended family to provide respite care. The couples experienced withdrawal of support by their extended families which resulted in feelings of isolation and alienation from the extended family where and when it was most needed. This finding is supported by two studies (Barth & Berry 1988, Feigelman & Silverman, 1979). Parents in disrupted placements in Barth and Berry's (1988) study had fewer contacts with relatives than intact placements. Feigelman and Silverman (1979) concluded that extended family and social support are important contributors to the success of an adoption. The couples in the present study experienced difficulties visiting friends or entertaining in their homes because of tension or their children's behaviour. This finding is inconsistent with Barth and Berry's (1988) study in which frequency of contact with friends had no relation to the stability of the adoption.

The couples in the present study expressed the view that since the life and future of a child was entrusted to them, they should have been trusted with all the information pertinent to that child. Instead, they encountered lack of reliable information and misinformation about their children and experienced a lack of understanding of how the child's past was tied to their current behaviours. Need for information was of paramount importance to these couples who felt that they had the right to a more detailed accounting of their child's previous caretaking and life experiences.
These couples also recognized a need for information about the process of adoption of older children. They felt uninformed about what to expect during the initial adjustment, and had difficulty identifying what was normal 'settling in' behaviour. They needed more information about the availability of family support services and strategies for parenting children with special needs.

The couples became aware that they needed more preplacement time and opportunities for more and varied experiences with their child. The experience of the couples in this study regarding need for fuller disclosure of information and support from helping professionals is consistent with the results of several studies (Cohen, 1984; Eheart & Power, 1988; Nelson, 1985; Schmidt et al., 1988; Valentine et al., 1988). Nearly one-third of the disrupted adoptive families in Cohen's (1984) study report that, resulting from lack of information they had unrealistic expectations of the child, and dashed parental expectations were cited by the least satisfied families in Nelson's (1985) study. Further, during interviews all of the parents in the qualitative studies (Eheart & Power, 1988; Schmidt et al. 1988; Valentine et al., 1987) emphasized that they needed more information about the adoptee and improved support services throughout the process of their older child adoptions.

All four couples in the present study adopted a child who was a different age than they had requested or who had problems they had not anticipated. Al and Dana had requested a much younger child, Gene and Joan did not realize the severity of Kelly's emotional problems, Ken
and Carol had specifically requested a child without emotional or mental disturbances and Gwen and Graham adopted a child with chronic congestion and asthma only to learn later that he had a progressively degenerative physical disability. The presence of characteristics in the children previously unknown to the couples in this study constituted a mismatch in that the couples had expectations of a less difficult child. This experience of a lack of preparation during placement as a factor in disruption in the present study is consistent with other studies (Barth & Berry, 1988; Partridge et al., 1986; Schmidt et al., 1988) that report the parents in these studies indicated insufficient preplacement preparation as a causative factor in their disrupted adoptions.

Three out of four couples in the present study adopted First Nations children. Other than stating this fact during their initial description of their children at the start of the interview, only one parent made further reference to this aspect of their child's background. This parent reported that two other children in their family had also been cross-cultural adoptions, and one of them was also a First Nations child. They had encouraged all of their children to be proud of their heritage. She did not identify this as a factor in their disruption experience and no references were made by any of the couples to problems being related in any way to their children's heritage. It seemed that from the perspective of the adoptive couples in the present study the cultural/ethnic heritage of their adopted children was not a factor in the adoption disruption. Cross-cultural adoptions also fared well in other adoption studies. McDonald et
al. (1991) reported 27 percent disruption rate over 235 placements: racial composition of adoptive parents relative to the children was not found to be associated with these adoption disruptions. Silverman and Feigelman (1987) and Barth and Berry (1988) reported that transracial adoptions have outcomes very much like same-race adoptions and are generally successful. These studies imply that factors other than heritage may have more impact on adoption in cross-cultural adoptions.

Three of the four couples in the present study did not participate in a preadoption orientation or training group. The parents that attended a preparation class found it generally informative, but it did not really prepare them for the severity of their child's problems. This finding concurs with Valentine et al. (1988), who reported that the couples they interviewed felt that their preplacement preparation classes and home studies were helpful, but they still felt ill-prepared to parent the child they received.

Couples in the present study reported insufficient financial resources to obtain needed services. One couple incurred many expenses for child care and therapy which resulted in resentment about the necessary reallocation of income. Couples that wanted to access respite care and temporary foster care found the cost was prohibitive. The couples' identification of the exhausting and stressful nature of parenting their adopted children without breaks as a factor in the disruption of their adoptions is consistent with the results of other studies. Barth and Berry (1988) indicated that financial issues such as lack of resources and
agreement upon allocation of available funds were stress factors in adoption. Zwimpher (1983) found that families with the fewest financial resources had a higher rate of disruption.

**Experience of Profound Invasiveness.** Sudden changes in the couples' lives after the children entered their homes imposed heavy demands that stretched personal resources and threatened feelings of security and self-esteem. The couples frequently experienced their adoptees' behaviour as intolerable. They felt ineffectual when their usual behaviour management strategies failed. They frequently felt a lack of control over their children and felt discouraged when the intrusive behaviours of their adopted children became disruptive in their lives and in the lives of their other children.

The findings of Valentine et al. (1988) and Schmidt et al. (1988) are highly consistent with the findings of the present study. Valentine et al. (1988) listed the following behaviours that the couples in their study experienced during their disrupted adoptions which parallel the behaviours that the four couples in the present study found so difficult: very emotionally disturbed (including encopresis) manipulative and uncooperative (including defiance and lying), poor school performance and behaviour, explosive temper, violence, stealing, inappropriate sexual behaviour, running away, poor personal hygiene and substance abuse. The adoptive parents in Gill's (1978) study of older child adoption also identified problematic behaviours that were strikingly similar to those experienced by the couples in the present study: hyperactivity, academic
and behaviour problems at school, destructive behaviour, lying, stealing, nightmares, sleeplessness, enuresis, and emotional neediness.

Consistent with the present study, as these placements continued, emotional problems became more evident and the seriousness of the problems intensified resulting in disruption of the adoptions. Schmidt et al. (1988) reported that the adoptive parents in their study experienced difficulties with their children's behaviour problems related to attachment including dishonesty, withdrawal, rages and tantrums, eating disorders and self-abuse. Consistent to the adoption disruptions in the present study, the couples Schmidt et al. interviewed realized the possibility of change was so nebulous and the day-to-day behaviour management so exhausting that they lost confidence and chose disruption.

The couples in the present study to a greater or less degree all experienced marital distress and concern about the impact of the adoption on the other children in their families. The couples thought that the amount of attention the newly adopted child required resulted in neglect of each other and their other children. Finding time for one's self was also problematic. Conflict created tension in their homes. It was very difficult for all family members to adjust fully to the new child in the family.

Struggles over conflicts regarding how to discipline were exacerbated when the newly adopted children's needs differed from the needs of other children in these families. The parents in the present study experienced difficulty balancing their own and the children's needs.
When the adoptive mothers became overburdened, their husbands felt concerned and at a loss as to what to do. These findings concur with those of other researchers (Cohen, 1984; Gill, 1978; Rosenthal, 1982) who report that adoption can place severe strain on marriages, with parental adjustments a commonly experienced postplacement issue.

The findings of the present study regarding complicated family dynamics involving siblings do not concur with the findings of other researchers. After their recent review of studies on the impact of family structure on the adjustment of adopted children, and their own study of the psychological adjustments of 130 adopted children, Brodzinsky and Brodzinsky (1992) conclude that family structure, in particular the order of adoption and the presence of biological children in the adoptive family, generally poses no serious impediments to successful adoption adjustment. The couples in the present study were very concerned about the negative impact of the adoption on their other children and it was apparent that family structure had considerable influence on family adjustment. It is likely that these findings differ for two reasons: half of the children in the present study were older than those studied by Brodzinsky (1992) and this study focussed on the adoptive parents' experience while Brodzinsky (1992) examined child variables only.

Experience of Erosion of Self-Confidence. From the onset of day-to-day living with their adoptive child to the period of adoption disruption, these parents felt inadequate and ill-prepared to cope with their child. The couples had succeeded in parenting previously, felt a need to build
larger families and wanted to successfully parent the children they adopted. The couples in the present study were very open during the interviews about their guilt, grief, frustration and sense of failure. They reported that since they felt inadequately prepared for and did not understand the limitations in their children's functioning they had unrealistic expectations of them. The findings of the present study regarding the impact of lack of preparedness are consistent with the results of other studies (Cohen, 1984; Nelson, 1985).

The couples in the present study felt disappointed when attachments were incomplete and emotional bonds were slow to form. Partial support for this finding can be concluded from Kirgan, Goodfield and Campana (1982) who found that children removed from their homes because of neglect, abuse, or abandonment may have underdeveloped abilities to make attachments, which appeared to be the case in the present study.

When their efforts to effect change in their own or their adopted children's behaviour did not produce the results they desired or the degree of change they expected, parents felt overwhelmed. The loss of confidence and sense of failure experienced by the couples in this study is consistent with the findings of other studies that also indicated that parents felt inadequate and lost confidence in their parenting abilities. (Barth et al. 1986; Schmidt et al. 1988; Valentine et al. 1988).
Resignation and Losses / Integration and Healing. These two themes are not discussed separately here because there is very little discussion of these aspects of adoptive couples' experience in the research literature. In the present study it became very clear that the disrupted placement and postdisruption experiences resulted in traumatic losses for the couples. They all indicated that they would have benefited from some form of postdisruption support. They felt abandoned and resented that the focus had remained exclusively on the needs of the adoptee rather than those of all the participants in the family system. The couples all described a lack of support during and after the children’s removal from their homes and would have appreciated knowledge of the children’s well-being and/or counselling specifically designed to help them and their other children deal with their losses. This need for support services during adoption disruption was consistent with the experience of adoptive couples in other adoption disruption studies who indicated a need for postdisruption support services such as counselling to support their efforts to adjust to the losses resulting from the disruption of their older-child adoptions (Barth & Berry, 1988; Schmidt et al. 1988; Valentine et al. 1988).

The couples in the present study recognized the loss of a child from their family, but did not describe or identify a mourning process that helped them define or deal with their grief. Each of the couples had processed the experience with one another. Some healing was evident in that the couples had explored their feelings related to the disruption,
assessed the appropriateness of the placement and had done initial planning about the future. The couples' attitudes seemed to be shifting from the need to blame something or someone, to more objective assessment of the adoption disruption. For example discussion during each interview included what they had learned about themselves during the adoptive placement and subsequent disruption, including their strengths in parenting the child. The couples also indicated that they were engaged in planning and problem solving about their future: Gwen and Graham had plans to travel; Gene and Joan were planning to adopt again.

The couples volunteered to participate in the present study, motivated to share their experience of a very emotionally sensitive and painful subject so that other adoptive parents and their children might benefit. In view of the grief they had experienced this concern for others was remarkable and indicated to the researcher that some resignation had been experienced and that healing had at least begun.

**Implications for Counselling**

In general, it was clear from the data that the adjustment problems of the adoptive parents in the present study were complex and distressing. The couples experienced a lack of effectual support throughout their very difficult adoption and adoption disruption experiences. More preadoption preparation may have facilitated a smoother, less invasive integration of the adopted child into the family system.
During the period when the adoptee was in the home, ongoing family counselling may have prevented the erosion of confidence that the couples experienced. Counselling support may have also been helpful to the couples during their decision making concerning disruption.

The disruption may have been less painful for the adoptive couples if the adoption workers' focus had not remained almost exclusively on the needs of the adoptee. Finally, postdisruption adjustments could have been furthered had counselling been part of the family reintegration process.

The provision of adoption sensitive counselling is one way of helping and supporting an adoptive family. The following discussion of the adoption related issues made evident by the adoptive parents in this study is organized in order of the phases of the couples' experiences: adoption decision making, placement--the child in the home, the disruption and the aftermath of these experiences.

Prospective adoptive couples may need to resolve infertility issues during counselling and explore the ramifications of a decision to enter adoptive parenthood (Berman & Bufferd, 1986; Daniluk et al. 1987; Elbow 1986; Helwig & Ruthven, 1990; Watson & Bourguignon, 1988). They may need to deal with the loss of the biological child they did not have and the loss of control over their lives (Nelson, 1985) inherent in the involvement with social services and the legal system during adoption. During preplacement counselling the adoptive family can be helped to understand family systems theory in order to develop an awareness of
the ways in which their family works and explore how an upcoming
placement will affect the existing homeostasis, or balance of family
relationships (Barth & Berry, 1988; Katz, 1977; Watson & Bourguignon,
1988). Established therapeutic tools for mapping past and current family
structures such as ecomaps (Hartman, 1984) and genograms (Bowen,
1978) can help adoptive families and counsellors better understand their
family systems.

During counselling, adoptive parents can be supported in their efforts
to obtain and understand a prospective child's complete history including
early life experiences and any physical, mental, emotional, behavioural
or learning problems. The counsellor can help the family interpret such
information in a way that allows family members to understand how the
adoption will alter their lives (Katz, 1977; 1986). Parents with no prior
experience in older child adoption may have unrealistically high
expectations of themselves and their child (Bass, 1975; Eheart & Power,
Watson & Bourguignon, 1990). Adoptive parents can be encouraged to
discuss information about prospective adoptees in terms of their own
strengths and limitations and to anticipate their reactions to the child.
During this time of decision making, couples need to consider and
prepare appropriate responses and coping mechanisms for the adoptive
placement (Sandmaier, 1988). Counsellors may encourage adopting
couples to mobilize their support systems such as extended family and
friends, special education and medical services, adoption support
groups, respite care and financial assistance.

Whenever an adoptee enters a family, the position of each member
shifts, often causing enormous stress (Elbow, 1986; Gill, 1978; Hartman,
patterns may be upset, power balances may change (Eheart & Power,
1988), new alliances may be formed and old connections strained or
broken (Sandmaier, 1988). A counsellor could assist family members to
understand this lack of harmony, cope with the resultant stresses, and
create balance. Dealing with adoption adjustment as a family problem
rather than the child's problem may allow the family's previous system to
reassert itself in a new form, incorporating the new child.

After placement adoptive parents may wish to access counselling in
support of their efforts to establish new parenting roles. Becoming a
parent to an older child affects relationships inside and outside of the
immediate family. Not only are parents new to this role, but also they are
challenged to parent a child with already established beliefs about family
life and expectations about family interaction. Managing child behaviour
during older child adoption can be very demanding, particularly if the
adoptive's behaviour is deviant and discordant with the adoptive parents'
expectations (Eheart & Power, 1988, Sandmaier, 1988, Watson &
Bourguignon, 1988). A counsellor may facilitate communication during
crises, support the parents' decision making about behaviour
management and foster assertiveness skills.
Adoptive couples may need help to acknowledge and accept the unique circumstances of adoptive parenting (Kirk, 1964) and to realize that adoption is a lifelong process and that it may take time for their child to unlearn negative coping behaviours.

When one member of a family experiences pain, all other members feel it in some way (Satir, 1972). Since moving into a new family can be painful for an older child, no one in the adoptive family is isolated from the child's strong feelings. Poor previous parenting may have resulted in the adoptee having difficulty making meaningful attachments during older child adoption. Serious attachment disorders may require individual counselling or play therapy for the adoptee, but adoptive parents can also be supported in nurturing attachments with their adopted child. With knowledge about child development, adoptive couples can gain understanding of their child's current needs for nurturing. "Parental consistency, coupled with a willingness to allow the child to regress and seek the nurturing that was unavailable at an earlier developmental level, can be helpful" (Watson & Bourguignon, 1990, p. 13).

Feelings of anger, hurt, and even outright dislike of their child may upset adoptive parents who may need to focus on their successes. At such times a counsellor can pay attention to the family as a whole, support adoptive parents' efforts to work through difficulties while still anticipating their adopted child's growth and progress.
Since one of the difficulties adoptive parents face is the absence of any of the traditional symbols, customs or rituals that support and sanction the entry of children into a family (Sandmaier, 1988), counsellors can help adoptive families create and implement their own rituals and celebrations during adoption. Counsellors could provide recognition to adoptive couples that they have taken on an enormous challenge. Support to adoptive couples during adoptive placement would encourage self-acceptance and discourage self-blame and guilt by validating strengths and focussing on successes. Above all adoptive parents need a counsellor who understands that the essential difficulty in parenting during older child adoption is "the incongruity of the challenge to assume a healthy parental role over a disturbed, half-grown child for whom they have no parental feeling, no gratification history, and often no sense of real entitlement" (Katz, 1986, p. 571).

Adoptive couples may become trapped in the negative feelings generated by the adoption experience. They may also feel ambivalent about continuing the placement, but reluctant to express such feelings (Elbow & Knight, 1987). Aware that this might be happening, an adoption sensitive counsellor could explore both sides of such ambivalence giving the couple an opportunity to consider the option of terminating the placement.

The couples in the present study disrupted their adoptions. The process of disruption was particularly upsetting for these couples because the adoptee's needs became the focus for the adoption worker
rather than the needs of all of the participants in the family system. After disruption, couples in the present study questioned their own competency as parents and lost hope for the family that might have been. Postdisruption counselling could have been a way to bring closure to the adoption in such a way as to minimize unresolved feelings and issues. During postadoption counselling, loss is the dominant aspect of the family's situation. Grief work requires acknowledgment of losses, expression and acceptance of feelings of anger and sadness and integration and healing (Elbow & Knight, 1987; Watson & Bourguignon, 1988). To understand and support adoptive families, particularly during disruption the counsellor needs to work with an understanding of a model of the stages of grief such as Kubler-Ross (1969) or Simos (1979).

During disruption, adoptive parents may experience a sense of role failure and loss of self-esteem which can in turn affect their future communication and interaction with others. Elbow and Knight (1987) suggest that when adoptive parents' hopes or goals are not realized "they may react by blaming something, someone, or one's self rather than by assessing the problem" (Elbow & Knight, 1987, p. 449). Blame can result in loss of faith in self and others. Postadoption counselling could include reframing of blame statements as strengths and limitations so that adoptive parents recognize what they did accomplish and contribute to the child. During counselling family members could also process what they had learned about themselves during the adoptive placement and the subsequent disruption.
The couples in the present study were excluded from postdisruption planning and were not asked to share information or express their opinion about the type of placement they would recommend for their child. Without an opportunity to be involved in problem solving and the development of future goals the couples felt invalidated and abandoned. The handling of adoption disruption that more fully included adoptive couples in the process would likely allow adoptive parents to become not only more able to cope with and integrate the disruption experience into their lives, but also more able to get on with their future life tasks.

Research Implications

The focus of this study was the experience of adoption disruption during older child adoption. Further research is required to refine the themes found in this study.

It is apparent that there are multiple perspectives during older child adoption. It would be valuable to document the phenomenon through similar studies from the perspectives of older child adoptees, social workers, siblings and extended family members. Information about the process of older child adoption and adoption disruption would be increased if the experiences of other components of the system that worked together during the adoption to create a home for the child were explored. Studies that included such additional perspectives would provide a richer and more comprehensive overview of the experience of older child adoption and adoption disruption.
There is a lack of available phenomenological research into the experience of older child adoption and adoption disruption. Given the small sample size of this present study limiting its generalizability, replication of this method with a larger sample size for further validation and more validation and refinement of themes may be helpful in more fully understanding this phenomenon.

Given that the adoptions of the couples in this study were of an individual child, it may be important to examine other types of adoptive family experiences that occur in our society such as step-parent adoptions, the adoption of sibling groups, multiple adoptions by one family, the adoption of children with special needs, and international adoptions. Since the adoption of older children is a relatively recent development in the field of adoption a comparative study between children who remain in foster care and those who are adopted, similar to the work of Triseliotis (1984) and Triseliotis and Hill (1990), could possibly provide interesting insight to adoptive parents and professionals.

The couples in this study experienced adoption disruption in their adoption of an older child. It may be valuable to conduct a similar study with couples who have continued to parent their older adopted children that would facilitate comparison of adoptive parents' different experiences.

Single parent adoption is becoming increasingly common in our society (Barth & Berry, 1988). During the search for participants for this
study the researcher received several inquiries from single parents. It may be useful to explore single parents' adoption experiences and compare the similarities and differences among single parent and couple adoptions.

Several individuals in this study were from families where adoption was a relatively common practice among their extended families. It may be useful to determine why adoption is more prevalent in some families than in others. One of the parents in this study was an adoptee. It may be valuable to explore the impact of adoption, if any, on the subsequent parenting by adoptees.

Finally, there is a need for more adoption research, particularly related to all aspects of older child adoption. Longitudinal and follow-up studies may be helpful to determine the long term needs of adoptive parents and their children.
References
Adoptive Parents' Association Newsletter (1992), pp. 5.


I am a M.A. student in the Department of Counselling Psychology at U.B.C. One part of my degree requirement is a Master's thesis, supervised by Dr. Judith Daniluk who you may contact should you have further questions. (phone # 822-5768). I am hoping to receive your assistance in my research.

I am interested in understanding the process of adjustment during older-child adoption and how adoptive parents experience older-child adoption disruption. I would therefore like to interview adoptive parents who, since 1985, adopted children between the ages of 2 and 12 and who subsequently experienced adoption disruption and the child no longer lives in their home.

The interviews (2) will be approximately two hours each. I will be asking you to describe, in detail, your experience of older-child adoption. I will also be asking you to describe your thoughts, feelings, and actions concerning the adoption disruption you have experienced.

All information that participants give me will be strictly confidential. Should you be willing to participate in this study I would appreciate hearing from you at 832-0183 (collect). Thanks for your interest.

Sincerely,
Shelagh Lytle
Appendix B

Newspaper Advertisement

Couples who have experienced adoption breakdown of a child, 2-12 yrs. wtd. for UBC study. Confidential interview. Call collect, Shelagh 832-0183.
Appendix C

Subject Consent Form

Title of Project:
A PHENOMENOLOGICAL STUDY OF THE EXPERIENCE OF OLDER-CHILD DISRUPTION: THE
ADOPTIVE PARENTS’ EXPERIENCE

Principal Investigator: Shelagh A. Lytle  Faculty Supervisor: Judith Daniluk  822-5768

I am doing a M.A. study to understand the experience of adoption disruption. I will be asking you
to describe, in detail, your experience of older-child adoption. I will also be asking you to describe
your thoughts, feelings, and actions concerning the adoption disruption you have experienced.

There will be two (2) interviews each lasting approximately two hours for a total of about four hours
of your time. Each initial interview will be tape-recorded and transcribed. The information you give
me will be strictly confidential. Confidentiality will be maintained by deleting any personal reference,
not using any surnames and using a pseudonym in the transcripts. Once the research is
concluded, the taped interviews will be erased.

Your participation is voluntary. You have the right to refuse to answer any question and to
withdraw from the study at any time without prejudice of any kind.

I HAVE READ AND UNDERSTOOD THE ABOVE AND CONSENT TO BE A
PARTICIPANT IN THIS RESEARCH.

I ACKNOWLEDGE RECEIPT OF A COPY OF THE CONSENT FORM AND ALL
ATTACHMENTS.

Name of Participant:
Address:
Telephone Number:
Signature:

Researcher:  Date:
832-0183
Appendix D

QUESTIONS TO PARTICIPANTS

Initial Interview - Part One:

I. Initial statement:

Please try to recall in detail your experience of adoption disruption. You may tell it as if you were telling a story with a beginning, middle, and end, and include any thoughts and feelings you have about your experience, or any actions taken as a result.

Initial Interview - Part Two

The following questions are included here as examples only. They will not all be asked of all participants.

1. How did it happen that...?
2. How do you feel about your experience now?
3. How do you feel about yourself and other people (including professionals, family and friends) during the adoption and after the adoption disruption?
4. How do you feel you coped during this experience?
5. What was helpful to you during the adoption and the adoption disruption? What could have been helpful?
6. What meaning does the adoption and adoption disruption have for you now, and how does that meaning relate to your future?
7. What impressions did this experience leave with you?
8. How do you view this experience now with the passage of time?